

The 12 Step Philosophy of Alcoholics Anonymous: An Interpretation

By Steve K.

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Foreword

The following foreword was written by John S, of *AA Beyond Belief*, to accompany a podcast interview he did with me about this book.

The 12 Step Philosophy of Alcoholics Anonymous: An Interpretation By Steve K, was inspired by Aristotle's "Virtue Ethics," Stoic philosophy and the liberal principles embedded in AA history. Steve interprets the Steps from a humanistic perspective. It is an approach that will be welcomed by many of us who struggle with the God bit of AA.

The book begins with Steve's personal story of recovery. He was about 15 years old when he started drinking, and by the time he was 25, he realized that he needed to stop. When Steve found himself in the rooms of AA, he could accept that for him complete abstinence was the only solution, and though he did not grow up in religion; he was open to the idea of a belief in God. After a long struggle, Steve lost his obsession with alcohol during the second year of his sobriety, and as he began to feel more confident and secure in his recovery, he also started to question the Twelve Steps. He became somewhat disenchanted with the program, which he perceived to be religious. He was sober, but he wasn't content, and he didn't feel at home in Alcoholics Anonymous.

Steve reached a turning point after reading Ernest Kurtz's book *Not-God: A History of Alcoholics Anonymous*. The book gave him an understanding and appreciation of the liberal principles upon which AA was founded, and this helped him relate to the steps from a non-theistic point of view. His new approach to 12 Step philosophy evolved slowly over time and is shared with the greater recovery community through his popular blog *12StepPhilosophy*.

Steve's book is an outgrowth of his blog and is presented in three parts: 1) The 12 Steps, 2) Practicing Virtue, and 3) Articles of Interest.

The Twelve Steps

Steve believes that by employing a little imagination and not taking the Steps so literally, there should be no difficulty for a person with a secular worldview to interpret the Twelve Steps. Steve describes the First step as "inwardly understanding and admitting one's lack of control or power in relation to drinking (alcohol addiction) and accepting help."

Acknowledging and accepting the problem is essential to the rest of the program, and when we share our experience in an AA meeting, others will hopefully identify and recognize their own lack of control over drinking, and gain hope of recovery.

Steve describes Steps Two and Three in entirely rational and practical terms, in which we essentially come to believe in the transformative power of the group and make a commitment to work the program of Alcoholics Anonymous. This isn't to say that Steve shies away from spirituality in this book; he certainly does not. In fact, during the past year, Steve has become more open to spirituality and the idea that there is something beyond self. As an atheist, I don't have any problem relating to Steve's experience with the Steps, and I find his openness to new ideas and experiences to be interesting and inspiring.

I can't think of any other book that does a better job explaining the inventory process. Steve takes us through Step Four just as it's laid out in the Big Book, but he strips away the excess drama and in a very concise way helps the reader understand the process. I particularly liked the discussion of Maslow's Hierarchy of Needs, and how the Fourth Step helps identify our basic human needs and motivations so we can hopefully move to a higher level of self-actualization. I also found it interesting how he drew comparisons between Step Four and the ABC model used in cognitive-behavioural therapy.

Steve writes that "sharing our Fourth Step Inventory with another person, helps us identify the exact nature of our wrongs, and hopefully motivates us to change." The books' treatment of the remaining housecleaning steps is entirely practical and reasonable. Steve encourages the reader to be realistic about Step Eight and to list those people who were obviously harmed and for which there are lingering feelings of shame and guilt. He also cautions the reader in Step Nine to be sure to seek guidance before making amends.

This book doesn't change the wording of the Twelve Steps. Instead, Steve offers an interpretation. This is a true and honest account of Steve's experience with the 12 Steps. In Step Eleven, he urges the reader to "develop their own form of practice in relation to prayer and meditation, while being true to themselves." (p.21) As an atheist, I don't practice prayer, but if I am honest with myself, I must admit that I do recite the Serenity Prayer, if not just out of sheer habit. So, who's to say that prayer doesn't play a role in my atheistic AA program?

The book concludes the discussion of the Steps with the chapter “Love, Grow, Serve.” This chapter describes a spiritual awakening as a “change in awareness and way of being that cannot be willed to happen, but come about as the result of participation in the Fellowship of Alcoholics Anonymous and its Twelve Step Program of Recovery.” We practice Step 12 through the actions of love and service which AA co-founder Dr. Bob Smith considered to be the essence of the Steps.

Practicing Virtue

In his approach to the Twelve Steps, Steve was influenced by Aristotle’s Virtue Theory, which can be understood as a humanistic approach to an ethical life. Aristotle defined virtue as being the mean between two extremes of a character trait, and in the book, Steve uses the example of *courage* as the midpoint between cowardice and foolhardy; and *humility* is the mean between *pridefulness* and *low self-esteem*. In this section of the book, Steve assigns specific virtues to each of the Twelve Steps, with the virtue of humility being the common denominator in all of them.

Humility

Humility is having an accurate view of oneself as a limited, imperfect human being and being honest without pretence in the portrayal of oneself to others. Humility acknowledges the need for others and reaches out toward them. Pride/ego denies this need and results in an inner emptiness; it cuts one off from others due to a sense of being “better than” in comparison and therefore lacks identification and compassion for others. (p.31)

The section of the book that deals with virtue would make for interesting discussion topics at an AA meeting. I have never given consideration to virtue, at least not in this context, but as I read the book, it made sense to me. Practicing virtue can enable me to lead a more ethical life, and I believe that if I live a life based on sound ethics, then it’s just that much easier for me to stay sober. I was intrigued by this idea of virtue, and the book whetted my appetite to learn more.

Articles of Interest

A large section of the book consists of essays that Steve has written over the years covering a broad range of topics of interest to AA members. Subjects such as: living with chronic illness in recovery, sponsorship, AA Conference approved literature, spirituality, the root cause of addiction and much more. All of these essays are extremely well written and can also be used as discussion topics at an AA meeting.

One of my favourite articles in this section is “Recovery—A Journey of Self-Actualization.” In this article, Steve goes into more detail about how Maslow’s hierarchy of needs relates to Step Four. Equating self-actualization with spiritual awakening is an idea that I find very helpful and it also comports with my experience. As I took care of my lower level of needs, I was free to grow emotionally and live a more fulfilling life. This article and many others can be found on Steve’s blog: *12StepPhilosophy*. It’s definitely worth a visit.

John S. is the administrator for *AA Beyond Belief.org* and the host of its podcast interviews.

My Recovery Journey – By A Twelve Step Agnostic.

As a child I had the common experience of growing up in a home with an alcoholic parent. My step-father was a daily drinker who was incapable of forming a loving relationship with me or my younger brother. When my stepfather had been drinking he seemed to resent us and was emotionally abusive.

Things became worse as I grew older. My family moved into a 'public house' (bar) when I was almost 13 years old. My parents often argued, and at times there was physical violence. My growing unhappiness and insecurity at home, a deep sense of rejection and the easy availability of alcohol, set the scene for my own alcoholism and drug abuse.

I began drinking regularly around age 15 and would get drunk at every opportunity. I left school at 16 and spent the next 10 years in and out of employment, hospitals, courts, police cells and prison. By age 25, I wanted to stop drinking and using drugs, but I seemed unable to do so for any significant time. Around this time, I found the fellowship of Alcoholics Anonymous (AA) and began my journey into some sort of recovery.

At my first AA meeting, I understood the goal was complete abstinence. Although I knew this was the only option for me, I did not fully believe I was an alcoholic. The room was full of people much older than I who'd been drinking for a lot longer and were clearly "proper" alcoholics. Nevertheless, I wanted abstinence, so I kept attending meetings.

I also started reading the AA *Big Book*, and realised that belief in God was a vital part of the solution. I was open to this suggestion, although it felt awkward to me as I wasn't brought up in a religious home. I don't remember religious or spiritual issues ever being mentioned by my parents; I only came across Christianity in morning assembly at primary school. Despite this, I had clearly been conditioned with basic Christian ideas about God.

After several months of attending AA and while still occasionally drinking, I began to pray regularly. Since I didn't feel any spiritual connection, this felt embarrassing and not completely genuine. I continued praying in the hope that it would free me of the desire to drink, which was becoming a very conscious struggle the harder I attempted to remain abstinent. I was beginning to think I was "constitutionally

incapable of being honest with myself,” and even more sure I suffered “from grave emotional and mental disorders” (This was, in fact, true!).

The torture of my obsession with alcohol continued into my early 30’s. By then, I had formally been through the AA Twelve Steps more than once with different sponsors, but still hadn’t connected with God or the spirituality of the Steps. Despite this, I managed to attend regular meetings and stay abstinent for five years. However, I was suffering with ongoing depression and other physical health problems, and was far from being a content, emotionally sober man. In retrospect, I can now see that the relationship I was in at the time was enabling me to remain physically sober; but when it ended, so did my period of sobriety.

Although I mostly remained abstinent, I struggled with the mental obsession to drink for another two or three years. My last drink was on July 2, 2005.

During the twelve months that followed, the obsession with alcohol left me. I started feeling secure in my sobriety. As my confidence grew, so did my questioning of the Twelve Steps and what I perceived as religious dogma. I became increasingly disillusioned and hostile toward the literal meaning and language of the program, and I began pushing AA friends away with my negativity.

I then had to undergo a course of significant medical treatment for Hepatitis C, which I had contracted in my early 20s through intravenous drug use.

This treatment affected my energy level, motivation and emotional well-being. My attendance at meetings was reduced to the odd occasion. My belief in the Twelve Steps continued to deteriorate; and I became very isolated and depressed. I considered no longer attending meetings, as I felt disingenuous at them. When I did attend, I would attempt to undermine others’ beliefs. I realised that unless I could find a genuine relationship with the Twelve Steps, I would need to leave the Fellowship.

Suddenly one day, I had an inspiration to look online for some literature that might help me. I came across Ernest Kurtz’s *‘Not-God, A History of Alcoholics Anonymous’*. This book is a detailed history and study of AA. While confirming the Christian influence upon the Twelve Steps, it provides a good understanding of the liberal principles of AA philosophy. I started to develop a new appreciation of the Steps and the Fellowship.

So began a twelve-month study of the program through the eyes of various authors. I attended many meetings during this period and revised some of my Step Four inventory. I began to relate to the Steps in a spiritual, but nontheistic way, and to clearly see the underlying moral and spiritual principles inherent within the Steps. I came to genuinely believe in them, and saw both their importance and their transformative power.

My new relationship with the Twelve Steps slowly brought a more positive commitment to the Fellowship and to helping others. I started to sponsor others and became the secretary of a new meeting. My service to others, despite still suffering from a chronic illness, continued to develop my commitment and appreciation of the Steps. It also helped to improve my mental and emotional well-being.

As the years have gone by, I've become increasingly secure in my sobriety – thoughts of drink rarely enter my mind. One of the Step Ten Promises has truly come about for me:

“For by this time sanity will have returned. We will seldom be interested in alcohol. If tempted, we recoil from it as from a hot flame. We react sanely and normally, and we will find that this has happened automatically.”

Alcoholics Anonymous, 3rd edition, p.84-85.

I now comfortably relate to the Twelve Steps from a primarily humanistic, though spiritual, point of view. I don't believe in the traditional concept of God and apply my own concepts to the idea. This legitimate approach to recovery is based upon the program's liberal and pragmatic, as well as spiritual, principles.

“When, therefore, we speak to you of God, we mean your own conception of God. This applies, too, to other spiritual expressions which you find in this book. Do not let any prejudice you may have against spiritual terms deter you from honestly asking yourself what they mean to you.”

Ibid, p.47.

The Twelve Steps & Twelve Traditions, p.26, further illustrates:

“First, Alcoholics Anonymous does not demand that you believe anything. All of its Twelve Steps are but suggestions.”

If you don't believe in God, use your imagination to relate to the AA program in a way that is meaningful to you. I relate to spirituality in terms of moral virtues such as honesty, compassion, kindness and love. My emphasis is on a "way of being" or "way of life" and developing a right attitude toward my recovery.

I practice self-reflection, prayer and meditation in order to grow in virtue and to develop my consciousness in relation to the mystery of life. I like the saying "*God is Love*", because it expresses the idea that spirituality works in and through people. Spiritual principles are practiced as we help one another.

The Origins of the Twelve Steps

I would like to begin this interpretation of the Twelve-Step program of Alcoholics Anonymous with a brief explanation of the origins of its philosophy.

The Twelve-Step philosophy of AA is an integration of the early medical model of alcoholism, basic Christian principles, philosophy and psychology. Bill Wilson, co-founder of AA, who in collaboration with the early members of the fellowship wrote the Twelve Steps and the book Alcoholics Anonymous (aka the “Big Book”, first published in 1939), was influenced by these disciplines and certain individuals.

The origin of AA’s concept of recovery from alcoholism by means of a “spiritual experience” can be said to have begun with the famous Swiss psychiatrist Dr Carl Gustav Jung. Jung suggested to one of his patients, Rowland Hazard, that the only solution to his hopeless condition was a spiritual or religious conversion experience. Rowland Hazard then sought out this experience in the non-denominational Christian Oxford Group.

He then passed this message onto Ebby Thatcher who was a drinking friend of Bill Wilson. The Oxford Group placed emphasis upon the spiritual principles of surrendering, self-survey, admission of faults, making amends, asking God for guidance and witnessing. Wilson adapted these tenets and added Steps 1, 2, 6, 7 and 10. This is how the Twelve Steps came into being as the method of change required in order to bring about the solution to the problem of alcoholism. Wilson had gained an understanding of the ‘problem’ while being treated for alcoholism in hospital.

While in the Towns Hospital in New York, Bill Wilson received his understanding of alcoholism as an illness of the mind and body from his physician Dr William Silkworth. The early medical model of alcoholism suggested a mental obsession combined with a physical sensitivity or allergy.

The medical view of the time considered advanced alcoholic addiction to be a pathological craving condemning the sufferer to death. In the ‘Doctor’s Opinion’, at the beginning of the Big Book, Silkworth suggests that the only hope for the chronic alcoholic is an “entire psychic change.”

The liberal and pragmatic principles of AA were strongly influenced by the American philosopher and psychologist William James. James's book, *'The Varieties of Religious Experience'*, had a profound effect upon Bill Wilson while he was in the Towns Hospital. The book is a study of the diversity of ways individuals experience the spiritual, divine or God.

William James was famous for developing the 'philosophy of pragmatism,' which suggests that in matters of faith, rather than fact, it's how helpful the belief is to the individual that's important. In AA, it is often paraphrased as "what works for you." In the 'Twelve Steps & Twelve Traditions', Wilson states that:

'Alcoholics Anonymous does not demand that you believe anything. All of its Twelve Steps are but suggestions.'

p.26

Alcoholics Anonymous is truly against dogmatism, and only requires an open minded attitude, hence the freedom to choose a God or Higher Power of one's own understanding. Individuals of an atheist, agnostic, or humanist persuasion, often use the AA group and the Steps as a collective Power Greater than themselves, which can help bring about psychological and behavioural change.

I would also like to suggest that American society, in which Bill Wilson and AA originated, had a strong influence upon the liberal principles of AA philosophy and its 'traditions'. American society was the first major modern liberal democracy, with public matters being based upon liberal, humanistic values, and religious belief being a private matter.

Many of the early members of AA were agnostic or atheist. Wilson himself had walked away from his Christian upbringing throughout his drinking career, only renewing his belief in God when he became sober and involved with the Oxford Group. The founding members of AA had to make compromises between those who were religiously minded, and those members who were agnostic or atheist.

The desire for an inclusive fellowship and program of recovery led to the suggestions of a "Power Greater" and "God as we understood Him" contained in the Steps. 'Tradition Three' also states that: *"The only requirement for AA membership is a desire to stop drinking."* Members are welcomed regardless of faith, gender or any other differences.

The variety of beliefs within the AA Fellowship necessitates the importance placed upon the liberal values of *tolerance* and *acceptance* of difference. The *primary common purpose* of helping each other to recover from alcoholism being the main focus of the AA group, and is what binds those differences together. The AA historian Ernest Kurtz referred to this principle as “joyous pluralism”, in his book, ‘*Not-God, A History of Alcoholics Anonymous*’ (P. 151, Hazelden Press, 1979).

It is worth mentioning at this point that several empirical research studies between 2002-2007, have shown that positive drinking outcomes are achieved due participation in AA, regardless of religious or spiritual belief. Tonigan, Miller and Schermer’s (2002) study of atheists and agnostics in AA, demonstrated that AA attendance was strongly correlated with greater abstinence, regardless of God belief. Research has not been fully conclusive in regard to the relationship of spiritual beliefs in AA and outcomes and more research is necessary.

I would now like to offer an understanding of the Twelve Steps of AA; which can be viewed as a set of principles and actions to be practiced in order to bring about positive changes in one’s thinking, behaviour, moral and spiritual awareness and growth. These guiding principles, if practiced over time, have been found by AA members to facilitate deep inner changes and awareness sufficient to recover from alcoholism and live a more satisfying life.

Part 1: The 12 Steps

Step One

“We admitted we were powerless over alcohol – that our lives had become unmanageable.”

This first Step is about inwardly understanding and admitting one’s lack of control or power in relation to drinking (alcohol addiction) and accepting help. Knowing and accepting the problem, and being willing to receive help and support for it, are fundamental to the rest of the program of recovery. ‘Knowing that you have a problem’ needs to be more than an intellectual understanding; it should be a deeply felt experience understood in one’s heart, not just in one’s head.

AA understands alcoholism as an illness of the mind, body and soul. It’s not a scientific explanation but a perspective based upon experience and has proved to be useful.

Step One in AA involves members sharing their experience of the problem; which is a lack of control in relation to drinking, manifested in a mental obsession which keeps the alcoholic returning to drink regardless of the pain and misery caused by it. This obsession is combined with a physical compulsion to keep on drinking once the alcoholic starts to drink. This disorder causes problems for the alcoholic mentally, emotionally, physically, socially, financially and spiritually. The pain of these consequences is what brings the alcoholic to a point of surrender and willingness to change.

Hopefully, by listening to experience of the problem of alcoholism and the actions taken in order to recover, the new member in AA identifies the problem within themselves and gains *hope* for the possibility of recovery.

The problem of a lack of power or control in relation to drinking suggested in Step One leads to an unmanageable life. This is manifested in various unintended consequences, such as: health problems, accidents, ruined relationships, criminal convictions, financial difficulties, employment problems, psychological, emotional and physical harm to self and others.

In addition to the above type of unmanageability, when understood in the context of the remaining Steps, the second part of Step One can be interpreted as indicating an unmanageable life due to self-will or self-centredness. The principles and actions contained within the Twelve Steps are intended to diminish the ego and provide the power, guidance and awareness necessary to free the alcoholic from their active addiction and enable a manageable life.

The concept of being '*powerless*' over one's addiction can be viewed as unhelpful in other models of addictive behaviour; encouraging a lack of responsibility for the problem. My experience of the AA program of recovery is that I am responsible for practicing the principles and actions contained in the Twelve Steps, and engaging with AA and recovery practices in general (service, phoning a sponsor and attending meetings). Recovery activity enables the alcoholic not to take the first drink.

My understanding as a layman is that addiction interferes with the rational choice and decision making ability (one's will) within the sufferer, due to its effect upon the individual's neurochemistry and brain function.*

This results in an obsession and compulsion in relation to the addictive behaviour, which is very difficult to stop. Step One is fully and wholeheartedly admitting this lack of control and need for help. The obsession and compulsion accompanying addiction is quite often hard to understand in people who've not directly experienced it.

Step One outlines the problem of addiction - *lack of control or power*.
Step Two suggests the solution - *a power greater than oneself*.

*See appendix, Professor D. Nutt's scientific explanation of addiction.

Step Two

“Came to believe that a Power greater than ourselves could restore us to sanity.”

Step Two is referring to the insanity of addiction and its mental obsession. In other words the lack of whole thinking or truth that precedes taking the first drink or drug, regardless of past experiences that would prevent a sane person from doing so.

On a deeper level, AA understands addiction to be a spiritual illness with self-centredness at its core. This self-centredness expresses itself in various forms of character defects, which manifest in insane thinking or a lack of whole thinking; the result being harmful consequences to oneself and others.

In AA, it is often suggested in relation to Step Two, that members only require willingness and an open minded attitude. A closed minded, literal attitude can often be a barrier in relation to this Step, and I have found that a little imagination really helps.

A great quote from the Big Book (p. 570 3rd edition) sums up the effects of a closed mind, *“There is a principle which is a bar against all information, which is proof against all arguments and which cannot fail to keep a man in everlasting ignorance – that principle is contempt prior to investigation.”* (Attributed to Herbert Spencer)

When listening to AA members’ experience of the mental obsession to drink despite past consequences, it is easy to hear the common insanity that rationalises taking the first drink; the addiction denies the truth. The common experience in AA is that the alcoholic is powerless to control this mental obsession, and once commencing to drink, the compulsion to keep on doing so. The alcoholic, at certain times, seems to lack the will power not to drink, and therefore needs help or power beyond themselves.

Step Two suggests believing in a *Power Greater* that oneself that can restore the alcoholic/addict to sanity or whole thinking in relation to alcohol and other drugs. Willingness and an open mind is all that is needed for this Step, and I suggest that being willing to believe in the collective power of the AA group, and principles contained within the Steps, are a good place to start.

Atheists, agnostics and humanists can have difficulty with this Step, if they are closed minded and lacking in imagination. I myself am an agnostic/humanist and have managed to adapt my views to this Step in accordance with reason. The collective therapeutic power of a group of people, coming together for a common purpose, can definitely inspire change within the individual.

I also believe in the transformative power of the moral, philosophical, and spiritual principles contained within the Twelve-Step program. Virtues such as honesty, willingness, humility, courage, acceptance, unselfishness, love and kindness are essential to and products of working the Steps. When practised regularly these virtues bring about deep changes in awareness and attitude towards oneself and others. They restore the will to wholeness or sanity by diminishing self-centredness.

This view accords with the theory of cognitive-behavioural psychology (CBT) and Aristotle's Virtue Ethics* ; in respect of, by adopting certain beliefs (moral principles) and practising them regularly, one's thinking and behaviour changes (*see part two – 'Practicing Virtue').

Belief in the power of the group and the principles contained within the Steps, can be understood from a humanist or spiritual perspective, dependent upon one's own beliefs or philosophy of life; the nature of which is a personal matter. The freedom to choose one's own understanding of a *Power Greater* than oneself is the subject of Step Three.

Step Three

“Made a decision to turn our will and our lives over to the care of God as we understood Him.”

As a result of the surrender necessary for Step One, and a *willingness to believe* in the power of the Fellowship of AA and its Twelve-Step program, a *Power Greater* than oneself, the alcoholic is ready to take Step Three.

Step Three is *making the decision* to turn one’s will and life over to the care and guidance of the Fellowship of AA and its Twelve-Step program; or a Greater Power of one’s own understanding. This sounds very daunting, but by breaking the Step down it’s not that intimidating. When we understand that one’s “will” just means one’s thinking or decision making processes, and that “life” means one’s actions; and realise that alcoholism is characterised by irrational thinking and actions, it then becomes reasonable to commit oneself to the support, guidance, principles and actions contained within AA and the Twelve Steps.

As with all the Steps, humility is needed for taking Step Three and contained within it. It’s realising that one’s own thinking and actions are not whole or sane in relation to drinking and other areas of life, and that guidance or direction is needed from outside of oneself. In other words ... *trusting in a greater wisdom than one’s own.*

How is Step 3 applied? It depends upon your understanding of a *Power Greater* than oneself. Based upon the Fellowship of AA and the Twelve-Step program of recovery being a *Power Greater*, I would suggest the following:

fully participating in AA meetings and commitment to working through the rest of the Twelve Steps. This means choosing a “home group” as a foundation of meeting attendance, regularly sharing at this meeting, getting involved in the running of the group, taking phone numbers and building relationships with other group members. This then allows for the therapeutic power of the group to provide support and guidance.

A commitment to working through the Twelve Steps begins by asking an experienced AA member, who has worked through the Steps themselves, to help guide you through them. This is referred to as sponsoring someone through the Steps. Working through and practising the principles contained within the Steps, combined with the support and

guidance from the group, will, if engaged in honestly and willingly, bring about changes in one's self-awareness, moral and spiritual awareness, attitude and behaviour. This process is often referred to in AA as a "spiritual awakening" or "psychic change".

In accordance with spiritual principles and practices, AA members may, dependent upon belief, pray or something similar to a *Higher Power* of their own understanding, as an act of turning their will and life over. I view praying as a type of affirmation and a conscious act of humility – it's asking for guidance from a greater wisdom than one's own. The alcoholic/addict needs guidance from outside of themselves due to the selfish nature of the condition. Step Four looks at this self-centredness and its various manifestations, referred to in AA as "character defects".

Step Four

“Made a searching and fearless moral inventory of ourselves.”

Step Four is primarily an exercise in identifying moral defects of character and their underlying self-centredness. These defects of character are harmful to oneself and others and Step Four is the start of the necessary action required to become free of them. The belief in AA is that self-centredness is at the core of the alcoholic's problems and unless this changes recovery will not happen.

The book ‘Alcoholics Anonymous’ (*Big Book*) explains how to carry out this personal inventory process on pages 64-71 (3rd edition).

The book identifies the basic human instincts for *material* and *emotional security*, *social relationships*, *approval/status* and *sex* as the root cause of our defects of character. When these instincts are excessive they result in harmful and selfish behaviour.

Excesses of our natural instincts, often due to unmet needs and past hurts, drive the self-will which causes conflict with others. For example: emotional insecurity causing excessive demand for attention and control in relationships, which damages them.

The *Big Book* suggests taking inventory of one's resentments, fears, sex conduct and harms done towards others. The process suggested is to list in *column one*, the *resentments, fears, sex conduct and harms*; the *cause* in *column two*; and the *affected or threatened instinct* in *column three*. The resulting *defects of character* can be placed in *column four* (Only three columns are used in the *Big Book* - my four column model is taken from ‘*Carry This Message*’, Joe McQ, p.89 – 91).

Examples:

<u>I am resentful at:</u>	<u>The cause:</u>	<u>Affects my:</u>	<u>My defects:</u>
My brother.	His indifference towards me.	Emotional security, self-esteem & pride.	My insecurity (fear/self-centred) causing anger/rejection towards my brother.
Joe Bloggs.	Stole from me.	Material security. Pride.	Self-Centred fear/anger/violence towards Mr Bloggs.
My wife.	Had an affair.	Emotional security, pride & self-esteem.	Insecurity/fear/anger & jealousy. Reacted selfishly by having sex with another woman.

Column four identifies the excessive reaction of our natural instincts; the self-will that harms and causes conflict with others. The defects listed in column four are often, but not always, the same defects of character that contributed to the other person's behaviour in the first place. In the first example *my brother*, the self-centred insecurity has previously caused the alcoholic to be demanding, critical, angry, violent and rejecting towards his brother. This in turn has contributed to, and caused negative feelings and indifference in the brother towards the alcoholic.

The model of human nature used in *Step Four* translates well to humanistic psychology. 'Maslow's *Hierarchy of Needs*' identifies the same basic human needs and motivations. The theory suggests that if the basic needs are met and functioning well, the individual can flourish and self-actualise (growth potential), becoming a fully functioning person. If the basic needs are not met, or don't function properly, this then prevents the person from being their 'true' or 'whole' self.

The AA model suggests that if the basic instincts are damaged or deformed they result in an unmanageable life. The character defects, or *defense mechanisms*, that result from our distorted instincts disconnect the alcoholic from their 'true' or 'whole' self (sanity). The spiritual understanding can be... *cut off from the "God within"*.

The Step Four inventory process is also similar to the ABC model used in Cognitive-Behavioural Psychology. A=Activating Event, B=Belief, and C=Consequence. In Step Four, A=Column 1&2 cause, B=Column 3 perceived threatened instinct, and C=Column 4 resulting defect/behaviour. The ABC model is used in the 'SMART'* recovery program (*Self-Management and Recovery Training).

Now that the *defects of character* and underlying self-centredness have been identified, the next Step is to share what we have found. This brings us to Step Five.

Step Five

“Admitted to God, to ourselves, and to another human being, the exact nature of our wrongs.”

We are required to practise the virtues of *honesty, courage, humility and willingness* to carry out Step Five thoroughly; and, as with all the Steps, develop these virtues by doing so.

Step Five is sharing the moral inventory we completed in Step Four, with another trusted person. In AA, the alcoholic’s *sponsor* is usually the person chosen to carry out Step Five; although any trusted person, who fully understands the purpose of the process, and has been through a similar exercise themselves, can be chosen.

The main purpose of this Step is to accurately identify *the exact nature of our wrongs*. This is the reason for sharing the inventory with someone else who has experience, so they can help the alcoholic see through any *defences* and *rationalisations*. In accordance with AA’s view of the root cause of destructive drinking and human problems generally, the alcoholic is trying to fully identify attitudes, feelings and behaviours which are ‘*dishonest, selfish, self-seeking, frightened and inconsiderate*’ (‘Carry This Message’, Joe McQ, p.82).

Hopefully, by completing Step Five, the alcoholic will be able to fully see just how harmful their *character defects* are to themselves and others. This clear insight will then motivate them to want to be free of these defects, which is the aim of Steps Six & Seven.

Quite often, but not always, AA members who have carried out Step Five share that they felt a weight lifting upon completion. They share feeling less guilty and shameful about their past behaviour. This reduction in shameful feelings, greater self-awareness, development in the virtues of honesty, courage, humility and willingness and a readiness to change are the benefits of Step Five.

I would suggest that by completing the Step Five process of sharing a moral inventory with a sponsor, or other suitable person, one is also *“Admitting to God, the exact nature of our wrongs.”* Most people’s understanding of a *greater power* should be able to accommodate my suggestion. However, the individual is free to carry out their own process of admitting to a *higher power*; for example, sharing with a member of the clergy.

Steps Six & Seven

“Were entirely ready to have God remove all these defects of character.”

And...

“Humbly asked Him to remove our shortcomings.”

These two Steps involve willingness, humility and practice. Step Six requires a natural *willingness* to be free of the character defects discovered in Steps Four and Five. The painful awareness of our defects of character and an understanding of the self-centeredness that produces them, will hopefully motivate the alcoholic to become willing to let go and have them removed.

“Entirely ready” and *“all these defects of character”* are ideals to work towards. In my experience, as I’ve engaged with the group and Twelve Steps, the awareness of my character defects and the harm they cause to myself and others has increased and therefore I’ve become more willing to be free of them.

The *willingness* found in Step Six is *essential* to the practice of Step Seven. The *humility* required for Step Seven will have come about from our experience of powerlessness in relation to addiction and an understanding of the imperfection of being human identified in Steps Four and Five.

Asking God, or a *higher power to remove our shortcomings* can be a barrier to this Step for some in recovery. It suggests prayer or some form of communication with a power greater and this is left up to the individual; although the *Big Book* is suggesting prayer to a spiritual power. It is important to remember that we are free to believe in our own concept of a Higher Power when practising this Step, and many within AA relate to the group and the Steps as the power that removes *our shortcomings*. Relating to others with an attitude of love and kindness, and a commitment to the virtues inherent within the Steps, is practising spirituality in my view and can certainly reduce our self-centredness. Non-theistic prayer can also be practised as a way of affirming the values we aspire to live by.

The *humility* to surrender control and rely upon a power greater than oneself to *remove our shortcomings* is essential to Step Seven, but this

needs to be combined with a willingness to take action in order to allow the process to happen.

This action takes the form of a persistent effort to *practice the opposite* of our defects of character. For example: in relation to our dishonesty we practice *honesty*, when feeling resentful we practice *forgiveness*, in the case of fear we practice *courage* and *faith*, in terms of our pride, ego, and self-centredness we practice *humility*, and instead of being selfish we practice *love*.

Practising these virtues with the help and encouragement of the group and the Twelve Steps, over time, brings about change and a moving towards one's true-self. This is a lifetime's process and I've not met anyone yet who's magically had all their defects of character removed.

The practice within AA of moral and spiritual principles in order to grow into emotional sobriety translates well into '*Person-Centred*' psychology and its '*Core Conditions*'. The therapeutic conditions which facilitate personal growth are *empathy*, *unconditional positive regard (UPR)* and *congruence*. Receiving these virtues from others enables the recipient to relate them to themselves and practice them in relation to others. This process happens within Twelve Step fellowships as members practice moral and spiritual principles in relation to each other; offering support and compassion for a common problem.

Compassion and *empathy* are offered by members of AA to each other born of identification with suffering. These virtues enable the recipient to be understanding and empathetic towards themselves instead of feeling self-hatred. The same process applies to the practice of *non-judgemental acceptance (UPR)*, which is generally given within the fellowships. *Congruence* or being genuine is also modelled within AA. It is shown by members practicing *honesty* and *humility* with each other; which is particularly demonstrated by the practice of *sharing*.

My belief and experience within AA, is that the practice of moral and spiritual principles are fundamental to personal growth and change. Twelve-Step groups and their *program of recovery* encourage and facilitate the practice of all the above principles.

The need to practice moral and spiritual principles in order to recover from addiction is essential due to the selfish nature of the condition. Addiction generally corrupts the sufferer both morally and spiritually. As a result the alcoholic will usually have a long list of people who they've selfishly harmed. This now brings us to Step 8...

Step Eight

“Made a list of all persons we had harmed, and became willing to make amends to them all.”

The majority of people harmed will usually have been identified by completing the inventories in Step Four. The names can be transferred from the *resentments, fears, sex conduct and other harms* done inventories as most of them will probably be owed amends. In addition the names of any other people who come to mind that are not in the inventories should be put on the list.

“All persons we had harmed,” includes physical, mental and emotional harm done to others.

Due to the spiritual nature of the *Twelve Steps*, with spirituality being *all* pervasive, one cannot just be spiritual in only some aspects of one’s life; and so the *Twelve Steps & Twelve Traditions* suggests making an *“accurate and really exhaustive survey of our past life as it has affected other people.”*

p.82.

I would suggest being realistic about this Step and include anyone from your past life that has been obviously harmed and where there is a feeling of guilt, remorse or shame about your behaviour. This includes people who may also have done harm to you, who you may feel resentful towards and currently unwilling to make amends to. The antidote to resentment is *forgiveness*.

“Became willing to make amends to them all.” For the reason suggested above in relation to spirituality, the alcoholic in recovery has to be *willing* to make amends to *all persons* on the list. This may be a very difficult process and one that can only be worked towards with the help of the group and program.

It maybe the case that some of the people on the list we will be unable, for various reasons, to ever make amends to personally. The point is that we become *willing*. While working at becoming willing to make amends to some people on the list, we can start making *direct amends* to those people where we are able and willing. This is Step Nine....

Step Nine

“Made direct amends to such people whenever possible, except when to do so would injure them or others.”

When the willingness is present it's then the responsibility of the alcoholic to approach the person harmed and make the amends. The type of amends should have already been identified from the inventories, for example: acknowledging faults or harms done and apologising, offering to pay back money owed, giving practical help, and committing to caring and relationship responsibilities.

I would suggest that it's important to seek guidance from a sponsor, or someone who's experienced in working the Steps, in relation to making direct amends. Check out if amends is actually owed or wise, and the particular type and method, for example, face to face or letter etc.

Step Nine rightly places an emphasis upon the well-being of the person the amends is being made towards, as well as others, and suggests not doing any further harm. We should avoid seeking peace of mind at the expense of another.

Guidance can be found in relation to making amends in the Big Book, Chapter Six, p.77-83, 3rd edition.

When carrying out Step Nine, we are practising the virtues of *honesty, courage, humility, willingness* and *acceptance*. This is a challenging task and our *pride/ego*, motivated by *fear* and *resentment*, will no doubt try to resist in the form of *denial* and *rationalisation*. However, by practising the virtues inherent in making amends we diminish self-centredness with its accompanying *fear* and *resentment*, as well as, lightening the burden of guilt and shame carried from our past.

Making amends provides the opportunity for *forgiveness* to be received by the alcoholic for harms done, which allows the alcoholic to forgive themselves, letting go of their shame and guilt. Receiving *forgiveness* may also help the alcoholic to forgive the other person for any harm they may have done; letting go of resentment and blame. After becoming free from the baggage of our past, we will want to maintain this by the practice of a regular personal inventory. This brings us to Step Ten....

Step Ten

“Continued to take personal inventory and when we were wrong promptly admitted it.”

“A continuous look at our assets and liabilities, and a real desire to learn and grow by this means, are necessities for us. We alcoholics have learned this the hard way. More experienced people, of course, in all times and places have practised unsparing self-survey and criticism. For the wise have always known that no one can make much of his life until self-searching becomes a regular habit, until he is able to admit and accept what he finds, and until he patiently and persistently tries to correct what is wrong.”

p.90, Twelve Steps & Twelve Traditions

“The unexamined life is not worth living for a human being.” Socrates

“Know Thyself.” Ancient Greek aphorism

The practice of Step Ten is essentially applying the principles of Steps Four – Nine on a daily basis. We continue to look for *selfishness, dishonesty, resentment and fear*; admitting *shortcomings* to ourselves and others.

Once identified, we practice the opposite of the faults we’ve discovered. We now practice *honesty, forgiveness, courage and love*. We also practice *humility* and are willing to reach out for help. When admitting our wrongs we’re thoughtful towards others.

“Being convinced that self, manifested in various ways, was what had defeated us, we considered its common manifestations. Resentment is the number one offender”

p.64, Alcoholics Anonymous, 3rd edition.

The application of a *personal inventory* can be done at different times and to varying degrees. However, I find it’s good practice to carry out an inventory whenever troubled by negative thoughts or feelings such as anger, fear, shame and guilt. It’s better to carry out an inventory in written form if possible, but mental reflection will usually identify the self-centredness that is the root cause of the problem.

Our personal inventory can also be carried out as a review at the end of each day. Asking oneself, “*have I been selfish, self-centred, resentful, dishonest or fearful today? Do I owe an apology? Have I been keeping things to myself that I need to discuss with or admit to someone else? Have I been kind and considerate towards others today, treating people as I would like them to treat me*”?

Alcoholics Anonymous, 3rd edition, p.86.

It is often necessary from time to time, and can be very beneficial, to carry out a thorough and written personal inventory as detailed in Step Four. We then discuss our findings with another trusted person, particularly where major conflict has occurred, or with long standing resentments and other troubling faults.

The above practices are living a moral and spiritual life, by which we continue to learn, heal and grow. By doing so we connect with our ‘*true-self*’ and promote ‘*self-actualisation*’, or a *spiritual awakening*. An aspect of ‘self-actualisation’, as described by Abraham Maslow in his ‘*Hierarchy of Needs*’, is an increasing moral awareness and a sense of wholeness. This sense of wholeness or ‘*oneness*’ is often experienced in spiritual terms as ‘*God-consciousness*’.

Ibid, p.85.

Step Eleven

“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.”

I view Step Eleven as part of my commitment to continued spiritual growth, and in relation to developing moral virtue. When practised in the context of the other Steps, it helps me to connect with the virtues mentioned above, such as: *love, compassion, empathy, humility, honesty, self-awareness, courage, forgiveness, gratitude, acceptance and faith*. Prayer and meditation improve my conscious contact with my ‘*higher self*’, or the ‘*good within*’ me.

In accordance with the liberal principles of AA philosophy, it’s important that we develop our own form of practice in relation to prayer and meditation. We can learn from others and from religious and spiritual traditions, but I would also suggest that we be true to ourselves.

The *Big Book* offers guidance in relation to Step Eleven on pages 86 – 88 of the 3rd edition, mainly in the form of asking for direction and inspiration from a *power greater* than oneself. It is important to relate to a *Higher Power* of our own understanding, for example: spiritual or moral truths, the God, good, love or wisdom within, the group (quite often it’s said that “*God works through people*”), or spiritual resources beyond the self that empower us, and are capable of bringing about inner change and growth.

Regular practice of Step Eleven requires self-discipline, and so setting aside some time each day for quiet reflection and prayer is suggested in order to establish a routine.

The *Big Book* also suggests practising Step Eleven throughout the day when we are disturbed or doubtful, and I’ve personally found this practice to be helpful. I would also suggest using prayer and meditation when aware of self-centredness, anger or fear, as this can help us to focus upon the opposite virtues: *service to others, love, courage and faith*. We are now at the point of putting all Twelve Steps into practice as a *way of living*, which is Step Twelve.

Step Twelve – Love and Service



“Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practise these principles in all our affairs.”

The following description of AA’s Step Twelve is based mainly upon my own personal experience of practicing Twelve Step recovery over a period of years.

The result of practicing the Twelve Steps and the principles contained within them, consistently over time, is that the alcoholic will have changed in their outlook, attitudes and behavior enough to be free of their active addiction and its mental obsession.

In general, they will be content to live a sober way of life and be willing to help others to do the same. The nature of the ‘spiritual awakening’ or ‘personality change’ is unique to the individual and can happen as an event, or more commonly over time as a self-actualizing process.

For me, indications of a spiritual awakening are a freedom from the obsession to drink and also include: a sense of being transformed or changed in outlook and consciousness; a greater awareness of moral/spiritual values; a willingness to practice love and be of service to others; development of honesty and humility; and an increased sense of relationship or connection with oneself, others and a transcendent power or principles.

These changes in awareness and ‘*way of being*’ cannot be willed to happen, but come about as the result of participation in the Fellowship of Alcoholics Anonymous and its Twelve Step program of recovery.

“We tried to carry this message to alcoholics, and to practice these principles in all our affairs”.... is practicing the virtue of altruism or unconditional love in relation to other alcoholics, and being a living example of the principles contained within the Twelve Steps.

By “living example” I mean practicing the Twelve Steps and principles contained within them on a daily basis, in all situations, and with all people. It’s *living the program* and is how one develops emotional, moral and spiritual maturity.

In co-founder of AA, Dr Bob’s opinion, “love and service” to others are the main characteristics of the Twelve Step program; a giving to others without expectation of reward. The message we carry is one of recovery through the Steps by our example and the actions we take in helping others to do the same.

“Our Twelve Steps, when simmered down to the last, resolve themselves into the words “love” and “service.”

Dr Bob, July 30, 1950.

Helping other alcoholics to recover through practicing Step Twelve can be done in various ways, for example, by *sharing* in meetings and by carrying out the numerous service roles within the fellowship.

Though the practice of Step Twelve shouldn’t include expectation of reward, in my experience, the practice of *sponsorship* is the most rewarding form of carrying a message of recovery to others.

There is mutuality in giving, or love and service towards others, and I’ve certainly gained from my giving in sponsorship. Helping others to stay sober and to practice the Twelve Steps in their daily lives strengthens me in my own recovery. It helps me to develop my character and my practice of the program; and to evolve my emotional and spiritual awareness.

To paraphrase Marya Hornbacher... ‘I can be a source of spiritual comfort and strength towards others and in doing so be comforted and strengthened myself.’

“...what comforts me is comforting someone else when I can; what gives me strength is giving strength to another; and when I need, I try to give. I return to the prayer of St Francis: “...Grant that I may seek rather to

comfort than to be comforted; to understand than to be understood; to love than to be loved. For it is by self-forgetting that one finds.” (1)

This primary ethos of love and service to others carried through Step Twelve, and the reciprocal nature of fellowship, is at the core of Twelve Step recovery and is the driving force of my spiritual growth and awakening.

1. Marya Hornbacher, *Waiting-A Nonbeliever's Higher Power*, p. 137.

“Spiritual, rather than religious”

Members of Alcoholics Anonymous quite often state that the Twelve-Step program is “Spiritual, rather than religious”. I think this distinction is based upon one’s definition of the two terms. Some people understand the terms as more or less synonymous, but within AA, they are generally understood to mean different things.

The term ‘religious’, as understood within AA, is considered to mean being formally part of an organised religion, or connected to an institution such as the church. It is associated with being dogmatic and doctrinal. The term ‘spirituality’, within AA, is generally considered to be non-dogmatic and open, with members encouraged to develop their own understanding and practice. Under these definitions, AA is genuinely “spiritual, rather than religious.”

However, there are different definitions of the two terms, with some being quite broad in understanding and overlapping is common. Historically, the AA program has no doubt been strongly influenced by Christianity, and under a broad definition can be validly described as religious in nature. In fact, this view has been legally judged to be the case in several United States court decisions on the issue.

AA’s distinction between the spiritual and religious seems to reflect this tendency within modern day secular society, which views the spiritual as relating to the individual’s private inner experience of the transcendent, or divine, and does not have to be associated with any particular belief system.

As a matter of interest, the well-known philosopher William James, who greatly influenced Bill Wilson and the spirituality of the AA program, defined religion over a century ago as:

“the feelings, acts, and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine.”

‘The Varieties of Religious Experience, p.21, Penguin Classics 1982.’

Most members of AA would now consider the above as a definition of spirituality, rather than religion; which demonstrates the modern tendency to distinguish this broad description of religion as ‘spiritual’, and the theologies, doctrines, institutions and traditions associated with it as ‘religious’.

The founders of AA were also influenced by the liberal, humanistic ideas of American society. These ideas were born of the “age of enlightenment”, and produced principles such as: autonomy, democracy, equality, tolerance of diversity, freedom of the individual, freedom of belief, opinion and speech, as well as, the welfare of the whole or group. These are the fundamental principles of the AA fellowship, and are embedded throughout the ‘Twelve Traditions’. The separation of the subjective, inner experience of spirituality, from the dogmatic authority of organised religion, is also the result of liberal and humanistic values upon modern day secular society, of which AA is very much a part.

Discovering a Relationship with an Inner Power

In the chapter “We Agnostics” in the book ‘Alcoholics Anonymous’ (aka Big Book), it suggests that agnostics and atheists can often struggle with the concept of God; due to “a particular idea” with which they were conditioned with during childhood. *“Perhaps we rejected this particular conception because it seemed inadequate. With that rejection we imagined we had abandoned the God idea entirely.”* (p.45, 3rd ed)

The Christian concept of God, which I was conditioned with during my childhood, as are many, has been a large barrier in relation to developing a connection with a *Power Greater* than myself in recovery from addiction. I have found it difficult to relate to traditional language and ideas where the concept of God is concerned, and also held resentment against it. I couldn’t get past my own history of suffering or that of others in this world. It seemed a nonsense to believe in “a loving God, who is personal to me.”

My resentment against traditional Christian ideas caused me to disconnect from the 12 Steps of AA, more or less completely, for a significant period of time in recovery, to the extent that I didn’t see much point in being a member of the Fellowship. I was on the verge of leaving Alcoholics Anonymous (AA) and had lost my motivation to attend meetings. I then discovered the book ‘*Not-God, A History of Alcoholics Anonymous*’, by Ernest Kurtz. This book gave me a much greater insight and understanding in relation to the influences upon the AA fellowship and its philosophy, and in particular its liberal principles. I began to see a way forward in my relationship with the 12 Steps. I realised that I could replace the language and ideas within the Big Book of AA with concepts that were meaningful to me.

“When, therefore, we speak to you of God, we mean your own conception of God. This applies, too, to other spiritual expressions which you find in this book. Do not let any prejudice you may have against spiritual terms deter you from honestly asking yourself what they mean to you.”
Alcoholics Anonymous, p.47.

The process of relating to the language and ideas within AA literature as metaphor has continued to enable me to connect with the 12 Steps and the concept of a *“Power Greater than myself.”*

I can appreciate that this translation process is not acceptable to some agnostics and atheists in the Fellowship of AA, and that they choose to

more or less reject the Steps. This is not my path in recovery. I have become open to a naturalistic, rather than supernatural, relationship with the concept of ‘spirituality’. In using the word spirituality I mean the experiences of life that “*seem more than purely material*” or “*more than the sum of their parts*”. The phenomena of *consciousness* and *love* being good examples. The mystery of our existence is awe inspiring to me and worthy of reverence and contemplation.

I’ve increasingly realised that the main reason I have difficulty with the language used within AA literature, apart from it being outdated, is that it *primarily* promotes a dualistic concept in relation to a *Power Greater*. The idea of *separation*; that of a *higher power transcendent, beyond or outside of the self or nature*. Liberal principles allow me to reject this idea and conceive of a power greater than myself in a *holistic* or *monistic* sense. This approach works well for me and accords with my world view. It’s all connected! I have found humanistic ideas (e.g., *self-actualisation*) and some of the eastern traditions, e.g., Hinduism (yoga), Buddhism and Taoism, helpful in this respect.

It does suggest on pages 55 (“Great Reality deep down within us”) and 570 (“an unsuspected inner resource”), 3rd ed, Big Book, that this “Power greater” can exist within us or be part of ourselves. It can be thought of as our essential nature which lies beyond *the ego*.

The following passages, by Marya Hornbacher, have been helpful to me in my quest to find an authentic relationship with “spirituality” and the concept of a Power Greater than myself:

“The origin of the word spirit is Greek. It means “breath.” That which stirs within, slows or quickens, goes deep or dies out. When I speak of spirit, I am not speaking of something related to or given by a force outside ourselves. I am speaking of the force that is ourselves. The experience of living in this world, bound by a body, space, and time, woven into the fabric of human history, human connection, and human life. This is the force that feels and thinks and gives us consciousness at all; it is our awareness of presence in the world. It is the deepest, most elemental, most integral part of who we are; it is who we are.

So when I speak of spirit, I’m speaking of something that frustratingly defies articulation, because we have few words for spiritual beyond those that refer back to a God. But not believing in a God is not opposed to a belief in an aspect of the self that can be called spiritual. The latter is

experienced, and defined, very personally, and is different for each individual.

I am not speaking of some universal or transcendent “Spirit” that exists outside of us; I am speaking of the human spirit that exists in each of us. I’m speaking of something that is urgently important in ourselves, the very thing that’s sent us searching, the thing that feels the longing, the thing that comes knocking on the door of our emotionally and intellectually closed lives and asks to be let in.

When we let it in, and only when we do, we begin to be integrated people. We begin to find integrity in who we are. We are not just a body, not just a mind, not just a mass of emotions, not just people dragging around the dusty bag of our pasts. We have depth and wholeness, not shattered bits of self that never seem to hold together properly. And we begin to walk a spiritual path.

This path is not toward a known entity of any kind. Rather, it is the path that leads through. And there are many points along the way where we stop, or we fumble, or we get tangled up or turned around.

And those are the places where we wait. We’re not waiting for the voice of God, or for the lightning-bolt spiritual experience. We’re not waiting to be saved or carried. We’re waiting for our own inner voice—for lack of a better word, I’m going to keep calling it spirit—to tell us where to go next. It will.”

“I do not know if there is a God, if there is a Higher Power. In the interest of full disclosure, I do not, myself, believe that there is a personified God, a deity to whom I pray and by whom I am guided and who intervenes in my daily life. I do not find a source of comfort in a singular religious or spiritual figure, nor do I have a God to question when things go wrong in my life or in the world.

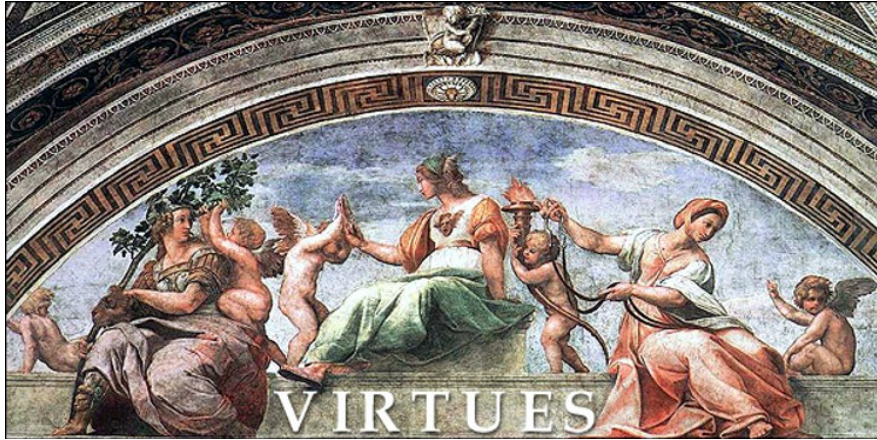
That I myself do not have or know such a God does not mean one does not exist. It only means I do not believe it exists. I am only one, incredibly flawed, absolutely limited human mind—one spirit—among millions more. But it is precisely this limitation—the fact that I can know only so much of the nature of things, of spirit, of universal truth—that is, paradoxically, the source of my spirituality.

Because, lacking a sense of a God above, but aware of the spiritual nature of myself—the spiritual nature of, I believe, all human beings—I find myself in need of a spiritual life here on the ground. A spiritual life that is

not theoretical, but practical. A way of living spiritually—here, in this life, bounded by space and time, both in connection with others and in solitude, here in this living world.”

‘Waiting: A Non Believer’s Higher Power’, by Marya Hornbacher, Introduction, pp. xiii – xiv & xx.

Practicing Virtue



Virtue, defined as a quality or trait of character considered to be morally good or desirable, is fundamental to the practice of the Twelve Step program of recovery originated by Alcoholics Anonymous.

I am particularly interested in the application of Aristotle's Virtue Theory of moral philosophy, which can be described as a humanistic approach toward an ethical life, to AA's program of recovery which is based upon basic Christian principles. In deciding ethical behavior, virtue ethics focus upon the character of the person rather than a particular act.

Simply put, practicing such cardinal virtues as courage, temperance, wisdom and justice leads us to live a good, moral or "flourishing" (happy, serene, wellbeing, a life well lived) life. By practicing virtue, one becomes virtuous. The way one *is* or one's *being* is what's important, not necessarily what one *does*.

Aristotle's understanding of virtue was the mean between two extremes of a character trait – *courage* as a point between *cowardice* and *foolhardy*, or *humility* as between *prideful* and *low self-esteem* (being right-sized).

The Twelve Steps

The aim of AA's Twelve Step program, as originally conceived by cofounder Bill Wilson, is to bring about a spiritual experience or awakening within the alcoholic, sufficient to bring about recovery from alcoholism.

Based upon Christian principles, it is considered by members of AA to be a spiritual program. The fundamental belief behind the Twelve Steps is that alcoholics cannot recover by relying upon their own resources and need a Power Greater than themselves in order to do so. The practice of the Steps invites this Higher Power into one's life and brings about inner change and growth or psychic change.

Regardless of whether or not the alcoholic accepts a traditional understanding of God or Higher Power in relation to the Steps, virtue is needed in order to practice them.

The Steps can be understood from a humanistic perspective – through the prism of reason, experience and shared human values – without the necessity of a belief in God. AA is a diverse fellowship built upon liberal as well as spiritual principles, which has from its inception always included members of different world views, including agnostics, atheists and humanists. A Power Greater can be understood in terms of the collective power and inspiration of the fellowship and the wisdom, love and spirit of humanity within its members.

The AA Steps are often referred to as a '*way of life*', and spirituality as a '*way of being*'. Virtue ethics value the way one is, one's character or way of being and the way one lives overall. The example of virtue in others, the understanding and practice of it, can bring about ethical and spiritual change and growth within the individual.

Understanding AA's Twelve Step program from this perspective and using the liberal principle of freedom to choose one's own concept in relation to God or Higher Power, enables a more humanistic or broadly spiritual interpretation of the Steps.

The First Step requires an admission that one lacks control in relation to their drinking. Humility, honesty, acceptance of the truth and a surrender of the ego are needed in order to take this Step. Honesty with self and

others and the humble admission of one's limitations are necessary. These virtues require continued practice in order to maintain sobriety.



Humility is also required for Step Two and is common to the practice of all Twelve Steps. This Step requires an understanding that the individual is “Not-God” – is not the center of the universe, doesn’t know everything and can’t control all things.

Humility is having an accurate view of oneself as a limited, imperfect human being and being honest without pretence in the portrayal of oneself to others. Humility acknowledges the need for others and reaches out toward them. Pride/ego denies this need and results in an inner emptiness; it cuts one off from others due to a sense of being “better than” in comparison, and therefore lacks identification and compassion for others.

Low self-worth is the opposite extreme of pride and also prevents humility. It cuts one off from a healthy connection with others as one feels “less than” in comparison. It also prevents identification and creates feelings of rejection, anger and bitterness toward others.

The humility required for Step Two allows for an open-minded attitude, as one doesn’t assume all knowledge and power, as opposed to a closed-minded ego that already knows the “truth.” Humility allows for the willingness to believe in something greater than oneself.

In addition to humility and willingness, Step Three requires the ongoing practice of faith, deciding to turn one’s will and life over to a Power Greater, and the self-discipline to practice a Higher Power’s will. Or in my case, turning my will and life in the direction of the Good Within or my conscience as inspired by the principles and practices of the Steps and the collective wisdom within the fellowship of AA.

Humility, honesty, courage, willingness, compassion, forgiveness and empathy are required for the genuine practice of Steps Four and Five. It takes humility and courage to look at oneself honestly and admit one’s faults and failings. The ego and its defenses always get in the way of this practice in the forms of pride, arrogance, resentment, denial,

rationalization and justification. Therefore, the willingness to step outside of oneself, to transcend self-centeredness and be objective, is paradoxically needed to take one's own inventory effectively.

Compassion, forgiveness and empathy are required to admit one's faults and failings and their impact upon others. Compassion and forgiveness towards one's own faults and failings as an imperfect human being and both empathy and compassion in relation to how one's faults and failings affect others.

Hopefully, the awareness of one's character defects and their effect upon oneself and others creates the acceptance and willingness required in Step Six – acceptance of the need to change and the willingness to let go of character defects with the help of a Higher Power.

Humility and faith are the key virtues of Step Seven – the humility to understand the need for change, to rely on help from something greater than oneself, and to reach toward moral and spiritual growth. Active participation is essential – prayer, meditation, service, work with a sponsor and consistently practicing the rest of the Steps.

In relation to prayer and the removal of shortcomings, what about those who do not believe in a personal God? Can they pray for the removal of shortcomings? It's up to the individual, but for me the answer is yes. I pray in order to connect with the moral and spiritual values I aspire to live by, to affirm my conscience or higher self. The following description of Buddhist prayer in the book *Experiencing Spirituality* by Ernest Kurtz and Katherine Ketcham, expresses my interpretation of non-theistic prayer and how it can relate to Step Seven.

“Buddhist prayer is a practice to awaken our inherent inner capacities of strength, compassion and wisdom rather than to petition external forces based on fear, idolizing, and worldly and/or heavenly gain. Buddhist prayer is a form of meditation; it is a practice of inner reconditioning. Buddhist prayer replaces the negative with the virtuous and points us to the blessings of life.

For Buddhists, prayer expresses an aspiration to pull something into one's life, like some new energy or purifying influence and share it with all beings. Likewise, prayer inspires our hearts towards wisdom and compassion for others and ourselves. It allows us to turn our hearts and minds to the beneficial, rousing our thoughts and actions towards

Awakening. If we believe in something enough, it will take hold of us. In other words, believing in it, we will become what we believe.” (p. 228)

Again humility, honesty and courage are required for Steps Eight and Nine, and a rising above pride and any resentment held toward others who may have done harm to the alcoholic. Forgiveness is the antidote to resentment and so often needs to be practiced. Empathy and compassion for others’ difficulties and character defects allow for forgiveness. A sense of justice is also needed for making amends.



Willingness and perseverance are essential for completing Step Ten, the daily practice of all the Steps, as are all the virtues identified in Steps Four through Nine.

The necessity for ongoing effort as part of Twelve Step recovery is well-summarized in the following passage from *The Big Book of*

Alcoholics Anonymous:

“AA is not a plan for recovery that can be finished and done with. It is a way of life, and the challenge contained in its principles is great enough to keep any human being striving for as long as he lives. We do not, cannot, outgrow this plan. As arrested alcoholics, we must have a program for living that allows for limitless expansion. Keeping one foot in front of the other is essential for maintaining our arrestment. Others may idle in a retrogressive groove without too much danger, but retrogression can spell death for us.” (Alcoholics Anonymous, 3rd Edition, p. 311)

Step Eleven develops spirituality and requires humility, willingness and a degree of faith. For me, it plays a big part in developing moral virtue and awakening me to the “good within.” It helps me reflect upon my relationship to others, the mystery that is life and the universe we are part of, which is greater than I am.

As the result of practicing the Steps and their inherent moral virtues, one should be awakened enough morally and spiritually to be willing to be of service to other alcoholics and people in general. One will have become more outward-looking and less self-centered, a more virtuous person who is willing to carry this message to other alcoholics and practice the virtues and principles in all their affairs. This is Step Twelve. This Step includes the practice of altruism or unconditional love, which is the giving of oneself without expectation of reward. This high ideal is the primary characteristic of Twelve Step recovery and is not easy to live up to.

Thus the idea within Twelve Step fellowships of a good, contented recovery, or being spiritually well as the result of practicing the Steps, is similar to Aristotle's idea of "human flourishing" – a state of wellbeing, happiness and emotional balance, which is the result of living a good or virtuous life.

How Do The Twelve Steps Work?

I've often heard it said in AA meetings that "*I don't know how the Twelve Steps work, but they just do.*" I personally have never found that statement particularly helpful. Taken literally, the Steps suggest that we can be healed from our illness by accepting it, by belief in God, by taking moral inventory, making amends, practicing prayer and meditation, and by helping other alcoholics.

Apart from the fact that belief in God is not possible for many people, how does taking a moral inventory, making amends, prayer, meditation, and helping others cure us of our addiction?

For my own recovery to really begin I needed to understand how the Twelve Steps could work in my life, in a way that made sense to me, and that was in line with my personal world view and values. In order to commit myself to the Steps I needed to fully believe in them as a method of deep transformation. So, some years ago now, I made the conscious decision to study the Twelve Step program of Alcoholics Anonymous (AA) in depth, starting with the book, '*Not-God, A History of Alcoholics Anonymous*', by Ernest Kurtz. This book is a detailed history of the AA fellowship and its Twelve Step program.

I then looked at the various approaches to the program of recovery, from the traditional viewpoint, including the books, '*Alcoholics Anonymous*' (Big Book) and the '*Twelve Steps and Twelve Traditions*', to more liberal accounts, such as, Marya Hornbacher's '*Waiting, A Non-Believer's Higher Power*'. By combining my understanding of these various approaches, with my knowledge of humanistic psychology and moral philosophy, I was able to interpret the original Twelve Steps in a way that was really meaningful to *me*. I could now see how the Steps could lead to deep changes within me and so became fully willing to believe in them, and to try and practice them wholeheartedly in my life. I could now also see how participation in Twelve Step meetings would help and enable me to practice the program, and that both "*fellowship* and *program*" work by integration. They are reciprocal in nature in my view and experience.

I will now give an overview of *my* understanding of how the Twelve Step program works for *me*:

By breaking down the Steps I discovered that they contained and encouraged the practice of various moral principles or virtues, for example: *humility, honesty, courage, acceptance, compassion,*

forgiveness, and *self-discipline*, to name a few! These are embedded within the Steps via practices such as: *self-examination*, *making amends*, *prayer* and *meditation*, and *service* to others. These principles and practices are well established pathways towards behavioural change, emotional well-being, spiritual growth and character development. Ask any psychologist or philosopher.

The Twelve Steps have helped me to manage my instinctual needs - identified within Step Four of AA's literature (and also 'Maslow's *Hierarchy of Needs*'), as material, emotional, social and sexual in nature – and therefore my emotional difficulties, in a healthy and more effective manner. They *counter-act* my dysfunctional, fear-based, excessive, and defensive behaviours previously adopted in an attempt to protect myself and meet my instinctual needs.

I have found that by practicing the Steps and participation in fellowship, I've been able to *uncover* my dysfunctional ways of being, becoming more painfully aware of the harm they cause myself and others. This process has gradually made me more willing to let go of them, and to adopt more helpful attitudes and behaviours.

The principles and practices contained within, and encouraged by the Steps, have gradually led me to becoming *less self-centred* (certainly a by-product of addiction, if not a cause) and more *connected* in a harmonious way with myself and other people. They've improved my relationships, my quality of life, and my mental outlook in general. However, this is a slow and ongoing process that I need to continue working towards. I'm by no means perfect and can still suffer from negative and insecure behaviours and attitudes. As is stated within AA, I seek "*Progress, not perfection*" on a daily basis.

Ethical Behaviour

I have *come to believe* that ethical behaviour is a vital component of *my recovery* from addiction. The Steps and AA fellowship both promote ethical behaviour. It is well known, and common sense, that ethical behaviour promotes inner well-being and serenity, better relationships, less harmful consequences, and more joy in life. I am therefore much less likely to want to escape by drinking or using drugs. Inner peace, created by ethical behaviour, is also a foundation of spiritual growth. Through the practice of the Steps, and the principles they contain, I have increasingly sought after spiritual growth as part of my self-development and the process of change.

Behaviour that is unethical and selfish creates inner disturbance, anxiety and resentments, a *dis-ease* with self, which can lead me to *relapse*. In general, unethical behaviour also brings us into *conflict with others*, which often results in harmful consequences for ourselves and them. Behaviour which is dishonest, harmful, or involves the exploitation of others, is fundamentally *self-centred*, and a *barrier* to both self and spiritual development.

Service

Step Twelve promotes the ethical principle of *altruism* through service to others. Service is a common principle and practice of spiritual and character development, or in other words, transformation.

Service towards others also encourages me to practice numerous moral virtues, such as: *unselfishness, humility, kindness, empathy, compassion, patience, tolerance, acceptance, courage and self-discipline*. All various aspects of *love*, which is a healing force within me and those I practice it towards. Altruism and service connects me to my higher-self or better nature, or spiritually speaking, the *God within me*. It also connects me to others, and creates feelings of well-being, fulfilment, joy, self-worth and purpose in life. Consequently, it reduces my sense of *isolation* and *separation*, which are characteristically associated with the illness of addiction.

Service towards other alcoholics and addicts strengthens my own commitment to recovery. By helping others to practice the Twelve Steps I reinforce within myself the principles and actions that they contain. Service is reciprocal in nature, and I seem to gain just as much as I am prepared to give to others. “*We keep what we have only by giving it away*”, according to this aphorism often heard expressed in AA meetings.

The above account is only my own interpretation and experience of how the Twelve Step program, which originated within Alcoholics Anonymous, works for me. Take what resonates with you from it, but I would strongly suggest that you find your own personal understanding so that you can form an authentic relationship with the program and its various fellowships. For me, the Twelve Steps are not that mysterious, and I have come to believe that I do understand *how they work in my life*. I hope that you can find your own understanding too.

Part 3: Articles of Interest

Living with Chronic Illness in Recovery



There is a common myth in recovery circles, often perpetuated by the literal interpretation of the literature, that long term sobriety equals a life of being “happy, joyous and free.” However, the reality of “life on life’s terms” often brings with it suffering and adversity and the related negative impact in terms of our biopsychosocial and spiritual functioning.

My experience in long-term recovery from alcohol and drug addiction has been difficult and my happiness and functioning have been greatly affected by chronic illness, which has been both mental and physical in nature. Since my early 40’s I have particularly suffered with a chronic physical illness which has adversely affected me mentally, emotionally, socially and spiritually. Often addiction itself has long term consequences upon our health that we have to live with in recovery, and many in the rooms of AA, NA, etc., are affected in this respect.

The following quote by Dan Mager describes the negative emotional impact often associated with long-term illnesses:

“Living with chronic illnesses often engenders powerful and distressing emotions. It’s normal and understandable to feel: self-pity and

resentment in relation to being chronically unwell; frustrated and angry due to being uncomfortable and/or in pain; anxious and fearful about what activities will increase pain and discomfort, and about the future—whether the illness/condition will get worse and what will happen if it does; sad and depressed because of the losses related to necessary changes in physical capacity, lifestyle, and how you see yourself; and guilt and shame at not being able to take care of certain responsibilities or be as physically and emotionally available to others as you would like to be.” (1)

The negative effects of living with chronic illness can and do limit one’s functioning and can prevent sufferers from fully engaging with recovery practices, in particular social connection and meeting attendance.

Addiction is often referred to as a “disease of disconnection”, and so building healthy and authentic relationships and working with others in recovery is of vital importance to our long-term health and well-being.

Chronic illness can also prevent the sufferer from connecting with their inner world in a healthy and positive way. It can be very difficult to think and reflect clearly and peacefully if you’re physically unwell or suffering from anxiety and depression. Spiritual reflection and practice can also be negatively affected, and relating to a “loving Higher Power”, of any description, can be very difficult when we’re in the throes of suffering, illness and self-pity.

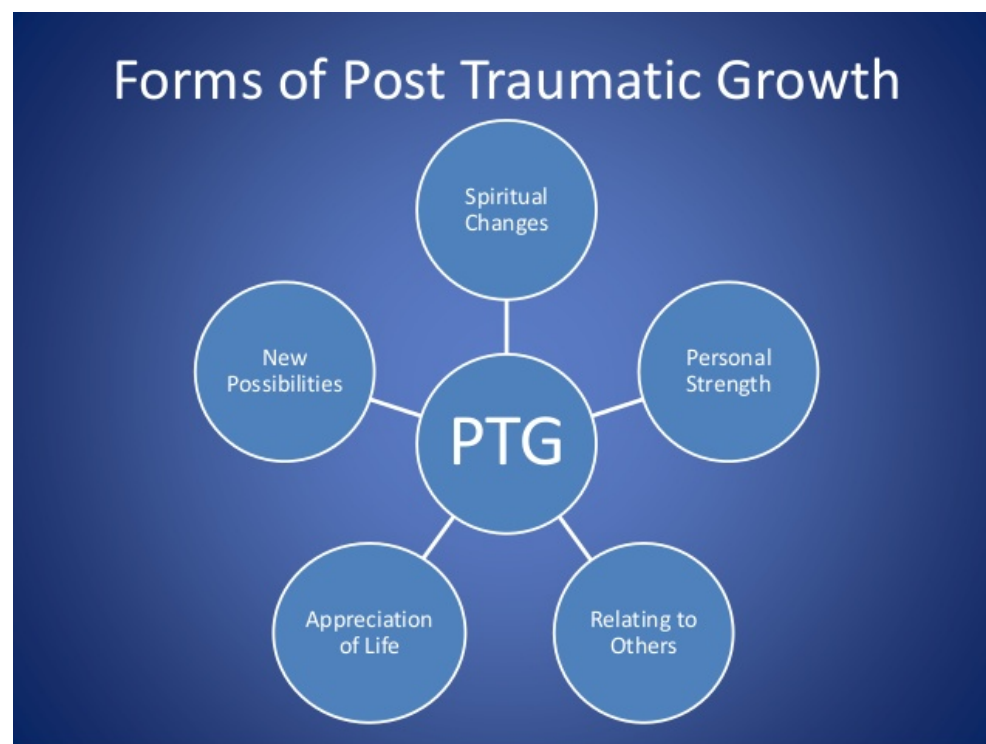
Bill Wilson, the co-founder of Alcoholics Anonymous (AA), suffered with a depressive condition for extensive periods of his recovery. At times, his functioning was severely affected by this illness and he was unhelpfully accused by some members of AA of “not working the program” properly. Bill sometimes felt that his depression did prevent him from practising his chosen ideals. However, he also tended to see the positive side of his suffering, and this attitude was significantly influenced by his spiritual adviser *Father Ed Dowling*, the Jesuit priest Bill developed a long-term relationship with throughout most of his recovery.

Father Ed was familiar with chronic illness as he suffered from an arthritic condition which was very painful. He was also a compulsive overeater and suffered the health consequences of his addiction to food. Father Dowling subscribed to the philosophy that “pain was the touchstone of all spiritual progress” (2), and he passed this outlook onto Bill, who could often see this principle at work in his own life and in the lives of those he came into contact with...

“How heartily we AA’s can agree with him [referring to Father Ed], for we know the pains of drinking had to come before sobriety, and emotional turmoil before serenity.” (3)

This view that suffering and adversity can lead to positive change, particularly of a spiritual nature, is a commonly held belief that can be traced back for thousands of years, and it’s also supported by modern day transpersonal research into this area. (4) Since the 1990’s the related concept of ‘*post traumatic growth*’ has become a popular area of study. The Friedrich Nietzsche aphorism comes to mind...“That which does not kill us, makes us stronger.”

Post-traumatic growth (PTG) sometimes occurs (but not always) when an individual experiences a traumatic event or very challenging life circumstances, and as a result of the suffering endured, and the struggle to adjust to their new reality, the person becomes more than they were before the trauma or challenging life circumstances took place. Research into PTG suggests that people tend to change for the better in five general areas: a different outlook upon life with new possibilities for themselves; a renewed appreciation for life; increased personal strength and maturity; improvements in their relationships with others and an increased sense of compassion; and a deepening of their spiritual lives, which can also involve a significant change in one’s belief system.



Illness quite often forces change which can be negative and/or positive in nature. If we can adapt to the adverse effects of chronic illness and disability, which often depends upon the nature of our character and attitude towards life, and the support we are given, and in particular, if we are able to find meaning and purpose within our suffering, we can then be motivated to learn new ways of living and relating to others which are positive and that promote our growth and development as human beings. Finding a “silver lining” in adversity is not that uncommon – an important point made by the following quote:

“The way in which a man accepts his fate and all the suffering it entails, the way in which he takes up his cross, gives him ample opportunity – even under the most difficult circumstances to add a deeper meaning to his life.”

Viktor Frankl

In relation to the positive consequences of living with chronic illness in recovery, I personally feel that I’ve grown in certain respects as a result of my ongoing suffering. I would suggest that both physical and mental hardship have made me more humble over time and more in touch with my own vulnerability. I’ve also developed my capacity for empathy and compassion towards others due to my own health difficulties, and therefore a willingness to be of service if possible. This in turn takes me away from self-centredness and self-pity which are generally unhelpful; although illness and suffering have also forced me to turn inwardly and connect with my resilient nature and spirit, discovering hidden potential and strengths in the process.

The reality of living with chronic illness in recovery is that my health difficulties have had negative effects and limitations upon my functioning, and continue to cause me suffering, but they’ve also led to some of the “promises” suggested by Bill Wilson on pages 83-84 of the ‘Big Book’ (5).

Addiction is an illness that is traumatic and challenging in and of itself, and has led many, who’ve been able to recover, to experience the miracle of post-traumatic growth. Recovery groups and the principles underpinning the Twelve Steps have helped me cope with and adapt to living ‘life on life’s terms’, and continue to do so, and therefore hopefully I’ll keep on growing in the face of my difficult life challenges, as I see many others do.

Step Twelve of the AA program suggests that we “practise these principles in all our affairs”, which includes in all circumstances and with all people. The experience of people in recovery shows me that this is still possible if we work to be able to do so, despite our suffering and adversity:

“Furthermore, how shall we come to terms with seeming failure or success? Can we now accept and adjust to either without despair or pride? Can we accept poverty, sickness, loneliness, and bereavement with courage and serenity? Can we steadfastly content ourselves with the humbler, yet sometimes more durable, satisfactions when the brighter, more glittering achievements are denied us? The A.A. answer to these questions about living is “Yes, all of these things are possible.” We know this because we see monotony, pain, and even calamity turned to good use by those who keep on trying to practice A.A.’s Twelve Steps. And if these are facts of life for the many alcoholics who have recovered in A.A., they can become the facts of life for many more.” (6)

Twelve Steps & Twelve Traditions

References:

1. ‘Learning to Live Well with Chronic Illness’. By Dan Mager MSW, Psychology Today, Posted Jan 13 2016.
2. ‘The Soul of Sponsorship’, p37, by Robert Fitzgerald, S.J.
3. Ibid
4. ‘Spiritual Alchemy: When Trauma and Turmoil Lead to Spiritual Awakening’. By Dr Steve Taylor.
5. Alcoholics Anonymous, pp 83-84, 3rd edition. AAWS, Inc.
6. Twelve Steps and Twelve Traditions, p. 112, AAWS, Inc.

“Recovered” vs “Recovering”



As a member of a 12-Step fellowship I’m aware of the ongoing debate in relation to using the terms “recovered” vs “recovering” alcoholic or addict. Ultimately, how someone describes themselves is a personal matter of preference and relates to their self-perception. I also think that how they interpret the above terms dictates their point of view to a large degree.

Part of my aim in writing this article is to explore the reasoning given by many ‘Big Book’ (BB) literalists for insisting that they are “recovered alcoholics”. In the UK, AA ‘Big Book’ literalism seems to have become increasing prevalent since the late 1990’s with the popularity of the ‘Back to Basics’ movement imported from the United States. The Joe McQ books and ‘Joe and Charlie’ tapes being examples of this type of philosophy. Big Book study groups are now a common format for AA meetings in the UK.

The point of view often given by Big Book literalists for preferring the term ‘recovered’, rather than ‘recovering’, is that it’s used in the forward to the first edition, and commonly, throughout the Big Book:

“WE, OF Alcoholics Anonymous, are more than one hundred men and women who have recovered from a seemingly hopeless state of mind and

body. To show other alcoholics precisely how we have recovered is the main purpose of this book.”

Apparently the term ‘recovering’ is only used on a couple of occasions throughout the book. This begs the question - what did the founders actually mean when using the term ‘recovered’? Any reasonable interpretation of AA literature will leave the reader in no doubt that the early members of the fellowship considered spiritual transformation, or ‘psychic change’, necessary for recovery from alcoholism. Mere abstinence was not enough to be fully recovered from what they considered was primarily a spiritual illness. Unless deep transformation of a spiritual nature was experienced the alcoholic mind (insane reasoning, denial etc) was still present within the sufferer and a return to drinking was eventually inevitable.

The Big Book, p.85, 3rd ed, also clearly suggests that ongoing recovery is dependent upon maintaining a ‘fit spiritual condition’, and that “we are not cured of alcoholism”. It’s also worth mentioning that the Big Book, in appendix 2, p. 569, 3rd ed, suggests that rather than an event, a ‘spiritual awakening’ is more often an educational process which happens “slowly over a period of time”. The following passage also suggests that recovery is an ongoing process and one that must be maintained and developed on a daily basis:

“AA is not a plan for recovery that can be finished and done with. It is a way of life, and the challenge contained in its principles is great enough to keep any human being striving for as long as he lives. We do not, cannot, outgrow this plan. As arrested alcoholics, we must have a program for living that allows for limitless expansion. Keeping one foot in front of the other is essential for maintaining our arrestment. Others may idle in a retrogressive groove without too much danger, but retrogression can spell death for us.”

Alcoholics Anonymous, 3rd Edition, p. 311

These statements, and in particular the use of the word ‘arrested’, which is a synonym for being in ‘remission’, and can be partial or full in nature, seem to suggest that ongoing treatment of the condition is required in order stay free of the symptoms of alcoholism. This understanding seems to lend itself more to the term ‘recovering’ in my view, rather than ‘recovered’, which is often associated with being ‘cured’ from an illness and has a past tense meaning. The term ‘recovering’, according to the dictionary definition, is the *process* of regaining one’s health and well-

being from an illness or disorder. In my experience, healing from the often complex and underlying issues (bio-psycho-social-spiritual in nature) that contribute to the development of addiction takes time, often many years of ongoing effort and treatment. However, the reasons why people develop problems with addiction varies, and, therefore, so does the time and effort required by each individual in order to fully recover.

According to AA archived historical documentation in relation to the ‘first 100 members’ (1) of the fellowship, many of them clearly didn’t maintain their ‘recovery’ from alcoholism. From the documents I’ve seen, a significant number failed in maintaining their sobriety. Bill Wilson, suggests in his writings, that 50% fully recovered, with a further 25% having problems, to one degree or another, with relapsing, and a further 25% not achieving recovery. This is where the statistic of a 75% recovery rate for early AA members comes from, often stated by BB literalists. (2)

The actual figure of ‘recovered’ alcoholics is certainly a lot less than the 100 examples stated in the forward to the first edition of the Big Book. Unless you consider relatively short periods of abstinence to mean ‘recovered’. Looking at the various lengths of sobriety of the first 100 members of AA, many of who literally only had several months of not drinking behind them, the evidence strongly suggests that Bill Wilson most probably meant ‘being currently abstinent’ in using the term ‘recovered’ throughout the BB. Most of the early members of AA were seriously alcoholic and maintaining any length of sobriety, even for few months, was nothing short of miraculous – hence the use of the term ‘recovered’ by Bill in relation to being abstinent.

Important figures in the early history and formation of AA, who’d supposedly undergone a spiritual conversion experience and recovered from a ‘hopeless state of mind and body’, and yet still had problems with relapsing, were Rowland Hazard (member of the Oxford Group, but not AA) Edwin ‘Ebby’ Thatcher, Hank Parkhurst (although, a non-believer) and the first female member of AA, Florence Rankin. Parkhurst and Rankin both returned to drinking again not long after their stories were published in the first edition of the Big Book, never regaining their sobriety.

In mentioning the above historical facts my intention is not to discredit 12-Step recovery. Though, by no means perfect recovery rates, they are still impressive for what was often considered by the medical community of the time as a terminal condition. My point is to question the dogmatic

statements of those who are very literal in relation to the language used in the Big Book. There seems to be many contradictory assertions within the book and often the reasoning is far from perfect. As with any literature, particularly of a spiritual nature, the onus is upon the reader to interpret what is meant by the author, as well as to accept or reject the points of view that are offered within the text. “Take what you like and leave the rest” was often the pragmatic suggestion made to me as a newcomer to AA in the early 1990’s before the dominance of Big Book absolutism. The fellowship AA was founded upon liberal principles and “does not demand that you believe anything”. (3)

The Big Book was also written in ignorance of current research into addiction and recovery, and well before the invention of modern day technology, which has greatly increased our understanding of the addiction and recovery process. I’m not saying that the book doesn’t include helpful insights, experience and suggestions, as in my opinion it does. However, the views expressed in the BB shouldn’t just be accepted without questioning either.

Types and Styles of Recovery

I believe that there are different types and styles of recovery, all valid depending upon the differing capacities, goals, and needs of the individual. Substance misuse and addiction exists upon a wide spectrum, and often includes co-occurring disorders that require addressing too for successful recovery to occur.

12-Step recovery is a process of holistic healing and change and is fundamentally spiritual in nature, as originally conceived by its founders. If this process is committed to fully, and maintained, wholesale change and growth can and does occur in people. I have experienced ongoing change to a significant degree myself through this method, but still have plenty work to do and for me it seems very much a developmental process. Do I think people in 12-Step recovery can be ‘recovered’, or are they in the process of ‘recovering’? Only the individual concerned can really answer this question for themselves, and I don’t want to speak for others in recovery - but where I’m concerned, I prefer the term ‘recovering’. Even though I cannot envisage myself drinking alcohol or abusing drugs again, and feel free from any desire to do so, recovery for me is more than just being abstinent. I consider myself to still be in the process of healing, and possibly will always be so, from the underlying issues that led to my addiction.

However, I also know people who say they have ‘recovered’, and some of them have changed dramatically and are now leading fully functioning, happy and purposeful lives with a large degree of contentment, and absolutely no desire whatsoever to drink or ‘use’ drugs. Who am I to disagree with their description of themselves or to judge their internal state of ‘being’. The truth is we are all different and capable of different things and ways of *being*, and each of us experiences recovery uniquely. “To each his own” and “To thine own self be true”, are wise maxims that I choose to follow.

It’s important that as individuals we feel comfortable with our own identity, whether it be a ‘recovered’ person or someone who’s always ‘recovering’. In the end the choice is yours – *‘whatever works for you’*.

Conclusion

For me, the above debate is a paradoxical issue. In one respect I’m a ‘recovered’ alcoholic/addict, in that I’m free from the obsession and compulsion to drink alcohol or use drugs – “a hopeless state of mind and body”. I don’t have a problem with drinking or misusing other drugs any longer. In this medical sense I’m a ‘recovered’ alcoholic/addict.

On a deeper level, the bio-psycho-social-spiritual pre-determining factors that led to my addiction will, to a certain degree, and for some more than others, still be present. These factors require ongoing work/treatment in order to prevent a return to ‘active’ addiction. In this sense I’m in ‘recovery’ – the ongoing process of healing, growth, and ‘recovering’. This is the concept of 12-Step recovery – a holistic approach to healing.

References:

- 1) AA History Symposium – Sedona AZ. 2015.
- 2) ‘Carry This Message’ pps 5-6, by Joe McQ.
- 3) ‘12 Steps and 12 Traditions’, p. 26. AAWS.

Further Reading:

Which is Correct: ‘Recovered’ or ‘Recovering’ Addict? By The Cabin, Chiang Mia Treatment Centre.

Being “Sober” vs Being in “Recovery”. By Sarah A Benton, ‘The High-Functioning Alcoholic’.

Resentments, Inventory, Amends and Forgiveness

In the book *Alcoholics Anonymous*, it suggests that resentment is the number one manifestation of self/ego.

“Being convinced that self, manifested in various ways, was what had defeated us, we considered its common manifestations. Resentment is the “number one” offender. It destroys more alcoholics than anything else.”

p.64.

The book goes on to outline the moral inventory process of Step Four and offers examples of listing and identifying the cause and effects of resentments. Step Ten suggests the ongoing daily practice of this moral inventory and the humility to admit when we are wrong to others.



I've found these steps and this method of breaking down my resentments in order to identify and understand them better, very helpful tools in the process of overcoming and letting go of them. It helps to look at the cause of resentments and the effect upon the ego and its responses.

It also helps me to consider how my attitudes and actions *may* have contributed to the other person's behavior in the first place.

Needing to consider our part in the other person's behavior, and being willing to make amends if appropriate, is often quite difficult to realise, as we can be blinded and consumed by our own feelings of hurt, injustice and righteous anger. As a result we can fail to empathise and understand the other's position and their experience of events.

The practice of looking to our part in the situation first, quite often helps us to better understand the other person's behavior. However, we may need some time in order to let feelings subside to a degree before we are able to attempt this process.

Making the effort to try and understand the other person's feelings and possible reasons for their actions, even if they haven't communicated them, is important in relation to gaining *empathy* and in the process

of *acceptance* – two virtues which are generally necessary in terms of resolving negative feelings.

Working through the above process quite often takes time and determination, and also a willingness to persevere with painful feelings.

What about when we have considered our part in the problem, but cannot identify how we've contributed to the other person's behavior, or been at fault ourselves, and we have been unfairly treated or abused by another? Isn't our anger and hurt justified in these circumstances? This maybe so and it's important *not* to accept responsibility for other people's harmful actions towards us. Instead we can take a compassionate view ourselves and our hurt responses.

However, with our well-being in mind, it's healthier to try and release bitter feelings and resentments as this frees us from further suffering.

Not wanting to cause offence or any further injury to people who've suffered grave injustice, abuse or tragic loss, which quite often requires professional counselling and is generally outside of my experience for this essay, I have found the following lines helpful in dealing with more common, everyday resentments and hurts.

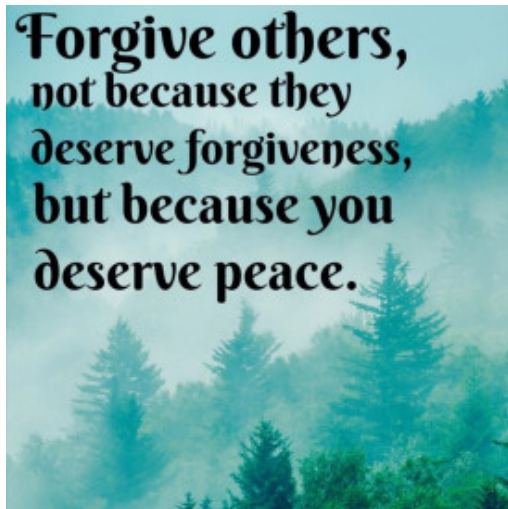
“Finally, we begin to see that all people, including ourselves, are to some extent emotionally ill as well as frequently wrong, and then we approach true tolerance and see what real love for our fellows actually means. It will become more and more evident as we go forward that it is pointless to become angry, or to get hurt by people who, like us, are suffering from the pains of growing up.

Such a radical change in our outlook will take time, maybe a lot of time.”
Twelve Steps & Twelve Traditions, p. 94 – 95.

An empathic and accepting attitude, if we are able, is of vital importance in developing forgiveness for harms done towards us. Forgiveness is the process of letting go of hurt and bitter feelings towards another for a perceived injustice, and wishing them well. It's making a conscious choice to do this and to keep practising this attitude. Depending upon the nature and degree of injustice, this can be a very difficult, if not impossible, process to achieve for some people.

However, if possible, it's worth practising forgiveness as we benefit from doing so in various ways; such as gaining freedom from negative feelings

and the distress that these cause to ourselves and others. Resentment not only affects the holder, but also their relationships with others in their lives. Additionally, being free from resentment is beneficial for our health and well-being, mentally, emotionally and physically.



"Forgiving someone doesn't mean condoning their behavior. It doesn't mean forgetting how they hurt you or giving that person room to hurt you again. Forgiving someone means making peace with what happened. It means acknowledging your wound, giving yourself permission to feel the pain, and recognizing why that pain no longer serves you. It means letting go of the hurt and resentment so that you can heal and move on."

Daniell Koepke

I personally struggle with resentments quite often where other people are concerned; mainly due to my feelings of insecurity and low self-esteem. I was rejected and criticised constantly when growing up by my parents, which has resulted in a defensive attitude and sensitivity towards perceived criticism, disapproval and social rejection from others.

Childhood developmental difficulties that have resulted in my chronic emotional insecurity and sense of shame are well summarized in the following quote by Abraham Maslow. An insecure person is someone who:

"perceives the world as a threatening jungle and most human beings as dangerous and selfish; feels a rejected and isolated person, anxious and hostile; is generally pessimistic and unhappy; shows signs of tension and conflict, tends to turn inward; is troubled by guilt feelings, has one or another disturbance of self-esteem; tends to be neurotic; and is generally selfish and egocentric."

'The Dynamics of Psychological Security – Insecurity', 1942.

Furthermore:

“A person who is insecure lacks confidence in their own value, and one or more of their capabilities, lacks trust in themselves or others, or has fears that a present positive state is temporary, and will let them down and cause them loss or distress by “going wrong” in the future.

In addition, insecurity may contribute to the development of shyness, paranoia, and social withdrawal, or alternatively it may encourage compensatory behaviours such as arrogance, aggression, or bullying, in some cases.

Insecurity has many effects in a person’s life. There are several levels of it. It nearly always causes some degree of isolation as a typically insecure person withdraws from people to some extent. The greater the insecurity, the higher the degree of isolation becomes.

Insecurity is often rooted in a person’s childhood years. Like offense and bitterness, it grows in layered fashion, often becoming an immobilizing force that sets a limiting factor in the person’s life. Insecurity robs by degrees; the degree to which it is entrenched equals the degree of power it has in the person’s life. As insecurity can be distressing and feel threatening to the psyche, it can often be accompanied by a controlling personality type or avoidance, as psychological defense mechanisms.”

Wikipedia 2015.

The above quotes describe well the devastating effects of emotional insecurity in a person’s life, and I for one strongly identify with many of the resulting character traits and behaviors created by insecurity. Viewing so called “defects of character” in terms of psychological defences is a more compassionate take on our shortcomings.

I will suggest that I’m not the only person in long term recovery to suffer from this type of emotional damage to one’s sense of self. Many in recovery have suffered from less than ideal childhood experiences; my point is that insecurity makes a person very prone to developing resentments, which can be a serious threat to one’s sobriety. In my case insecurity in terms of my emotional (needs for love, affection/approval) and social instincts (self-esteem and pride) are a major cause of my resentments towards other people.

Sobriety, the self-awareness gained through recovery practices, the building of healthy relationships, engaging in positive activities and taking on personal responsibilities, all contribute to the building of self-esteem and a sense of emotional security in recovery from addiction; which then lessens one's vulnerability to holding resentments. However, significant professional therapy can also be required as part of the recovery process, as we often need help with the self-love and compassion ultimately needed to heal our shame.

In my own case, the self-awareness gained through inventory work suggested in Step Four (*Made a searching and fearless moral inventory of ourselves*) and Step Ten (*Continued to take personal inventory and when we were wrong promptly admitted it*), taking part in recovery groups, talking to others in recovery, counselling, reading and self-development work in general, are all tools that I have used to help me be aware of, and take responsibility for, my emotional difficulties and how these impact upon my relationships.

Awareness of my vulnerability to holding resentments and using the above recovery resources, often enable me not to act negatively upon my feelings of rejection and indignation. However, this is not always the case and sometimes my negative feelings get the better of me, often resulting in conflict and damage to my relations with others.

As a result of chronic and damaging emotional insecurity and my sense of shame, I am someone who needs to practice Step Ten of the AA program faithfully, in an effort to resolve my resentments towards others; which is vital for this alcoholic in recovery.

Can Anger Be An Addiction?

My reply to this question is that it can be for some of us in recovery. Specifically, those of us who have experienced high levels of shaming (rejection, neglect, and emotional or physical/sexual abuse) in the developmental years of childhood and adolescence.

During my own upbringing, I experienced a lot of anger, criticism, and rejection from my parents, which I now realise is the true source of most of my anger. My anger is often a dysfunctional attempt to communicate and release the underlying hurt, rejection, and fear resulting from my deep sense of shame. It's largely defensive in nature.

Psychologist, Leon Seltzer, explains the protective function of anger:

"It's by now generally agreed upon that anger, as prevalent as it is in our species, is almost never a primary emotion. For underlying it are such core hurts as:

feeling disregarded, unimportant, accused, guilty, untrustworthy, devalued, rejected, powerless, and unlovable.... these feelings are capable of engendering considerable emotional pain. It's therefore understandable that so many of us might go to great lengths to find ways of distancing ourselves from them.

In fact, those of us who routinely use anger as a "cover-up" to keep our more vulnerable feelings at bay, generally become so adept at doing so that we have little to no awareness of the dynamic driving our behavior.....this is how all psychological defenses work. Simply put, they allow us to escape upsetting, shameful, or anxiety-laden feelings we may not have developed the emotional resources—or ego strength—to successfully cope with." (1)

The problem with using anger as a 'defense mechanism' is that it damages our relationships, which in addition to the resulting social isolation it creates, further injures our already low self-esteem. After an episode of rage we are often left feeling guilty, as well as feeling bad about ourselves. We feel guilty about what we say and do in anger, compounding shame about who we are.

Guilt, which some describe as a *healthy sense of shame* (2), is letting us know we've violated our boundaries. Toxic shame is the *underlying* feeling that we are worthless, lacking, and undeserving of love; it's a cancer of the soul, our wounded heart, and ruinous of our relations with others.

As well as protecting us from the underlying pain of toxic shame and a deep sense of rejection, rage is also an attempt to right this wrong, to restore the ego's sense of worth through its righteous indignation. It's a dysfunctional strategy used to take us from feeling downtrodden and powerless, to feeling worthy and powerful.

The greater the degree of our toxic shame, the more we depend upon psychological defenses. These are generally referred to in Twelve-Step language as "character defects", our tendencies to resentment, fear, dishonesty, selfishness, criticism, arrogance and a false sense of pride.

Toxic shame is so painful that we often prefer to feel angry and resentful instead. This dependency upon anger to protect our ego, is why some of us are addicted to anger or rage.

We can start to let go of our addiction to anger by becoming aware of its underlying pain. The healing process starts when we acknowledge the fear and hurt resulting from our toxic sense of shame.

In recovery we take inventory of our resentments, hurts, fears and harms done towards others. We begin to uncover the ego's insecurity and its self-centred defenses, and the number one offender is resentment due to our fear.

"We fear that we will lose what we have, will not get what we need, will not have enough, will never be who we think we should be. We fear we will not be happy. We fear we will not be content." (3)

The greater our sense of shame, the more we suffer these fears, and the greater our dependency upon defensive anger.

As we develop self-awareness we start to understand the true nature of our rage. We stop blaming others and take responsibility for our feelings and actions. We slowly become more authentic in our relationships, admitting vulnerability, rather than covering up with anger. Now in recovery, we start to receive acceptance and support from others, for

whom we truly are. We learn to love and accept ourselves, by not pretending any more.

If the original wound of shame came from a lack of empathy, acceptance, love and security during our childhood, its healing must come from the quality of our current relationships. In recovery we must now develop honest, empathic and loving attachments to others. By giving and receiving love, we learn to love and accept ourselves.

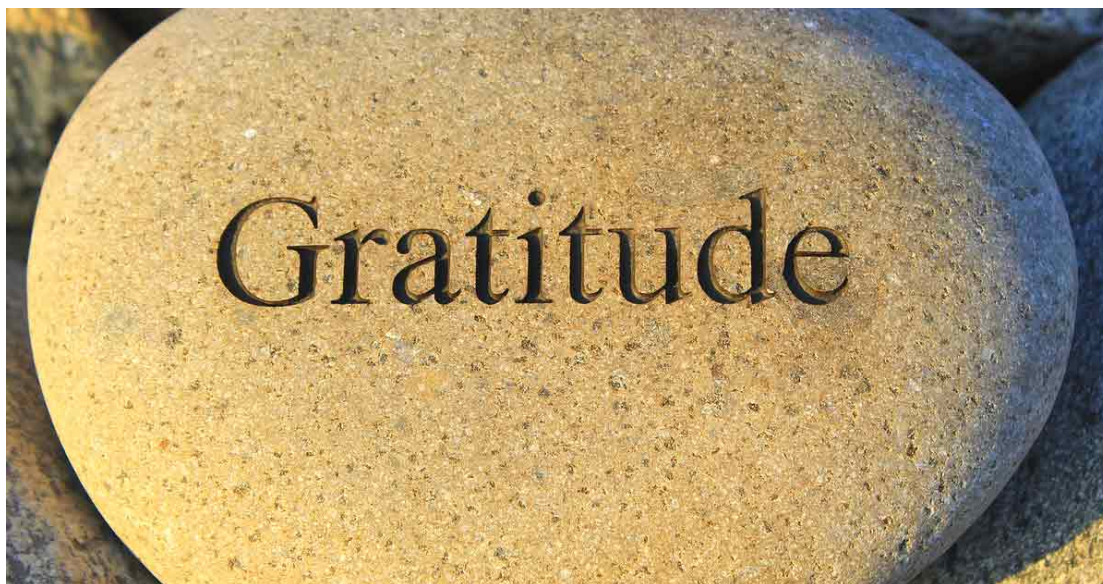
The greater our shame, though, the harder it is to let others get close to us. We can easily feel hurt and rejected by being triggered into our original pain. We then become defensive and resentful and return to pushing others away. We must learn that shame shapes our reality, often distorting what we see. We may need help from sponsors, friends, and therapists to uncover our shame and its poisonous lies, as we now admit our insecurity and fear, instead of expressing it through another guise.

The recovery road is hard and long but one we choose to travel. We practice acceptance as a virtue to heal our pain, letting go of our addiction to anger. We must develop faith in others, and in our ability to restore a healthy sense of ourselves, for it's in the power of loving human connection and self-actualisation wherein our salvation lies.

“The story of “Beauty and the Beast” well-illustrates the theme of this article. What was once a beast filled with rage becomes the prince when at last he is loved for whom he is inside. In this way we can all understand what makes us beautiful. It is after all love that forges beauty. It is compassion and acceptance that create health and heals the wounds of the soul created by shame and rage.” (4)

1. ‘Anger – How We Transfer Feelings of Guilt, Hurt and Fear’. By Leon F Seltzer, Ph.D.
2. Psychotherapist, Hayley Merron, describes “healthy shame” as a vital part of self-consciousness and intrinsic to the development of a healthy self-concept.
3. ‘Waiting – A Nonbelievers Higher Power’, p.32. By Marya Hornbacher.
4. ‘Rage, Shame and the Death of Love’, written by Bill Cloke, Ph.D.

An Authentic Attitude of Gratitude



Throughout my recovery I've struggled with cultivating an attitude of gratitude towards my life and circumstances. I've suffered with a depressive condition and physical health difficulties all my adult life, which have greatly influenced my viewpoint or "frame of reference".

I'm a long-term member of Alcoholics Anonymous (AA) and find it difficult to relate to the claim of being "happy, joyous and free" made by many within the Fellowship of AA. It seems to me much easier to be thankful if you are healthy and life is going well for you.

There is a great emphasis upon being positive in recovery and a tendency to think "I must be doing it wrong" if one feels less than happy and grateful. This is not helped by some members suggesting this to be the case and being intolerant of others who don't feel as joyous about their recovery or life experience. Only last week in a meeting I heard an AA member suggesting that he "wouldn't give tuppence" for someone's recovery if they are not happy or grateful.

This viewpoint seems to be connected to the fallacy that spiritual endeavour somehow guarantees being serene and joyous. To the contrary, most spiritual growth seems to come about due to experiencing suffering and adversity in life. St Francis of Assisi is a well-known example of this phenomenon; his Step Eleven prayer is often quoted by members of the fellowship (*p.101, 12 Steps & 12 Traditions*). This leads to the related idea that we often only truly appreciate life when we emerge from "the

dark night of the soul”. It’s common for our difficult and destructive experiences to lead to new awakenings and values. Therefore, as well as basic compassion, we have another reason that we should be supportive and not dismissive of others’ experiencing unhappiness and adversity in recovery.

Another erroneous idea which is present within the Fellowship of AA, is that you cannot be grateful and unhappy at the same time. While being grateful definitely helps to reduce distress and unhappiness (*scientific research says so!*), it doesn’t exempt one from suffering and the associated negative feelings that often accompany this unpleasant state of being. It’s quite possible to feel unhappy in relation to particular aspects of one’s life, or life in general, while feeling grateful for being free from addiction and for the help and support we receive from others. It’s also possible to see the inherent beauty within life and nature, while at the same time experiencing suffering, unhappiness and adversity.



I feel genuinely thankful for certain things about my life and towards particular people who’ve given me love and support, but I don’t feel happy about the suffering that I’ve endured and the distress this has caused me to feel about my life. I can see growth on a personal and spiritual level due to the difficulties I’ve been through, but I cannot honestly say I *feel* grateful for them. It’s also impossible

to know how I would have developed if I’d been more fortunate in my life.

I can appreciate that cultivating gratitude is a helpful and beneficial practice and can aid in the ‘reframing’ of difficult circumstances. However, this needs to be an honest endeavour and not a strategy to deny the things we feel ungrateful for or unhappy about. It’s normal and natural to feel unhappy about negative, painful and distressing things in life.

After facing and honestly feeling our distress in relation to the circumstances we feel ungrateful about, we can then choose to focus upon the things in our lives that we are genuinely grateful for. I'm not advocating dwelling upon unhappiness and letting it overwhelm us, just honestly facing and feeling the reality of life and not suppressing it. When I face and accept my difficulties and the circumstances I feel unhappy about, I then find it helpful to focus upon how I can help myself. I'm a great believer in being positive in this sense in an attempt to reduce my suffering, whilst not denying it.

Gratitude for the good things in life is a virtue. However, we shouldn't shame others for finding life unpleasant or very difficult. Suggesting that others "*should be more positive*" or that they should "*be grateful for what they have*" is often more about the individual offering the advice being uncomfortable with their own darker feelings. They cannot bear their own negative feelings and so try to deny them in others too.

In recovery the emphasis upon practising spiritual principles can encourage us to unconsciously dismiss and avoid our darker feelings, which can lead to unhealthy repression. This process is known as "spiritual bypassing", a defense mechanism employed by the ego to protect our perceived sense of self. In order to be whole and healthy we need to experience and work through our naturally occurring "negative feelings" before reaching more positive states of being, such as: acceptance, forgiveness and gratitude.



In suggesting the adoption of an authentic attitude towards being grateful, I'm advocating being fully human and accepting our full spectrum of emotions, dark and light. Human beings experience life differently, some suffering more than

others, with some seemingly very fortunate in their capacity to be positive and grateful in relation to life and its hardships. This being so, we should be mindful that our 'frame of reference' is only our experience and understanding and not project this onto others.

I do think focusing upon things we are genuinely grateful for, whilst not denying our difficulties, is beneficial for health and well-being. It's also very beneficial for strengthening our social relationships as people like to be appreciated. All the studies into gratitude suggest that this is the case, but emphasize that sincerity counts. It's unhealthy to falsely express gratitude when we don't genuinely *feel* grateful. It's the quality of our thanks that's crucial to its beneficial power.

Regularly reflecting upon the gifts in life that we honestly value increases our conscious appreciation of them and prevents the tendency to take things for granted. However, this needs to be heartfelt and not just another head exercise. I've been reminded very recently that the best way to express and strengthen the gratitude that I feel in my heart is to 'pass it on' to others. (1) This can be thought of as "living in gratitude" and is a core principle of the 12-Step fellowships. We can give to others *'that which has been freely given to us'*.

Whilst finding gratitude difficult in relation to certain aspect of my life, it's in my best interests, and those of others, to authentically practice this much admired virtue and to place my focus upon the things in life that I'm *genuinely very grateful for*.

1. 'Pass it on, pay it forward'. Blog by RevDan.

Recovery and Spiritual Bypassing



While I'm committed to the practise of spiritual principles as a part of my recovery from alcohol and drug addiction, the emphasis within Alcoholics Anonymous (AA) on being accepting, compassionate, tolerant and loving etc and of "*practising these principles in all our affairs*", combined with literal interpretation of *fellowship* literature, can lead to unrealistic expectations of ourselves and potentially harmful consequences.

The inventory Steps are big on taking personal responsibility for our feelings and behaviour, encouraging us to look at "our part" in things. In general, this is a good practice and I personally find it helpful in my day to day recovery. However, balance can get lost in this process and we can be persuaded to deny legitimate hurt and angry feelings in response to other's behaviour, past wounds, or adverse circumstances.

Through the emphasis upon practising spiritual principles we can be encouraged to dismiss our darker feelings which can lead to unhealthy repression. We often need to experience and work through a natural process of "negative feelings" before reaching more positive states of being, such as: *acceptance, forgiveness and gratitude*.

The following quotes from the *Twelve Steps and Twelve Traditions*, p.92 & 95, are examples of AA literature which encourage the denial of our anger etc, or to feel defective for having these types of feelings.

“It is a spiritual axiom that every time we are disturbed, no matter what the cause, there is something wrong with us. If somebody hurts us and we are angry, we are in the wrong also.”

“It is pointless to become angry, or to get hurt by people who, like us, are suffering from the pains of growing up.”

Anyone familiar with these passages from the well-known AA spiritually based book should be mindful of their encouragement to practise “*spiritual bypassing*”. This involves denying or avoiding our darker or “shadow” feelings and instincts and disingenuously responding to all things in life with acceptance and compassion. So called “negative” and painful feelings need to be experienced as well as our more positive and enjoyable feelings in order to be fully human. Repressing painful feelings can lead us to self-destructive behaviour.

“Spiritual bypassing is a very persistent shadow of spirituality, manifesting in many ways, often without being acknowledged as such. Aspects of spiritual bypassing include exaggerated detachment, emotional numbing and repression, overemphasis on the positive, anger-phobia, blind or overly tolerant compassion, weak or too porous boundaries, lopsided development (cognitive intelligence often being far ahead of emotional and moral intelligence), debilitating judgment about one’s negativity or shadow elements, devaluation of the personal relative to the spiritual, and delusions of having arrived at a higher level of being.” (1)

We need to feel and experience, and discharge in healthy ways, all aspects of our human being, and not incongruously try and be some spiritual ideal.

The spiritual axiom quote above assumes that whenever we are disturbed, angry, upset etc, no matter what the cause, there’s something wrong with us. There’s nothing wrong with having normal human emotions. You’ll always be aiming too high spiritually by denying them. I’m not advocating dwelling upon blaming others, but being authentic and owning all our feelings, not just the positive ones.

AA literature assumes that all alcoholics are excessive in relation to their natural instincts and negative feelings, and therefore aren’t competent to handle feeling hurt or angry etc, no matter what the reason. Although there maybe some validity in this presumption, it’s an unhealthy message in general and can be damaging to vulnerable individuals. It’s natural to

feel hurt if we've been hurt and we need to experience and express the associated feelings. However, it's important that we discharge our feelings healthily and we can all learn to experience and express them in a mature and constructive manner, which takes responsibility and ownership of them, and does no harm to others.

It's the absolutism (applied by some), in relation to spiritual principles and practices that can be damaging in my opinion, and can lead to sponsors in the AA fellowship suggesting to sponsees "to look at their part" in examples of abuse etc. This is clearly inappropriate and a misguided and harmful application of the inventory process.

In order to become whole and healthy in our recovery we must face and experience all parts of our human nature, both dark and light, and not try and avoid unpleasant feelings through a spiritual quick fix. This strategy to make ourselves feel better is no different than addictively using substances in an effort to avoid the pain of life. True spirituality embraces all aspects of our humanness and by doing so we grow and fulfil our potential as the thinking, feeling, moral and spiritual creatures that we are.

"In the facing and outgrowing of spiritual bypassing, we enter a deeper life—a life of full-blooded integrity, depth, love, and sanity; a life of authenticity on every level; a life in which the personal, interpersonal, and transpersonal are all honored and lived to the fullest." (2)

1. Spiritual Bypassing – Avoidance in Holy Drag. By Robert Augustus Masters, Ph.D.
2. Ibid.

Instincts, Desires, and Ego Defenses

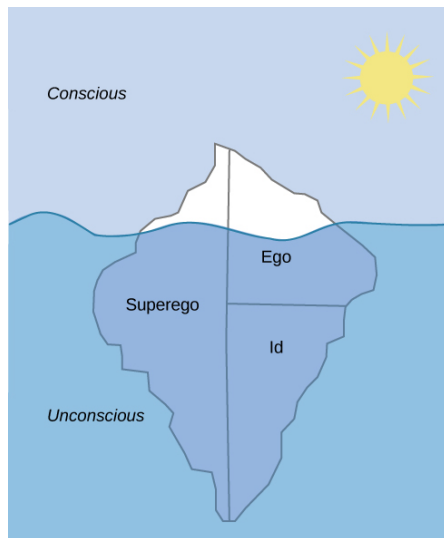
I recently became fully aware of certain unconscious motivations that have been directing, to a degree, some of my behaviour. At a conscious level I was trying to help someone early in recovery and still believe that this motive was genuine, but underlying these efforts I was also being driven by powerful natural instincts and desires for connection and intimacy.

In the book, *Alcoholics Anonymous* (aka, Big Book), our basic instincts are identified as our needs for emotional and material security, social approval and acceptance (self-esteem), and the need for sexual relations. These are the natural instincts and desires that drive human behaviour and insure our survival as a species.

However, our needs in relation to our basic nature can be excessive and distorted by childhood developmental difficulties, trauma, neglect, and abuse. Unmet needs and desires can direct us unconsciously, and sadly, unethically at times. When our behaviour is unethical or against our conditioned values, we operate unconscious psychological “defences” in order to protect our self-concept or ego.

We operate defense mechanisms such as *repression*, *denial*, and *rationalisation* to protect ourselves from the anxiety, shame, and guilt that accompany our more unacceptable motives for behaviour.

Defense mechanisms are associated with Freud’s model of personality structure, which consists of the *id*, *ego*, and *superego*. The *id* represents are unconscious instincts and desires and is unconcerned with morality. The *superego* is concerned with social rules and morals, and informs our conscience or “moral compass”, and is largely unconscious in its workings. The *ego* is the rational, pragmatic part of our personality and operates on both a conscious and unconscious level. The *ego* balances the demands of the *id* and *superego* in the practical context of reality.



When the *ego* feels threatened or overwhelmed by the conflict between the unmet desires of the *id*, and a very critical *superego* for example, it employs psychological defences in order to cope with these powerful forces.

In my experience the process of addiction, in all its expressions, enables our instinctual desires and unmet needs to become uninhibited by impairing the *ego*'s rational choice and decision making

ability, and censoring our *superego*. The result was moral corruption in my case and severe damage to an already diminished self-esteem. The more punishing an individual's *superego* is (the *critical parent* within the Transactional Analysis (TA) model), the greater the sense of shame and guilt one feels coming out of our addictive and hedonistic behaviour.

The structure of the human brain is another way of understanding our conscious and unconscious processes. The brain stem (reptilian brain) and limbic system (emotional brain) are responsible for our instinctual and emotional responses and operate at an unconscious level. The neocortex is our reasoning and decision making brain and where our conscious activity takes place. Contrary to popular belief most of our behaviour is directed unconsciously by the instinctual and emotional centres of our brain. Brain science suggests that our conscious cortex just tends to rationalise and justify our unconscious desires and motivations.

Conscious Awareness Through Personal Inventory

An important aspect of 12-Step recovery for me is the emphasis upon taking a moral inventory and sharing it honestly with another person who understands the process. Step Ten is the regular practice of this self-reflective inventory.

I recently found myself in a situation which I felt to be unethical and largely of my own making. I was emotionally troubled by my relationship to another person and felt compelled to take a moral inventory of my feelings and actions. In doing so, I began to see mixed motives in my

behaviour, but failed to fully understand how my actions were partly self-serving and dishonest.

I decided to share my thoughts and feelings about the situation with another person in recovery who knows me quite well. In talking through my actions and feelings, and more importantly receiving very honest feedback, I began to fully see through my defenses of repression, denial, and rationalisation. I can now see that I was consciously focused upon an acceptable motive in my relationship to another (which was genuine), while to some extent unconsciously using the opportunity to meet my needs for connection and intimacy. This greater awareness brought with it feelings of shame and guilt, and the realisation that my behaviour could have caused harm to a vulnerable human being. Fortunately, I've been able to correct the situation and be more honest in the relationship.

I think it's important to be honest with, compassionate, and accepting of myself in relation to my natural needs for connection and intimacy with others, and not collaborate with my very critical *superego* in this respect. My needs for emotional security were not adequately met while growing up, and I'm aware of my tendency to feel ashamed of them as an adult, finding it now very difficult to get my needs met through intimate relationships. I'm realising the importance of being honest and vulnerable in relation to my emotional needs and that it's ok to try to get them met. However, in saying this, I must always be respectful of others boundaries and vulnerabilities, and not attempt to get my legitimate needs met at the expense of another. I want to choose love over fear in how I relate to myself and other people.

Taking a fearless and balanced moral inventory in respect of my instincts, needs, and motivations helps me see through my ego defenses, hopefully guiding me to a loving connection with myself and others. I need help, though, from trusted friends to provide me with honest feedback, as my powerful unconscious drives and ego defenses are always attempting to run the show.

I've also learnt that it's important to challenge my overly critical *superego* and the anxiety, shame, and guilt that it creates. My sense of shame can cause me to deny my natural needs and desires for connection and intimacy, resulting in a sense of isolation and

disconnection, familiar to those of us who've suffered from the loneliness and spiritual bankruptcy of our addiction.

Surrender, Vulnerability and Connection

The experience of surrender is the gateway to recovery from addiction. To paraphrase the first Step of the AA 12-Step program, at this moment we experience an acceptance that we lack control and that our life is unmanageable. Our ego surrenders its will through the pain and suffering of addiction. Our denial is broken, and we experience a deep self-honesty and humility. We finally admit our human limitation and that we are in need of help.

In this respect we are now authentic and willing to show our vulnerability to others – to reach out and to trust that we can be helped, that we can recover. These principles of acceptance, self-honesty, humility, willingness and faith are essential if we are to maintain and progress our recovery. In relation to 12-Step recovery they enable us to access and practice the rest of the program.

Through the authenticity that comes from humility we are willing to be vulnerable. We are willing to drop the defenses of pride, arrogance, and our various other ‘character defects’ that usually stem from our shame and emotional insecurity. It is through our willingness to be vulnerable, and to admit our limitations and feelings, that we are able to connect with others in recovery. We connect to each other through our mutual identification of shared experience and feelings, our shared humanity. This is the unity experienced in the 12-Step fellowships.

Addiction is often referred to as “a disease of disconnection”. This suggests an isolated ego – a separated self. The authenticity, self-honesty, and humility that comes from our surrender is the bridge by which we can begin to connect with others and break free from our painful and lonely isolation. Through fellowship with other addicts we can learn to accept ourselves and our many limitations. We grow out of our low self-worth and its defensive false pride and arrogance that separate us from a genuine connection with ourselves and others.

In practicing the 12-Step program of recovery we continue to develop the above mentioned principles and by doing so grow in relationship with ourselves and other people. In continuing a journey of self-discovery and

self-acceptance we can increase our capacity to be authentic and vulnerable – two qualities that are essential in relation to connection.

Recovery is a process of moving from a meaningless and painful isolation, to meaningful connection with ourselves, others and life. Through practicing spiritual principles we're trying to transform from a feeling of fear, danger and badness about life, to a faith in love and the goodness in ourselves, others and the world. This is an ongoing and lifetime's work that we can choose to commit to.

Ultimately, recovery is a process of honestly facing, feeling and being open about the more difficult emotions in life, such as: fear, shame, sadness, hurt, rejection and loss without trying to numb them or run away. According to the researcher Brene Brown, "to feel is to be vulnerable." To successfully recovery from the emotional illness of addiction we must be willing to be vulnerable and authentic in our lives. In doing so, we are able to deeply and honestly connect and feel a sense of peace and happiness within ourselves.

As practicing addicts we fear and avoid the difficult emotions of life, but by doing so we also deny ourselves the inspiring feelings that give it meaning and purpose. Brene Brown describes the importance of our willingness to be vulnerable in the following excerpt from her book, *'Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent, and Lead.'*

"What most of us fail to understand and what took me a decade of research to learn is that vulnerability is also the cradle of the emotions and experiences that we crave. We want deeper and more meaningful spiritual lives. Vulnerability is the birthplace of love, belonging, joy, courage, and creativity. It is the source of hope, empathy, accountability and authenticity. If we want greater clarity in our purpose or deeper or more meaningful spiritual lives, vulnerability is the path....If we want to reclaim the essential emotional part of our lives and reignite our passion and purpose, we have to learn how to own and engage with our vulnerability and how to feel the emotions that come with it."

Often people with a history of addiction have been abused, neglected and deeply wounded by others close to them, and so have learnt to avoid vulnerability. They lack trust in others and in life and so are defensive

and tend to push others away, often unconsciously. Their defenses are varied and include: anger, criticism, social withdrawal and avoidance, arrogance, selfishness, and all manner of other shame and fear based behaviours. Their reactions and behaviours are strategies for avoiding the underlying pain of their emotional wounds (rejection, shame and betrayal). Addiction in all its forms being a chief strategy.

However, as described above, these defensive strategies also prevent meaningful connection and intimacy with others, and result in a painful isolation and a feeling that life is meaningless. Our underlying wounds and their defenses prevent vulnerability and lead to being disconnected from our more positive feelings as well.

The healing process is not an easy one. It is a long and difficult journey and requires a lot of determination and courage, as well as faith in our ability to be healed. I believe that the 12-Step recovery process can guide us in this journey of healing our emotional wounds and regaining our capacity to be vulnerable. We can learn how to reconnect with ourselves, others and the awe, wonder, joy and mystery of life. We often need other help and support along the way, but once in recovery we intuitively know where to seek it. We learn to choose empathic, affirming and honest relationships, so we're not wounded excessively anymore. Through these accepting and positive recovery relationships we can learn to love and accept ourselves, and feel worthy of the connection that we all desire. We can recover.

Humility, Defense Mechanisms, and the False-Self

Humility is simply having a realistic sense of oneself. A humble person accurately acknowledges both their strengths and limitations. They have the capacity to be honest and without pretence in relation to themselves. They are “right-sized” and without false pride, arrogance, or importantly, low self-esteem. They are modest and without “ego”, they are authentic and real, and can admit to their vulnerability.

Humility is an essential foundation for our recovery. It provides us with the willingness to surrender our ego and false pride, and the courage to show our vulnerability and admit the problem of addiction. Humility gives us the willingness to ask for help and guidance from others and beyond ourselves. It enables us to be willing and to see the need for change. Humility connects us to others through our humanity and is a bridge to freedom from our isolation.

The Virtues Inherent to Humility and the 12 Steps

The virtues of *self-awareness*, *self-acceptance*, and *self-honesty*, give us the *courage* and *willingness* to be *vulnerable*, to be *humble*. By developing these virtues we also increase our capacity to be humble in our relationship with ourselves, others, and the world. If we lack good *self-awareness* and *self-acceptance* we will also lack *self-honesty* and therefore fail to be humble. We’ll be unable to show our true self to others, to be vulnerable, and will lack authenticity in our relationships. We will need to defend ourselves instead.

The 12 Steps all involve practices and principles that encourage the above virtues. They require the practice of humility, as well as develop it. The Steps involve: admitting our limitations to ourselves and others, asking for help from outside of ourselves and seeking guidance, a willingness to accept, take responsibility for, and admit our faults and weaknesses, the willingness to practice forgiveness, the willingness, courage and honesty to be vulnerable with others, the willingness and courage to make amends, the willingness to practice faith and trust, and the willingness to be of help and service to others.

These are all humble actions, attitudes, and virtues that help us to grow in recovery and develop as human beings. They reduce egotism and promote a healthy sense of self, and therefore good relations with others

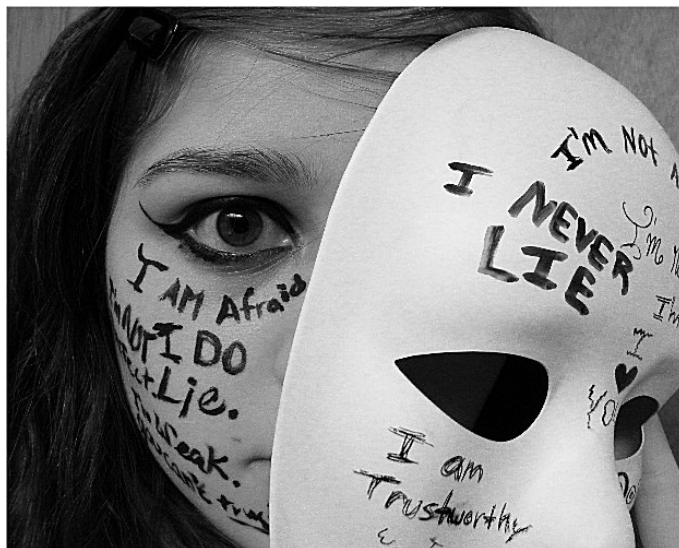
and the world. Humility allows us to be open-minded, honest, and willing in our efforts to recover. When humble we are willing to seek and receive help, support, guidance and direction with our lives. We are not alone anymore.

The “Ego Defenses” That Prevent Humility

Denial, rationalisation, minimisation, projection, etc, are the unconscious “defense mechanisms” (see *Psychoanalytical Theory*) that diminish our capacity to be humble. These psychic or ego defenses promote and perpetuate the following defensive attitudes and behaviours: *dishonesty, arrogance, false pride, anger, aggression, criticism and being argumentative*. They also allow us to continue with our **addiction**, which is in itself a major defense strategy.

The vulnerable feelings of rejection, shame, insecurity (emotional, physical, social), low self-worth, trauma, loss, and emotional wounding (past abuse, neglect and injury), are why the ego is trying to defend itself. These are very painful states of being which create *FEAR* and its defenses or relations: *anger, anxiety, self-centredness and control, dishonesty, depression, avoidance and social isolation*. These shame and fear based defenses are attempts by the ego to protect itself and escape the underlying painful states of being and related unbearable feelings.

The Creation of the “False-Self”



Within the tradition of *Person-Centred* psychology feelings of rejection, shame, and “*conditions of worth*” (*parents, teachers, peers, and society’s values, beliefs and views*), cause us to deny certain aspects of ourselves and experience due to our innate need for social approval. We view these

parts of ourselves as unacceptable to others and so develop inauthentic attitudes, beliefs and behaviours that we consider more socially acceptable. We create a “false-Self” or “distorted self-concept” through

the defense mechanisms of *Denial* and *Subsception* (*filtering or distorting experience*).

We lose contact with our “true-self” through this process and can develop a false persona (e.g., people pleasing traits and behaviour), false pride, or arrogant behaviour via our poor self-esteem and irrational beliefs, and consequently lose our ability to be humble or real. We lose our integrity and become *disconnected* from our *organic self*, which causes anxiety and associated mental health problems.

Often, but not always, people with a history of addiction have been abused, neglected and deeply wounded by others close to them, and so have learnt to protect themselves against vulnerability. They lack trust in others and in life and so are defensive and tend to push others away, often unconsciously. Their defenses are varied and can include all manner of shame and fear based behaviours. These are strategies for avoiding the underlying pain of their emotional wounds.

Unfortunately, these defensive strategies often prevent connection and intimacy with others, and result in a painful isolation and a feeling that life lacks meaning. Our underlying wounds and their defenses prevent humility and the capacity to connect with our more positive feelings as well.

The healing process is not an easy one. It is a long and difficult journey and requires a lot of determination and courage; as well as faith in our ability to be healed. The 12-Step recovery process can guide us in this journey of healing our emotional wounds, and in letting go of unhelpful ego defenses, thereby regaining our capacity to be humble, or real.

Morality, Altruism and Spiritual Growth

Spiritual development, or awakening, and reduction of our fear based ego is the main aim of the 12-Step approach to recovery from addiction. The belief is that if we change in this respect we'll be able to let go of our addictions and live more fulfilling and satisfying lives. We will move away from negative and self-centred behaviour, towards a positive and virtuous lifestyle.

The practices of moral virtue and altruistic behaviour are important paths towards spiritual awareness and growth. As we pursue these ways of being we gradually become less self-centred and more connected in a harmonious way with ourselves, others, and the world.

The practice of moral principles as part of a program of recovery is necessary in my view. It's a means of managing our instinctual needs in an aware and self-disciplined way. Addicts, in general, develop dysfunctional strategies and behaviours in an attempt to meet their material, emotional, social, and sexual needs. Addiction itself is one of these dysfunctional behaviours.

Historically, addicts' needs have often been neglected, abused, and unmet, and so they acquire fear based excessive needs and defensive ways of being, that are, in the end, harmful to themselves and others. 12-Step literature refers to these excesses and ego defense mechanisms as "character defects", which is an attempt to convey their harmful nature.

12-Step recovery aims to uncover these dysfunctional ways of being and make us fully conscious of the harm they cause to ourselves and other people in our lives. Inherent within the 12 Steps are moral and spiritual principles that help us to meet our needs and emotional difficulties in a healthy and more fulfilling way.

Moral or Virtuous Actions

Why is ethical behaviour considered to be so important in relation to our spiritual development? I would like suggest the following reasons: firstly, behaving ethically promotes an inner state of well-being and serenity. In practicing moral virtue we will become more content and at peace within ourselves and in our lives. Inner peace is a foundation for spiritual growth.

Behaviour that is unethical and selfish creates inner disturbance and anxiety, a *dis-ease* with self. In general, it also brings us into conflict with others and results in harmful consequences for ourselves and them. Unethical behaviour such as dishonesty, greed, and the exploitation of others is fundamentally self-centred, and a barrier to both self and spiritual development.

Practicing moral principles also requires **self-discipline**, which is essential to furthering our development and spiritual growth. Self-control is necessary to act outside of our egotistical impulses and desires, which becomes increasingly important as we develop along our spiritual path.

Altruism and Service



Service to others is another common principle and practice in relation to spiritual growth. Altruism and compassion are characteristics of being **spiritually awakened**, but also encourage its development. **Service** is a principle common to all of the major spiritual traditions.

Altruism is giving to others without the expectation of reward. It's transcending our self-centred ego; practicing love without attachment. Our attachments increase the ego's sense of identity, separating and disconnecting us from our true-selves and others.

Spiritually speaking, the practice of love is quite often viewed as a way of connecting us with our true nature, or the God, or Good, within us. The connecting nature of altruism is expressed by Steve Taylor in the following quote:

"Practicing self-sacrifice and altruism opens us up to God, because the nature of God is love. Our own nature becomes attuned to God's, and we become one with it." (1)

We also become one with others. Altruism is an expression of our empathic higher nature, and a connecting aspect of our humanity. It takes us outside of our fear based ego, and towards others with feelings of love, kindness, and compassion. Service to others leads to well-being and happiness within, by reducing our sense of isolation and separation. We feel increasingly fulfilled in our lives, developing a meaning and purpose.

Our inner wisdom seems to know that happiness and connection comes from giving of ourselves, rather than seeking worldly possessions and attachments. ‘We will do well if we heed the wise words of the American Indian, Ohiyesa, speaking of his Sioux people:’

“It is our belief that the love of possessions is a weakness to overcome. Its appeal is to the material part, and if allowed its way, it will in time disturb one’s spiritual balance. Therefore, children must early learn the beauty of generosity. They are taught to give what the prize most, that they may taste the happiness of giving.” (2)

Altruism is a core principle and practice of 12-Step recovery from addiction. It’s expressed explicitly through AA’s Step Twelve and also the Fellowship’s Tradition Five. Service to others has been a key factor in my own spiritual growth and awakening. There is a mutuality in giving to others and so we gain as much as we give. The practice of “carrying a message of recovery” to others commits me to my own sobriety and the principles contained within the Twelve Steps. This form of service helps me to develop my character and evolve my emotional and spiritual awareness and growth.

The reciprocal nature of giving is expressed well by the writer Marya Hornbacher, in the following quote from her book, ‘Waiting – A Nonbeliever’s Higher Power’, p.137.



“...what comforts me is comforting someone else when I can; what gives me strength is giving strength to another; and when I need, I try to give. I return to the prayer of St Francis: “...Grant that I may seek rather to comfort than to be comforted; to understand than to be understood; to love

than to be loved. For it is by self-forgetting that one finds.”

Altruism and Self-Interest

Some people believe that altruism doesn't exist, arguing that human beings are always driven by self-interest. It's very difficult, and probably impossible, to prove that some form of self-interest isn't involved in our

altruistic behaviour. However, according to the scientific method, a theory that's not falsifiable isn't valid theory.

The belief that a self-interested motive negates altruism is mistaken in my view. We often have mixed motives for our actions, and this doesn't mean they aren't true. I can genuinely make efforts to help another for their benefit, at some cost to myself, and also be motivated by feeling good about myself for doing so. I can feel empathy and compassion for someone's situation and wish to help them for its own sake (the primary motive), and at the same time be fulfilling my desire to live by moral values, enhancing my self-esteem and feeling good about my actions in the process. The altruistic action and benefit to my self-concept are often intertwined and natural.

The natural benefit to our self-esteem, sense of well-being, and moral integrity gained from service to others, is familiar to those of us in 12-Step recovery. By helping others we help ourselves. In recovery we are bound together in fellowship by our common suffering. Identification in our shared experiences creates genuine feelings of empathy and compassion for each other, and a willingness to serve. Yes, we benefit from our service, but this doesn't lessen our altruistic feelings for one another, and in my view, service and feeling good about ourselves is something that we should all applaud.

1. 'The Leap – The Psychology of Spiritual Awakening.' By Steve Taylor, Ph.D.
2. 'Happiness Comes from Giving, Not Buying and Having.' By Steve Taylor, Ph.D.

The Multiple Pathways to Addiction and Recovery



As someone who's in long-term recovery from alcohol and drug dependency I've often reflected upon the various causal factors associated with addiction and what these suggest in terms of successful recovery. There seems to be many diverse opinions, often polarising voices, in relation to the causes, nature and treatment of addiction.

There are those that focus upon research into the neurobiology of addiction and consider it to be a "brain disease". This approach is often associated with genetic inheritance in relation to biology (metabolism) and character traits (personality type). While there is 'no single specifically identified genetic factor in relation to alcohol and drug addiction, it's generally accepted within mainstream science that about 50% of the risk is carried genetically' (1). Addiction is often a familial trait. Scientific research in this area has increasingly promoted the development and use of medications in the treatment of addiction.

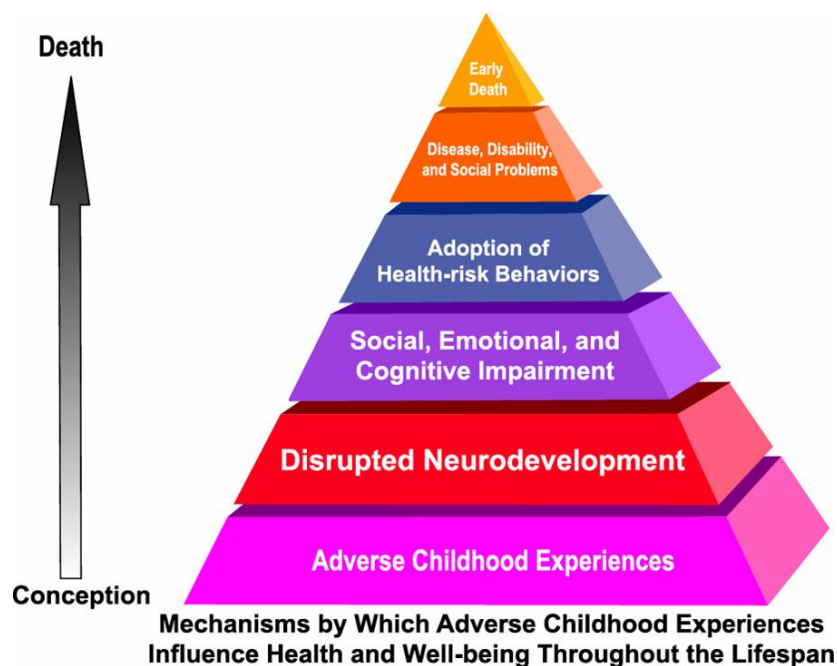
Then there are those that focus primarily upon the developmental (e.g., insecure attachment, trauma and maladaptive learning) and environmental (social conditioning, circumstances, peer group etc) aspects of the disorder, who favour behavioural learning psychology in relation to understanding its causes and psychosocial interventions in relation to its treatment.

These opposing viewpoints can be thought of as *pro* and *anti* "disease concepts", although there are a range of views within each category and many that offer a combination of the above perspectives. The result of all this diversity in the field of addiction is often confusion and strongly held dogmatic beliefs.

In the vein of a combination of the above perspectives is the voice of Gabor Mate. This Canadian doctor and author suggests that all addictions are the result of childhood trauma and attachment problems (2), and that these developmental experiences then create deficiencies within the individual's brain structure and chemistry. As a consequence Mate views addiction as an attempt to correct the resulting brain disorder.

Psychologist Stanton Peel, who's a strong critic of the disease-concept, argues that Mate's viewpoint is reductionist and points to research that suggests not all traumatized children become addicts. (3) This may be the case but the same research (ACE study) also suggests that childhood abuse and neglect greatly increases an individual's vulnerability to addiction and various other illnesses and behavioural disorders. Peel seems to play down this influential research study conducted by Vincent Felitti into Adverse Childhood Experiences (ACEs). The study found that:

“Adverse childhood experiences have a dose-response relationship with many health problems. As researchers followed participants over time, they discovered that a person's cumulative ACEs score has a strong, graded relationship to numerous health, social, and behavioural problems throughout their lifespan, including substance use disorders. Furthermore, many problems related to ACEs tend to be comorbid, or co-occurring..... The ACE study's results suggest that maltreatment and household dysfunction in childhood contribute to health problems decades later.” (4)



Other voices offering a similar perspective to Mate's include science and addiction journalist Maia Szalavitz (*Unbroken Brain*) and neuroscientist and developmental psychologist Marc Lewis (*The Biology of Desire*). Although they are both strongly against the concept of addiction being a "disease", they integrate the neuroscience of addiction and the role of *epigenetics* in relation to how genes are expressed. They both contend that addictions are behavioural adaptations and therefore can be unlearned.

No doubt these two commentators in the field of addiction have been influenced by the contentious voice of Stanton Peele who's been writing about addiction from a behavioural and environmental point of view since the early 1970's. Peel's book *'Love and Addiction'* greatly influenced the idea of behavioural addictions outside that of substance misuse. He's been a strong voice against the "disease model" of addiction and has promoted the idea of "natural recovery" - a pathway to recovery which modern research suggests is common for the majority of those that experience alcohol and other drug dependency. Although this is true it's important to note that this research applies to all who experience addiction at whatever level of dependency; the majority of which will no doubt be at the least severe end of the spectrum. Those with severe, chronic and complex histories of addiction are much more likely to require professional treatment and/or mutual aid group participation and support according to the highly regarded addiction researcher William L White:

"People often note my reference to resolution of alcohol and other drug problems without professional treatment or recovery mutual aid involvement, but they often fail to mention (because it doesn't support their argument) the tandem conclusion that the probability of this sharply declines as problem severity, complexity, and chronicity increases—this is the major difference between follow-up studies of community samples and follow-up studies of clinical samples."

Bill White. November 6th 2015.

Choice Model

The behavioural learning model of addiction leads some to claim that alcohol and drug dependency is purely a consequence of choice. This viewpoint has been advocated by academics Gene Heyman (*Addiction: A Disorder of Choice*) and Jeffery Schaler (*Addiction is a Choice*) and adopted by organisations such as 'Rational Recovery' (Founder, Jack

Trimpey) in the US and ‘Intuitive Recovery’ (*Founder, Peter Bentley*) in the UK.

Simply put, the ‘choice model’ suggests that people make decisions about payoffs and pleasure, particularly in the short term, and the decision to use alcohol or other drugs is often most attractive at the time and in the circumstances. It’s a view that’s given to explain people’s decision to stop using when the consequences of doing so become too unpleasant, or when their circumstances change.

The choice model of addiction is against the medicalization of the disorder and advocates often strongly criticise the *disease-concept* and by association the 12-Step approach to recovery from addiction. In my opinion, as someone who’s suffered the compulsive nature of addiction, the choice model is too simplistic and ignores the neurobiology of addiction and other predisposing influences upon choice. There seems to be two viewpoints where the ‘choice model’ is concerned, one that focuses upon the role of cognition in choosing whether to drink or use drugs, and the other that considers the influence of environment and economic circumstances. An example of the latter being the “*Rat Park*” experiment and the role of social isolation and austere surroundings in relation to choice.

Critics of the choice model contend that it encourages an attitude of moral judgement towards those with addictions, and is a return to the concept of moral failure of character prevalent in the past (moral model). Stigma, they suggest, prevents persons’ suffering with addiction seeking access to help and support. To the contrary, some ‘choice model’ advocates consider that the social stigma of addiction is an incentive in the decision to change self-destructive behaviour. Perspectives on the nature of choice are complex and not all who consider choice a facet of addiction view it as a moral failing; although some do. (e.g., Jeffery Schaler Ph.D.)

The ‘medical model’ supports the view that while there is clearly some capacity for choice even when severely addicted, this capacity is diminished to varying degrees by a complex mix of biopsychosocial factors. This perspective gained prominence in the mid-20th century and it is argued by disease model advocates that it has helped to reduce the stigma and shame associated with addiction. However, choice model advocates and others often contend that the idea of a ‘disease’ actually increases stigma.

Disease-Concept/Medical Model

The ‘disease concept’ advocated by mainstream medicine views addiction in the following way:

“Addiction is a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain’s structure and manner in which it functions. These brain changes can be long lasting, and can lead to harmful behaviours seen in people who abuse drugs. The disease of addiction affects both brain and behaviour, and scientists have identified many of the biological and environmental factors that contribute to the development and progression of the disease.”

Recognizing Addiction as a Disease Act 2007

The medical model isn’t purely reductionist in its view of addiction and does consider the role of choice and the relationship of the addict’s neurobiology with developmental and environmental influencing factors. This quote by Dr Nora Volkow demonstrates these considerations:

“The non-inevitability of addiction is a point frequently emphasized by people challenging the brain disease model, with the faulty reasoning that it cannot be a disease because the condition is initiated by a decision to take a drug, which is viewed as a voluntary behaviour, and also because most individuals never escalate their drug taking. However, this is no different from many other diseases that also have complex genetic, environmental, and developmental origins, may be triggered by voluntary behaviours or their omission, and may only affect a small subset of those at risk.



I often compare drug addiction to another chronic, relapsing disease, diabetes. In diabetes, the pancreas is not able to make the insulin necessary for our cells to use glucose as fuel. No one thinks that, with sufficient willpower, a person with this condition could push through without medication. Their

disease, even if it had behavioural antecedents and may have involved free choices in a person's past — such as decisions about food or exercise — has a physical basis and requires medical management once it has developed.”

Advances In Addiction and Recovery. P17. Vol.3, No.3, 2015

Multiple Pathways to Addiction and Recovery

I see truth in all of the above pathways to addiction and would suggest that there is a complex interplay between them, and that this interaction is unique to each person who develops an alcohol or other drug problem. I think that an over emphasis upon any one particular pathway is reductionist and not helpful, and that a holistic approach to treatment and recovery that's tailored towards the individual is best. Despite the above controversy there's a growing consensus in the US and UK, led by addiction research experts like William L White, that there are multiple pathways to addiction and recovery; as well as styles or types.

I personally think that the degree of alcohol or drug dependence is important in terms of language used, how it is considered, and the treatment or interventions offered. The DSM-5 uses the terms “*alcohol use disorder*” and “*substance use disorder*” in an attempt to represent the wide spectrum of alcohol and other drug problems; which can range from mild to moderate to severe. I think that once an alcohol or drug problem has developed into a severe and chronic addiction, it can be appropriate to use the language of illness or disease; certainly as a metaphor (even if not technically true) in order to convey the serious and corrupting nature of the condition. In the earlier stages of misuse, though, the terms behavioural problem or disorder are probably more fitting.

The different pathways to addiction and there often complex interaction with each other, as well as co-occurring difficulties, lead to a large diversity in terms of type, degree and nature of alcohol and other drug problems. This reality indicates that a diversity of options for treatment and recovery from addiction are surely warranted in the pluralistic societies of the 21st century.

References:

1. ‘Genetics: No More Addictive personality’, by Maia Szalavitz, Nature, 24/06/2015.

2. 'In The Realm of Hungry Ghosts', by Gabor Mate.
3. 'The Seductive (But Dangerous) Allure of Gabor Mate', by Stanton Peele Ph.D.
4. Adverse Childhood Experiences Study (ACEs).

Recommended Reading:

'Unbroken Brain', by Maia Szalavitz.

'Addiction as a Disease: The Birth of a Concept', by William L White. (*A series of papers on the history and future of the disease concept of addiction*)

'Recovery Rising', by William L White.

The Role of Choice in Addiction and Recovery



In the field of addiction studies there is an ongoing debate in relation to how much voluntary choice is involved in addiction to alcohol and other drugs. During an AA discussion group meeting that I attended very recently different viewpoints were expressed in relation to this topic. The majority of the people involved in the discussion considered themselves to have lost all control during their active drinking careers. However, not everyone was so certain about this and the idea of choice, particularly in relation to their recovery, was important to some people in the meeting.

The two models relating to addiction that represent the positions of ‘choice’ vs ‘compulsion’ are, respectively, the ‘moral model’, and the ‘medical/disease model’.

Simply put, the ‘choice’ or ‘moral’ model suggests that people make decisions about payoffs and pleasure, particularly in the short term, and the decision to use alcohol or other drugs is often most attractive at the time and in the circumstances. It’s a view that’s given to explain people’s decision to stop using when the consequences of doing so become too unpleasant, or when their circumstances change.

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Recognizing Addiction as a Disease Act 2007

The above models are viewed by many as opposing each other – the ‘choice’ or ‘moral’ model suggesting that addiction is the result of voluntary action, and the ‘medical model’ suggesting that addiction is the result of a compulsion, and therefore, not voluntary.

The Twelve Step Perspective

The 12-Step approach strongly suggests that addiction is the result of a ‘*merciless obsession*’, which then renders the sufferer virtually no control over the choice to ‘use’ or drink:

“The fact is that most alcoholics, for reasons yet obscure, have lost the power of choice in drink. Our so called will power becomes practically non-existent. We are unable, at certain times, to bring into our consciousness with sufficient force the memory of the suffering and humiliation of even a week or a month ago. We are without defense against the first drink.”

Alcoholics Anonymous, 3rd ed, p.24.

The 12-Step approach is viewed as strongly aligned with the medical model of addiction. It is also often considered responsible for creating the ‘disease-concept’, which isn’t strictly true. (1) It is more accurate to say that Alcoholics Anonymous (AA) adopted the medical viewpoint and language of the time (1930’s) in line with its members’ experience of addiction to alcohol. A point made clear by the recovery historian William L White:

“AA’s use of medical metaphors served as a reminder of its belief that the alcoholic could never again safely drink alcohol.” (2)

In addition, AA views alcoholism as primarily a spiritual illness, and, confusingly for many, conflates this idea with the medical viewpoint. Personally I’m ok with the integration of spiritual and medical (“mind, body and soul”), as I can understand how spiritual disconnection, in a

secular sense, can contribute to the development of addiction. Think of the native peoples of North America whose displacement and disconnection from their homelands, cultural values, traditions, and spiritual practices created feelings of painful and meaningless existence, in turn leading to great problems in relation to addiction and mental illness. Spiritual disconnection through active addiction is also a common consequence according to many sufferers of the condition.

The Middle Way



For me, the ‘choice vs compulsion’, ‘black or white’ distinction in relation to addiction is too simplistic. Addiction is complex involving various bio-psycho-social-spiritual influences that impact upon an individual’s ability to make healthy and rational choices. I do think that as addiction develops the power of choice is significantly diminished and corrupted. The experience of most addicts “*will abundantly confirm this*”. (3) However, I don’t believe that the addicts’ power of choice is completely removed either, and there is plenty of research evidence to validate this contention. (4) Given enough incentive even the most addicted can choose not to drink or use in the short-term. The problem is maintaining this choice in the longer-term due to the “*insane urge*” of addiction. (5)

In respect of recovery from addiction, AA suggests that due to the alcoholic’s lack of control in relation to drinking a ‘power greater’ than themselves is necessary. The more traditional members of 12-Step groups relate to this power as a transcendent force for good and their source of salvation. However, the liberal nature of the ‘fellowship’ allows its

members to relate to any power that helps and this is often the group for those with agnostic or atheist tendencies.

Ignoring the complexities of the philosophical debate in relation to the existence of “free will” (6), I think that the human capacity for choice plays an important role in recovery from addiction for most of us. Once we are broken enough by our suffering we become willing to choose recovery activity and connection. For me, this engagement with recovery activity, people and principles, which support my decision to live a sober way of life, empowers me to continue to make the right choices. My capacity to choose healthy sobriety is progressively strengthened through voluntarily attending 12-Step meetings and connecting with people in recovery and their example and support. I’ve also found that the principles contained within the 12-Step ‘program’ have greatly influenced my ability to choose continued sobriety.

In the same way that my addiction to alcohol and other drugs was strongly influenced and directed by both internal and external determining factors, so is my continued recovery from addiction. In line with the humanistic presumption of ‘free will’, I believe that we humans have the capacity to interact with the influencing forces in our lives, creating new direction, purpose and change for ourselves and others. This perspective is often referred to as ‘soft-determinism’ (7), which can be described as the middle ground between ‘choice’ and ‘no choice’.

This position feels right for me and accords with my experience of addiction and recovery, as well as research in relation to choice. (8) It also avoids the extremes of a black or white debate and wisely chooses a grey picture instead, which as I grow older is increasingly how I see things in this mysterious existence that we call life.

References:

1. AA and the Disease Concept: A Complex Connection. By William L White.
2. Ibid.
3. Alcoholics Anonymous, p.23, 3rd edition.
4. Gene Heyman Ph.D. Addiction: A Disorder of Choice.
5. Twelve Steps and Twelve Traditions, p.22.
6. Freewill vs Determinism. By Saul McLeod, updated 2019.

7. Ibid.

8. Addiction: Choice or Compulsion? By Edmund Henden, Hans Olav Melberg, and Ole Jorgen Røgeberg.

Recommended Reading:

‘Choice Isn’t Simple’. By Marc Lewis Ph.D.

‘The Biology of Desire’. By Marc Lewis Ph.D.

‘The Multiple Pathways to Addiction and Recovery’. By Steve K.

AA Spiritual and Religious

It is quite often stated by members of Alcoholics Anonymous (AA) that the fellowship is “spiritual, not religious.” I do not think that this statement is entirely accurate and would suggest that in a broad sense it can be validly described as both. It can certainly be related to in this way by individual members if they are inclined to do so.

AA philosophy, its literature and program of recovery, are strongly influenced by Christian principles and ideas that were inherited from the evangelical Oxford Group. Bill W. and other founder members of AA first got sober through this Christian organisation and practised its tenets. Later they split from the Oxford Group to form their own meetings that were specifically for alcoholics. Bill W, in consultation with the other early members of AA, developed Oxford Group principles and beliefs into the Twelve Step program of Alcoholics Anonymous.

AA’s program and ‘traditions’ were also influenced by other disciplines and ideas. The early ‘medical model of alcoholism’, liberal democratic principles, and the pragmatic philosophy of William James (Father of American psychology), are just some examples of the various influences upon the AA Fellowship and Program.

However, It only requires a brief look at AA’s basic text to establish the strong influence of Christian ideas, and the word God, or references to it, is mentioned literally hundreds of times throughout the book *Alcoholics Anonymous (Big Book)*.

Although it is stated in the Steps and elsewhere in the text that it can be a God of one’s own understanding, there is a strong suggestion of its Christian characteristics, for example, “He”, “All Powerful”, “All Knowing” and can intervene in one’s life. Prayer is also often suggested, and the Christian concept of ‘salvation’, or being saved by God, is fundamental to the Twelve Steps.

It is true to say that AA is not connected to Christianity, or any other religious organisation in a formal way, and is independent from any such institution. However, this does not mean that the Fellowship in its own right is not broadly religious in nature. Several American court decisions (1) have decided, having studied the literature and AA practices, that the fellowship is religious in nature.

Having stated the above, AA's liberal and pragmatic principles allow its members to relate to the literature and Twelve Steps in a subjective and individual way; which can include natural, and humanistic ideas and values. Spirituality can be understood in a natural sense, in terms of phenomena such as love, morality, beauty, human consciousness, our sense of awe and wonder towards the mystery of existence and the ineffable; things that are more than purely material.

It can also include belief in the literal spirituality associated with religion; such as belief in supernatural beings, spirits, souls and the afterlife. My relationship with AA's program of recovery is primarily in terms of the former, natural understanding of spirituality.

Considering myself to be a humanist and agnostic, why am I a member of a broadly religious fellowship? The answer is several reasons. Firstly, it helped me to stop drinking and live a sober way of life and continues to do so. Secondly, there are aspects of AA philosophy and values that I share with so called more religious members: such as, a commitment to sobriety, practising moral inventory and virtue as part of my recovery, lifestyle, or way of being, and a desire to be of service to others; particularly the still suffering alcoholic.

I very much value the opportunity to give and receive support and help that the Fellowship of AA provides to its members. AA's philosophy inspires this type of reciprocal altruism giving its fellowship a special quality and atmosphere, which is characterised by an attitude of love and service. For me, God is a metaphor for good or love within humanity, and it's this healing force that works within the Fellowship of AA, through its members.

So, it is these practices and values, my relationship in a natural sense with spirituality, that I share with other members of AA; not necessarily their more religious or literal beliefs in terms of the Twelve Steps or AA philosophy. My point being, there is plenty in a religious fellowship for the non-believer, as well as those who adopt a more literal, supernatural understanding of spirituality.

As suggested in the first paragraph of this essay, Alcoholics Anonymous, the Fellowship and Program, can certainly be related to in a religious manner by its members. An example being the so called "back to basics" movement within the Fellowship, who interpret the Big Book in a very literal way, and whose focus tends towards God and the Christian ideas in the literature. There is a variety in this type of approach towards the Big Book and Twelve Steps, by different groups and members, but all share a

literal and fundamentalist style of interpretation, with the aim of recreating very early AA or Oxford Group principles.

However, AA literature, the Twelve Steps and in particular the Twelve Traditions, contain many liberal principles and suggestions in terms of relating to the Big Book and the program of recovery. Three very important sentences for me in this respect are on p.47, 3rd edition of 'Alcoholics Anonymous':

"When, therefore, we speak to you of God, we mean your own conception of God. This applies, too, to other spiritual expressions which you find in this book. Do not let any prejudice you may have against spiritual terms deter you from honestly asking yourself what they mean to you."

AA members are allowed to relate to the Twelve Steps and literature in a way that resonates with them. The result of this liberal freedom within AA philosophy is diversity in terms of belief and practice by its members. There exists in AA a spectrum of belief and interpretations, from the strong atheist non-believer, to the fundamentalist Christian and everything else in between.

The AA fellowship and program of recovery can be legitimately described as broadly religious and also spiritual in nature, in my opinion, but its liberal principles and suggestions allow its individual members to relate to it in a non-religious, humanistic sense if they so wish.

Postscript

Some readers may take issue with my natural interpretation and use of the word spiritual. I think there are very valid arguments for not using the term in this respect, and that a more specific use of language would be a better communication of my naturalistic understanding of recovery principles and experiences.

However, there is the point of view that the scientific, breaking down of everything to its component parts, is too reductionist and doesn't fully convey the greater sum of those parts. Certain aspects of human experience are difficult to put into words, and seem greater than their component parts, and vague words like spirituality are an attempt to communicate this greater quality.

I do think that due to its various meanings and associations the term spiritual can be misleading, and a better umbrella word for the principles

and experiences of a natural understanding of recovery maybe warranted. I don't know what that word should be, and so for the foreseeable future may still be tempted, at times, to use the word spiritual in an attempt to communicate the ineffable quality of certain aspects of human experience; that do seem more than purely material.

1. The Courts, AA and Religion. (detailed article about US court decisions: <http://aaagnostica.org/2012/05/27/the-courts-aa-and-religion/>)

AA Conference-Approved Literature



The term “Conference-approved” relates to literature and audiovisual material that is published by AA World Services, Inc, and has been approved by Conference for this purpose.

“The term has no relation to material not published by GSO. It does not imply Conference disapproval of other material about AA. A great deal of literature helpful to alcoholics is published by others, and A.A. does not try to tell any individual member what he or she may or may not read.”

Service Material from the General Service Office.

A.A. also produces non-conference approved literature such as the ‘Grapevine’, which is published by A.A. Grapevine, Inc. Examples of Grapevine publications are the book ‘*The Language of the Heart*’, which consists of Bill W’s Grapevine writings, and also the A.A. ‘Preamble’ is a Grapevine, Inc publication.

The General Service Conference recognises the Grapevine as the international journal of Alcoholics Anonymous. The only reason it’s not Conference approved is because it’s published monthly and the Conference meets annually and therefore it is not practically possible.

My personal concern is with AA members stating that “only Conference-approved literature should be read out at meetings.” This is a misunderstanding of the term at best and outright dogmatism at worst. As stated above, group members are free to read from any literature they choose to and there is no ‘*tradition*’ or GSO guidance that states otherwise.

A.A. group members should also be aware that neither GSO or Intergroup governs individual group's decisions. Ultimately the group conscience decides its own format and practices.

In my view it's not healthy to unreasonable censor what members read out at meetings, as to do so is based upon fear and prevents group members' right to freedom of expression. Diversity of opinion and views is a good thing, as we can learn from each other's differences and experiences.

Also, A.A. should never be rigid in its outlook and be prepared to change and evolve when necessary as new understanding and insights become clear. The founder members of the fellowship were humble enough to realise that "we know only a little" and they learnt from experience as they went along and envisaged an evolving A.A.

Dogmatism within A.A. was being warned about nearly 30 years ago. At a talk given by the then General Service Manager, Bob Pearson, to the General Service Conference in 1986, he had this to say:

"If you were to ask me what is the greatest danger facing AA today, I would have to answer: the growing rigidity – the increasing demand for absolute answers to nit-picking questions; pressure for GSO to "enforce" our Traditions; screening alcoholics at closed meetings; prohibiting non-Conference-approved literature, i.e., "banning books;" laying more and more rules on groups and members."

The fellowship of A.A. is based upon liberal and spiritual principles which suggest acceptance and tolerance of each other's differences. The '*primary purpose*' of the group as stated in **Tradition Five**, is one of carrying a message of recovery to the alcoholic who still suffers, and it's this common goal that binds those differences together.

My experience of alcoholism and recovery from it are unique to me, as is my message to others, who may or may not identify. How I communicate my experience and any literature I use to help me in doing so, should be my choice. In addition, my understanding and experience of the Twelve Steps is personal to me.

Traditions

Tradition One calls for *Unity not uniformity*, and states that:

“We believe there isn’t a fellowship on earth which lavishes more devoted care upon its individual members; surely there is none which more jealously guards the individual’s right to think, talk, and act as he wishes. No AA can compel another to do anything; nobody can be punished or expelled. Our Twelve Steps to recovery are suggestions; the Twelve Traditions which guarantee A.A.’s unity contain not a single “Don’t.” They repeatedly say “We ought....” but never “You must!”

To summarise the core principle of *Tradition One*, I would suggest that the individual’s right to freedom of expression should be cherished, as long as it is not harmful towards the welfare of the group as a whole.

Tradition Two suggests that ultimately the group conscience decides its own format and practices. However, an informed group conscience should take into consideration all viewpoints, as well as application of the relevant ‘traditions’ and the principles they contain. It is also worthwhile considering any previous guidance by Conference/GSO in relation to the issue, although the AA group is not obligated to follow it.

Tradition Three States that:

“The only requirement for A.A. membership is a desire to stop drinking.”

The *program* of recovery is a suggestion only; members are free not to read the Big Book, or practice the Twelve Steps if they so wish, and the program of A.A. should not be forced upon its members. *Tradition Three* aims to be fully inclusive of all members regardless of differences, and warns against dogmatic rules born of fear and prejudice which are barriers to recovery for all who want it.

A quote from Bill W

“In AA we are supposed to be bound together in the kinship of a universal suffering. Therefore the full liberty to practice any creed or principle or therapy should be a first consideration. Hence let us not pressure anyone with individual or even collective views. Let us instead accord to each other the respect that is due to every human being as he tries to make his way towards the light. Let us always try to be inclusive

rather than exclusive. Let us remember that each alcoholic among us is a member of AA, so long as he or she so declares.”

And further....

“In no circumstances should we feel that Alcoholics Anonymous is the know-all and do-all of alcoholism.”

The above quotes by Bill W are taken from his speech to the General Service Conference held in New York City in April, 1965.

Conservative View

Traditionalists within AA, argue that keeping readings to “Conference-approved only” in meetings, provides a focus upon “its message to the alcoholic who still suffers.” This prevents the group going outside of the Twelve Step solution. It’s also suggested it helps to keep AA’s identity and can give a feeling of security for some members.

While I do have some sympathy for this point of view, it assumes that all members are ok with the language and ideas in the traditional literature. It prevents freedom of expression in terms of the variety of interpretations that members are free to hold in relation to Twelve Step recovery.

The ‘Conference-approved’ only view also ignores aspects of ‘tradition one’ in relation to individual freedom, and also ‘tradition three’ in terms of being an inclusive fellowship; as not all group members do agree with the religious ideas and language used in the orthodox literature.

The traditional viewpoint also keeps AA stuck in the past and from learning anything new about recovery from alcoholism. Mainstream AA is supposed to be a diverse fellowship, and therefore its literature and what is read out at meetings should reflect the differing views of its membership, surely?

In my opinion, I feel that a compromise between ‘tradition five’, the group’s primary purpose of carrying a Twelve Step message of recovery, and the individual freedoms suggested in part of ‘tradition one’ and ‘tradition three’, should prevail. In line with ‘tradition four’ and ‘tradition two’, groups are autonomous and are free to decide their own version of a compromise according to the conscience of the group.

Addiction Treatment, Coercion, and Alcoholics Anonymous



I attend a weekly AA meeting which I consider to be my “home group”, and have done so for a long period of time. I value the group and in general it has had a good balance of people experienced in recovery, as well as newer members. Recently a local residential treatment provider (I live in the UK) has started sending its clients to the meeting. As many as twenty treatment residents all turn up at once and most don't seem very keen to be there. As the meeting is relatively small the treatment residents are a dominant presence and the atmosphere has been dramatically altered. They can at times also be disruptive and seem to need to separate themselves by not joining the circle, despite being encouraged to do so.

As a result some long-term members of the group have started avoiding the meeting and going elsewhere. I personally feel that the large number of treatment residents attending the meeting has been harmful to the overall welfare of the group. I'm also aware that many of the treatment residents identify themselves as drug addicts and often don't believe that they have a problem with alcohol.

The treatment provider requires its residents to attend several 12-Step meetings weekly (even though it's not a 12-Step treatment facility), which I consider to be coercive. It seems to me that coerced meeting attendance is against some of the values inherent within the AA 'traditions', as well as the general liberal principles that underpin 12-Step philosophy.

When considering the AA ‘traditions’ in relation to this issue several principles come to mind. Firstly, tradition one clearly expresses that no individual should be compelled to do or believe anything, and that the 12 Steps are only “suggestions.” These principles must also apply to attendance surely?

Tradition one promotes group unity. The mass invasion of coerced treatment clients, many of whom don’t identify as alcoholic, seems to create division instead. Treatment clients are often not interested in becoming a ‘group member’ and actually participating in group activity. Unity is about working together to help each other and the still suffering alcoholic, and therefore the welfare of the group as a whole is of primary importance in order to do so.

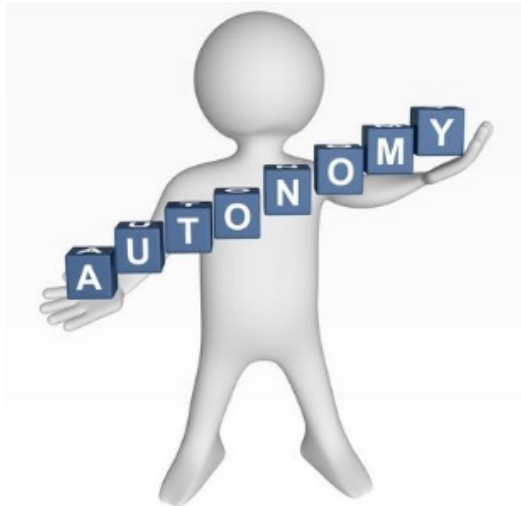
Tradition three expresses AA’s only requirement..... “*a desire to stop drinking*”. Many treatment clients don’t identify as having a problem with alcohol and will often admit this during their shares. Drug addicts who’ve also had difficulties with alcohol and express a desire to stop drinking are welcome in AA meetings, but this criteria is often not met by treatment clients.

Identification is an important aspect of tradition five – the group’s primary purpose is to carry a message of recovery “to the alcoholic who still suffers.” It’s difficult to carry a message of recovery when some members don’t identify with the problem. I was dependent upon both alcohol and other drugs and so have attended NA meetings as well as AA. If I hadn’t had a history of using drugs other than alcohol and didn’t consider that I had a dependency issue with them, I don’t think going to NA meetings would have been that helpful personally. I would have found it difficult to feel a part of the group and probably wouldn’t have been motivated to share. Although the principles for recovery from addiction to any substance are the same, identification is an important aspect of communicating our experience to each other.

Tradition eleven advocates for a principle of attraction rather than promotion, and certainly not coercion when dealing in public relations. Treatment centres who coerce their clients to attend 12-Step meetings are imposing their rules as an outside agency upon AA and NA groups, which don’t require anyone to attend their meetings. In order to avoid controversy, in accordance with tradition ten, 12-Step fellowships are generally reluctant to defend their principles and philosophy where outside matters are concerned. However, I believe the above issue is a legitimate problem for each individual group’s welfare and may require

diplomatic, although direct, negotiation with the relevant treatment provider concerned.

12-Step fellowships also value the principles of personal and group autonomy, as well as individual willingness and surrender, which are considered the foundational principles of recovery. These principles are often absent in treatment centre clients in my observations and experience.



Keeping in mind that 12-Step groups practice a spiritual program of recovery – coercion to attend groups and participate seems incompatible with the original liberal and spiritual values in my view. Psychologist Fred Rotgers, Psy.D., past president of the American Psychological Association’s Society of Addiction Psychology, said, “If you read the Big Book carefully, you will see that AA as originally conceived, but now sorely corrupted by the treatment

industry, was purely a self-directed, self-elected program—no pressure to attend, no pressure to admit being an alcoholic. The only approach was an invitation, not a prescription. All the prescriptive stuff came from treatment providers who decided that if something was good, it should be required as a part of treatment. And, of course, they ‘knew’ it was good because they got sober while they were doing it. And if it worked for them, it would work for everyone. But AA makes no prescriptions about how it should be used, or even that it should be used.”

Does Coercion in Relation to AA Work?

Treatment centres seem to make the assumption that coerced or required attendance at 12-Step meetings is beneficial for their clients’ recovery, with seemingly no consideration for the impact upon the groups involved. My brief research into this assumed benefit has found very little evidence for this belief. In fact, there seems to be more evidence that coercion to attend 12-Step groups by treatment centres is potentially harmful to their clients, and in particular to the recovery culture of 12-Step fellowships.

In regard to my inquiry into this issue I emailed the eminent addiction treatment and recovery historian and researcher, William L White. His response was as follows:

“More research has been done on the effects of coercion to addiction treatment than coercion to AA in terms of effects on recovery outcomes. In general, outcomes are similar for coerced and non-coerced treatment, but less clear on coerced AA attendance with still many researchers concluding that coerced AA attendance is not a good idea in terms of potential negative effects on the coerced individual and its negative effects on AA groups. I think the latter can be particularly destructive in situations where groups of coerced clients are forced into relatively small AA or other recovery support meetings.....I’ve been observing this for nearly half a century and generally recommend meetings between local groups and treatment centers to discuss how to best manage such issues. Mass invasions can destroy the fabric of a recovery culture and there may be far more effective ways to handle linkage to recovery support groups.”

Bill White.

It seems to me that there is often a clash in principles and beliefs between treatment providers (particularly in the UK, where many don’t adhere to 12-Step philosophy) and 12-Step fellowships. This can be harmful to treatment centre clients who are potentially being force fed beliefs they are opposed to, as well as the recovery groups they are being made to attend. Large groups of treatment clients descending upon relatively small AA groups is often detrimental to the group, which then becomes dominated by coerced people in very early recovery who often lack self-discipline, respect for others, interest, and a willingness to participate.

If given the choice, many treatment clients wouldn’t attend AA meetings voluntarily in my experience, choosing instead other sources of support they consider themselves more suited to. If so, then maybe in the best interests of all concerned this is how it should be? Treatment clients that are voluntarily willing to attend 12-Step groups should be encouraged to do so, and in my experience the few that are willing tend to be a positive influence on the recovery meetings they attend. This approach is in line with client-centred values, which seem a more respectful and humane way of relating to people, *their* problems and wishes.

Drug Talk in AA Meetings



It is common in the fellowship of Alcoholics Anonymous (AA) for some members to object to others mentioning their previous problems with drug addiction. Quite often in meetings *'The Blue Card Statement'* is read out, asking members to keep their shares focused upon their problems relating to alcohol, in accordance with Tradition's Five and Ten.

Tradition Five states that: *"Each group has but one primary purpose – to carry its message to the alcoholic who still suffers"*. It's the group equivalent of the individual alcoholic's Step Twelve. The 'message' is: recovery from alcoholism through the practise of the Twelve Steps. However, each member's experience of alcoholism and recovery through the Twelve Steps is personal to them, and they should be free to communicate this to others. It's their message of recovery, and drug addiction maybe part of their experience/story as an alcoholic.

In addition, newcomers and other group members often identify with drug misuse/addiction as part of, or a consequence of, their alcoholism. It's very common in the 21st Century for people with alcohol problems to also have addictions to other drugs, and AA members sharing their

experiences fully may often be providing valuable help to others in the group.

Nowhere in the Twelve Steps or Twelve Traditions does it state that drug misuse should not be mentioned in meetings, whilst members are sharing their experience, strength and hope with each other. In fact, Tradition One, clearly states that AA members are free to:

“think, talk and act as they wish. No AA can compel another to do anything; nobody can be punished or expelled. Our Twelve Steps to recovery are suggestions; the Twelve Traditions which guarantee A.A.’s unity contain not a single “Don’t.” They repeatedly say “We ought...” but never “You must!”



Any surrender of personal behaviour, wishes, attitudes, opinions or language by an individual in order to promote group unity, is purely a voluntary decision. The literature suggests that group members practice tolerance, acceptance, kindness and love, and therefore members ought to refrain from being critical and judgemental towards others in the fellowship. Censorship of speech is not a principle of AA.

Tradition Three states that: *“The only requirement for A.A. membership is a desire to stop drinking”*. It’s often stated in the fellowship that *“you are a member of AA if you say you are”*. This tradition came about due to the experiences of the early AA groups trying to impose a multitude of qualifying rules and regulations upon their members – born of fear and prejudice.

Tradition Three is an attempt to be fully inclusive to all who suffer from alcoholism, regardless of differences and the various other difficulties that alcoholics struggle with; such as, co-occurring disorders and other

addictions. It's unrealistic to expect AA members not to mention their various other life problems; particularly when sharing in the context of "*applying these principles in all our affairs*", as suggested in Step Twelve.

Drug addiction is detailed in the literature of AA. In the book *Alcoholics Anonymous (Big Book)*, drug use is mentioned as part of the alcoholic's experience or illness. Examples are in the chapter 'Doctor, Alcoholic, Addict', written by member Paul O, and also in chapter two, 'There is a Solution' p.22, in relation to the description of the so called 'real alcoholic'. Bill W describes at length the alcoholic's tendency to misuse other drugs in his 1945 Grapevine article entitled 'Those Goof Balls', p.103 – 105, 'The Language Of The Heart'.

Wilson clarifies his position on drug addicts, who also have a problem with alcohol, being welcome in the AA fellowship in his Grapevine article entitled, 'Problems Other Than Alcohol', p.222 – 225, 'The Language of The Heart'. He also suggests that addicts who don't have problems with alcohol cannot qualify for AA membership, and would be better served by other groups (NA etc).

In consideration of the common experience of overlapping alcohol and drug misuse within the fellowship of AA, I would suggest that it is unreasonable to try and censor members from talking about drug use as part of their experience as an alcoholic. However, members who primarily identify themselves as drug addicts, but also accept they have problems with alcohol, should be respectful of AA's primary focus upon alcoholism and avoid excessive talk of other drug misuse and its accompanying language.

Ideally, in relation to our differences we need to practice being open minded, tolerant and understanding; in particular with newer members and those attending meetings from treatment settings, who do not understand AA 's traditions and practices fully yet.

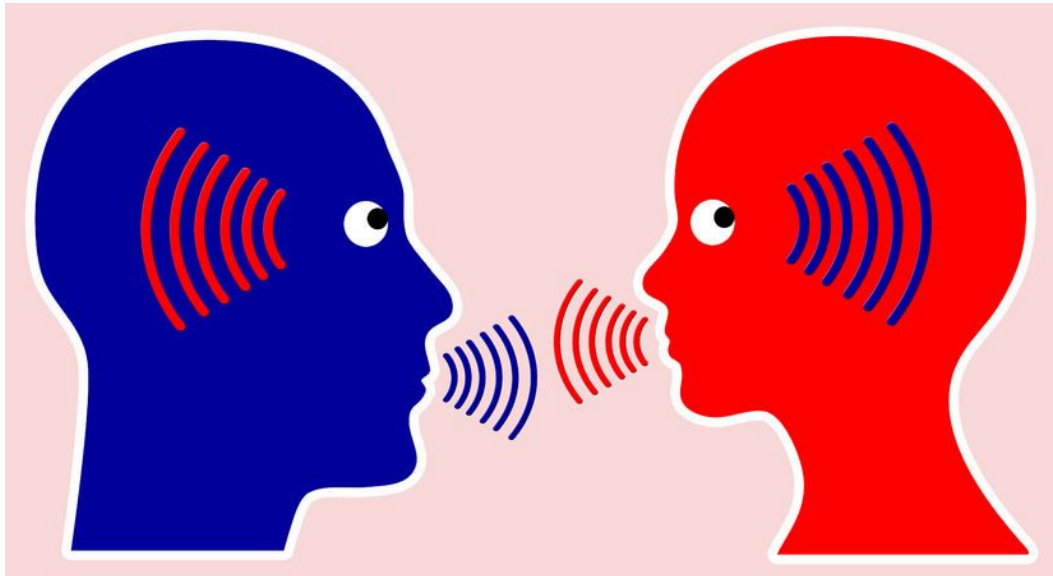
The term balance is often mentioned in the fellowship of AA, and my viewpoint is that this healthy principle should be applied to this emotive (for some people) issue. Being absolutist in relation to the mentioning of drug problems by members is extreme and unhelpful to many. Unfortunately this dogmatic attitude is adopted by some literalists in AA, and for me is against the inclusive principle of Tradition Three, and a rather strict interpretation of Tradition's Five and Ten.

I feel that a middle path is best, which allows members to be true to themselves and their history, but is mindful in regard to AA's primary focus upon the illness of alcoholism – addiction to the drug, alcohol. Realistically, alcoholism is a complex condition and involves strong relationships with other human difficulties that are valid to talk about in AA meetings.

Society is always evolving and in order to stay relevant so must the AA fellowship. Language and 'traditions' that were appropriate in the 1930's and 40's are not always so fitting in 2016.

Increasingly, in today's society, attitudes are changing with the help of developments in the scientific understanding of addiction; with alcoholism and drug addiction being viewed in the same way, brought about by the same causes and conditions. Modern treatment agencies are increasingly merging their alcohol and drug services; and in terms of the various Twelve-Step groups, AA, CA, NA, etc, the solution is the same – application of the Twelve Steps.

Cross Talk in AA



I recently attended a meeting of Alcoholics Anonymous (AA) in which the group secretary criticised group members for “too much cross-sharing.” She was referring to group members’ sharing supportively towards a member of the group who’d recently experienced a relapse and was clearly feeling distressed and ashamed of themselves. The sharing was coming from a place of compassion and identification with the person’s suffering and was positive and very supportive in nature.

I was one of the group members who shared for the individual who’d relapsed as I have significant experience in this area having done so myself on numerous occasions in the past. I have experienced great shame and remorse in relation to drinking again after periods of sobriety in AA. Consequently, I feel it’s really important to share supportively towards others who’ve experienced relapse and the associated feelings that tend to accompany it. I found encouragement and support from others in the group in times of relapse vitally important in helping me to re-engage with my recovery. Acceptance from others within the group helped to combat my shame, which would often tell me that people were judging me. Being shown a non-judgemental attitude therefore helped to dispel my shame’s lies.

In the meeting concerned people did refer to the individual by name as many of them knew her personally. They commented positively about her character and her progress in general, as well as sharing their own relevant individual experience. Some general suggestions were offered in

relation to reconnecting with recovery, based upon collective and learned experience in relation to the phenomenon of relapse.

I see no harm in the above support offered by the group and believe it to be in accordance with AA traditions and the inherent principles they contain. The sharing was in the spirit of unity (tradition one), supporting each other, while allowing individual freedom of expression. There is no enforced censorship within AA. There was no criticism or judgement expressed and no direct advice telling the individual what “they should do.” Only supportive suggestions (mainly indirectly) based upon personal and collective experience were “offered.” At that particular group there is no group conscience decision (tradition two) or statement read out in relation to crosstalk, other than not “interrupting while members are sharing.” No one in the meeting was interrupted. The group can decide its own format in accordance with tradition four. It can allow crosstalk if that’s what the members of the group decide. The group was also certainly trying to “carry its message to the alcoholic who still suffers”, in relation to tradition five. I also think that the shares were coming from a place of “love and service” with members trying to “practise these principles in all our affairs” (Step Twelve).

I think that the following opinions taken from a General Service Office (GSO) newsletter offer a balanced view on the issue of crosstalk in AA meetings:

Keeping Crosstalk at Bay

“A.A. has often been referred to as a “benign anarchy” — a world in which autonomy from group to group can seem like an invitation to chaos. Yet, unruly as some groups appear, when guided by the need for unity that underlies all A.A. activity and shaped by the recognition that the Fellowship is built on the connection that happens when one alcoholic shares his or her experience with another, a kind of order takes hold of almost every A.A. meeting.

As Bill W. notes in the introduction to the long form of the Traditions in the Big Book, “We alcoholics see that we must work together and hang together, else most of us will finally die alone.” One thing many groups have discovered that can test that unity within meetings, however, is crosstalk — sharing that is often considered intrusive and generally disruptive.

Crosstalk can mean different things to different people. Some groups define any comments, negative or positive, about another person’s

sharing beyond “Thank you for your share” as crosstalk or interference. Some outline crosstalk as engaging directly in conversation with another alcoholic during the meeting or providing commentary or feedback on what another has shared.

The Washington Heights Group in Upper Manhattan has a statement, born of the group conscience, which is read at every Thursday evening meeting: “Feedback and crosstalk are discouraged here. Crosstalk is giving advice to others who have already shared, speaking directly to another person rather than to the group and questioning or interrupting the person speaking at the time. If cross-talk occurs, the chair will remind you of this policy.” Of course, there can be a fine line between sharing and intrusion, as many groups have discovered, and what works in one location may not work in another. The main thing most groups can agree on, however, is that all sharing needs to be non-judgmental. “From the very beginning, one drunk talking to another has made the A.A. program go round,” says Anne T., of Rome, New York. “When someone shares in response to something I’ve said, that’s okay, but only so long as there’s not even a hint of censure, belittlement, scolding or preaching, all under the guise of sharing. Knowing there’s no risk of judgment makes me feel safe.” J. P., of Spokane, Washington, has also found that crosstalk of a giving nature is “sort of a language of the heart. It occurs with familiarity and can be very helpful. If members know one another well, as they tend to in small groups, they feel comfortable about saying, ‘I’d like to add something to what Jane said....’ To me the key is comfort and the hope that sharing one’s experience in recovery will help another alcoholic to stay sober and face life’s challenges with greater ease.”

Noting of crosstalk that “until the 1990s the word wasn’t even in A.A. vocabulary,” Susan U. of the 79th Street Workshop in New York City cautions against setting up too many rules and regulations in response to what — and how — people share in meetings: “There are no rules in A.A., just customs and the conscience of each autonomous group, and experience shows that for most groups attempts to control don’t work very well. On the other hand, the non-judgmental sharing we receive at meetings in response to something we have said can be beneficial to our recovery. It’s how we learn to live sober, productive lives, and that’s what sharing our experience and strength is about.”

In general, then, when it comes to crosstalk, giving advice or disruptive sharing in meetings, keeping the focus on A.A. unity — and on our own personal experiences as they may be helpful to another recovering alcoholic — can provide a useful guideline to keep group sharing on track

and resentments from creeping in. As many groups have found, however, from time to time it may require a loving reminder from the group's chair."

Box 456, Vol.63, No 1 / Spring 2017

I would like to end this post with some wise words from a long-term member of the AA fellowship. They remind us that there are no rules externally imposed upon AA groups, or members, in relation to what can be read out or how we communicate in meetings.

What can be read or said at an AA meeting?

"The answer quite simply is anything the group agrees upon. There is no "recommended" list, no "banned" list and no rules what so ever about what is read or said at AA meetings. What guides each group and each member is our Twelve Traditions. Clearly traditions are not rules and there is no compliance-enforcement division in AA.

We often hear "That's not Conference Approved," or "That's an outside issue," [or "No crosstalk please"], from someone who's trying to steer the meeting in their perceived rightful path. These statements are at best, half-truths. AA doesn't approve what's read in a meeting, the group does. AA doesn't set rules in what can be talked about in a meeting, or cross talk or what the ritualistic readings are; the group sets these rules."

Joe C, Rebellion Dogs Publishing, 2011

AA Mutuality - Fellowship and Program

Some agnostic and atheist members of Alcoholics Anonymous (AA) tend to focus upon the Fellowship as a principle means of recovery while dismissing the Program as not really necessary and, in effect, divorcing the two.

According to the AA Preamble, members have the right not to practice the suggested Twelve Step program of recovery and to correctly state that AA is a Fellowship and not a program or book. However, I believe the Fellowship and Program are mutually dependent upon one another.

Twelve Step groups are often referred to as “mutual aid groups,” which suggests the reciprocal nature of members helping one another in order to recover from a common condition. This defining characteristic is encapsulated in Step Twelve: “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.” In my opinion, the message to be carried is clearly recovery through the Twelve Steps.

This is the “common solution” suggested in page 25 of Chapter Two of the book *Alcoholics Anonymous*, which describes the Steps as “a simple kit of spiritual tools.” Chapter Two, page 17, also suggests that having shared a common illness is not sufficient to bind the Fellowship together, and that a common solution upon which we can all agree is required. Tradition Five states the following: “Each group has but one primary purpose – to carry its message to the alcoholic who still suffers.”

The shared problem is alcoholism, and the shared solution is the Twelve Step program of recovery. The Fellowship is the vehicle for carrying the Program to its members. According to its founders, these elements are the basis of the Fellowship.

Liberal interpretations of AA literature and the *Traditions* can result in thinking that there is no common solution to recovery in the Fellowship. I can see how this interpretation might seem legitimate. The Program is only *suggested*, not mandatory. There are no rules or must do’s in AA. Members are allowed to relate to the Steps in a way that is individually meaningful to them. However, the Steps are a fundamental part of the Fellowship. I believe the founders’ intention was to carry the message of the Twelve Steps as a common solution to the problem of alcoholism.

This mutuality or interdependence between the Fellowship and Program also applies to its members. The Fellowship was founded upon the basis of one alcoholic helping another in order to stay sober, a form of “enlightened altruism.” This principle satisfies the basic human need to be needed by others, which is an aspect of our social instinct. AA scholar Ernest Kurtz refers to this need in his book, *Shame & Guilt*:

The sense that one is able to make a difference is a deeply basic human need; indeed, Alcoholics Anonymous very unintentionally founded its fellowship upon this vital need. For five months after A.A.’s chronologically first co-founder stopped drinking, he found no one willing to accept his help. Then, alone in “the hick-town” of Akron, Ohio, in May 1935, William Griffith Wilson, the sophisticated New Yorker, discovered that he needed another alcoholic if he himself was to stay sober . . . Perhaps an even more significant moment occurred some days later at the bedside of the alcoholic who was to become “A.A. Number Three.” Wilson and Smith told Bill D. that talking with him was the only way they could stay sober. Bill D. believed them, and therefore he listened. p. 26.



This reciprocity of mutual help is most deeply felt in the experience of AA sponsorship. The aim of sponsorship is to guide someone through the Twelve Step process and to be an example of recovery through the Program. Hopefully, sponsees receive the support and guidance needed to connect with

and practice the Steps in their lives.

In my experience, my relationship with both the Fellowship and the Program is strengthened and developed by sponsoring another person. My growth from sponsorship is returned to the Fellowship, and both I and others benefit. The depth and reciprocal nature of mutuality within the AA Fellowship is well expressed in another quote by Kurtz:

Mutuality means making a difference not by “giving and getting” but by giving by getting, getting by giving. This reciprocal conjunction of the experience of giving and the experience of receiving characterizes not only Alcoholics Anonymous, but all expressions of human love. This reality of love is one deep reason why Alcoholics Anonymous works.

Ibid, p. 27

The Fellowship inspires the program of recovery. The Twelve Steps and the practice of the Steps inspire the Fellowship. In this sense, they are mutually interdependent. The principles and practices of the AA Program inform the individual member's relationships. The Steps are the glue that binds the Fellowship together in a common purpose and way of being, and gives it a special character or ethos, the basis of which is love and service.

Dependent and Independent

The Fellowship of Alcoholics Anonymous has often been criticized for encouraging dependence, both upon a higher power and upon the Fellowship itself. This viewpoint lacks appreciation of the difference between immature dependence or co-dependency and healthy mutual dependence or interdependence. In time, mutual aid, as encouraged within AA and by the practice of the Steps, will develop healthy dependence and independence. This point is demonstrated by Kurtz:

Dependence and independence, then, are mutually related. Independence is enriched by dependence just as our waking hours can be fruitful only if we obtain adequate sleep. Likewise, constructive dependence requires independence just as healthy sleep requires adequate waking exercise. The very rhythms of human life reflect the mutuality inherent in human nature. In a sense one "charges batteries" by dependence, thus enabling independent operation. The reverse of the analogy proves equally true: being dependent without exercising independence is like over-charging a battery rarely used – destructive of both the self and the source.

Alcoholics Anonymous, both in its suggestion of a "Higher Power" and in the way its meetings work, invites and enables the living out of this mutuality between human dependence and personal independence. The First Step of the AA program establishes the foundation for this understanding: only by acknowledging continuing dependence upon alcohol does the AA member achieve the continuing independence of freedom from addiction to alcohol.

Ibid, p. 29

When we acknowledge our addiction and accept help, we can become strong and free. We are then able to offer our strength and support to others in need. “Freely ye have received; freely give . . .” (*Twelve & Twelve*, p.114).

The AA Tradition of Anonymity



The tradition of anonymity in relation to membership of Alcoholics Anonymous (AA) is increasingly being challenged by members aspiring to be public examples, or advocates, of long-term recovery from addiction. The anonymity tradition as stated in traditions eleven and twelve are as

follows:

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.

Twelve Steps & Twelve Traditions, pp.184 & 188.

In today's society we can also assume tradition eleven to include both TV and the Internet. Over the past couple of years, due to my writing activity, I've found myself increasingly questioning tradition eleven in particular, and can see both pros and cons in this principle.

The main disadvantage of public association with AA, that I can think of, is members being bad or dogmatic examples of recovery. Members who lack sobriety or virtue could be viewed as representing the fellowship of AA, damaging its reputation. Public association with AA could also encourage egotism within its members which is contrary to the aims of the Steps and Traditions. There is also the possibility of negative consequences in relation to public association with AA in relation to work opportunities or in the effects upon children due to stigma.

However, in relation to the last two examples it's every member's right to maintain their anonymity of membership of AA at any level they choose, regardless of traditions; and others should always respect this individual right. I don't question this principle.

The advantages of individuals disclosing *their* membership of Alcoholics Anonymous, at the public level, are significant in my view. There are plenty of examples of public figures who are known to be members of AA, and are open about their past histories of addiction. They often serve as good examples of long-term recovery and of turning their lives around and helping others in the process. They help to educate the public in relation to the nature of addiction and the possibility of good, long-term recovery.

There are also many members of AA and other Twelve Step fellowships who write about their recovery experiences and understanding publicly, often professionally. I've personally benefited from these authors greatly in terms of my own recovery. Some of these authors openly admit to membership of AA, NA etc, which adds authenticity; and for me, helps them carry a message of recovery. Although some, while open about their histories of addiction avoid writing from the position of being members of a 12 Step fellowship.

In my view, the fact that personal information is easily available in the digital age makes the principle of anonymity at the public level somewhat obsolete. The principle seems impractical in the 21st century with the phenomenon of social media etc. Bill Wilson and other founder members of AA are not very anonymous nowadays, and I doubt that they would have been in the late 1930's and 40's if the internet had been invented then. With most people's images and biographical details easily accessible online the principle of anonymity at the public level doesn't seem very effective in the present day.

The common practice of stating publicly that one is "in recovery" or "on a Twelve Step program", rather than a particular fellowship, as a way of technically respecting the anonymity tradition, is another example of how outdated the tradition is in today's society in my view. The social stigma of admitting problems with addiction is not the same as it was in the mid-twentieth-century. People in recovery from addiction who are members of AA and open about this have greatly contributed to this reduction in stigma. Recovery is nothing to be ashamed of in my opinion and we should be openly positive about it and how we achieve it; which is usually with help.

The growth in public awareness in relation to the nature of addiction, in my view, greatly reduce negative judgements regarding known members of AA relapsing or behaving in a less than virtuous manner. We are all

aware of public figures that return to drinking after being members of the Fellowship, and very few people would blame AA for this relapse.

The Spiritual Intention of Anonymity

I do see the value in the spiritual intention of the anonymity traditions; in terms of the practice of self-sacrifice and humility where individual ego is concerned. Placing “*principles before personalities*” for the welfare of the fellowship as a whole is a wise concept. No doubt the principles of anonymity, humility, unity, love and self-sacrifice have enabled the fellowship of AA to flourish for the past 80 years. These principles are expressed and practiced through the twelve traditions and they all require a surrender of the ego to a degree.

Anonymity at the public level helps, I should think, to reduce the all too human temptation of egotism and self-seeking behaviour; and in this respect I can see its value and wisdom. However, I am still somewhat torn in relation to the principle of anonymity at the public level, as it seems a double-edged sword to me.

In one respect, I think it doesn't help the cause of reducing public stigma and ignorance in relation to the nature of addiction and recovery; and in another, the principle inspires humility and a lack of egotism, which is no doubt helpful for the individual and the fellowship as a whole.

The solution for me, as someone who writes about Twelve Step recovery from addiction, is to check my motives for any breach of anonymity at the public level. Am I being egotistical and seeking personal recognition rather than writing for my own growth, and, hopefully, the benefit of others? If I'm being honest with myself there's always some ego involved in writing publicly; in terms of wanting people to value my work and in relation to my self-esteem. However, I don't think that my needs in this respect are excessive, harmful or unnatural (see 'Maslow's Hierarchy of Needs'), and do not outweigh my desire to grow in a healthy way; and in doing so be of benefit to others.

Taking a moral inventory regularly is part of my Twelve Step program of recovery. So I shall need to continue to monitor my motivations in respect of any breach of anonymity at the public level.

I do see the spiritual intention and value of the AA tradition of anonymity; and so would like to try and adhere to the principle in general. In saying this, I'm not, and never will be egoless, and so will no doubt

continue to struggle with this spiritual principle. I need to watch out for ego rationalisations and justifications; and maybe the above essay is just that. I'll leave it for the reader to decide.

The Therapeutic Value of the Group

The Alcoholics Anonymous (AA) group is a fundamental ‘mechanism of change’ in terms of recovery from alcoholism; primarily through providing its members with a supportive social network that promotes sobriety.

Participation in the group offers several therapeutic benefits which facilitate and support change for the individual. These therapeutic gains are as follows:

Hope

The group provides the inspiration of *hope* that there is a solution to a seemingly hopeless condition of mind, body and soul. AA groups generate optimism and confidence that change is possible. The group is a vehicle for positive psychology.

When I arrived at my first AA meeting I was full of despair and shame, and felt completely trapped in my addiction to alcohol. The group gave me some hope that long term sobriety was possible through the example of others.

Identification

Another fundamental therapeutic benefit obtained from Twelve Step groups is *identification* with others – who have experienced similar difficulties. It helps group members increase their self-awareness and lessens feelings of isolation, shame and guilt; which promotes self-acceptance.

Identification and sharing (self-disclosure) with others, along with inventory work, has greatly increased my self-awareness and self-acceptance over the years, which in turn allows for greater honesty, authenticity and humility.

Information and Wisdom

The AA group shares *information* and *wisdom* in relation to recovery from addiction and living life alcohol free and in emotional balance.

The group offers **strategies** for dealing with cravings and handling life problems, and also promotes wise philosophy such as: **acceptance** of things outside of one's control, the importance of **self-examination** and **self-responsibility**, the concept of **keeping one's focus in the present day** and **detachment** from other people's behaviour and feelings. These are wise concepts that can be traced back to ancient Greek philosophy. AA's serenity prayer is **Stoic philosophy in a nutshell**.

Altruism

A key ethical and spiritual principle of Twelve-Step groups is the practice of **Altruism**, as expressed in Step Twelve and Tradition Five, in the form of "carrying a message of recovery to the still suffering alcoholic". This practice helps group members develop this important virtue and encourages its application in other areas of life.

Participating in the AA group, and absorbing the principle of *helping others without expectation of reward*, and also the attitude of contributing to the group purpose or greater good (principle of service), inspired me to volunteer in my local community for good causes that benefit others outside of the AA group.

This service work, both inside and outside of the group, promotes self-esteem and provides meaning and purpose in recovery. As someone who came into AA with very damaged self-esteem and had little sense of meaning in his life, feeling able to help others and developing a sense of purpose was very important in my recovery process.

The group, through its communication of the Steps and Traditions, also promotes the practice of other **moral virtues**, such as: honesty, humility, willingness, courage, compassion and integrity.

Social Skills

Being a member of a Twelve-Step group encourages the development of **social skills**. Groups provide the opportunity to be with, listen and talk to others; to test out and develop interpersonal skills such as self-disclosure and the offering of emotional support. Groups also provide the opportunity to **observe healthy social and helpful behaviour** in others, for example, service to and respect for other group members.

When I first started attending AA meetings, after years of relying upon alcohol and drugs in order to socially connect with other people, I had quite poor social skills. I was anxious in social situations and had no confidence. I didn't really know how to approach people or start simple conversations, and would stand around waiting for people to approach me, feeling very awkward. If someone didn't start talking to me at the end of the meeting, I would leave abruptly, feeling rejected and inadequate.

Over the years of attending AA meetings, I have had the opportunity to practice my social skills with others; learning how to approach people, say hello, and offer my hand in friendship.

I've learnt to ask how people are feeling and to listen to their responses, offering appropriate emotional support when needed. I have learnt to communicate my own feelings honestly, and to reach out for support from other group members. I've also learnt to engage in friendly banter and develop sober friendships.

These social communication skills may be taken for granted by some, but I had been abusing alcohol and drugs since my early teens, had very poor self-esteem, and had not developed these skills naturally during my active addiction years.

Being a member of an AA group also promotes a *feeling of belonging*, which is important for one's self-esteem and emotional health, as humans are social beings and need social attachments. Twelve-Step groups and their social nature are a great antidote to the social isolation often created by alcoholism and other addictions.

Catharsis

The sharing of experience, strength and hope in AA meetings can provide an opportunity for *catharsis*, as a space to vent and explore feelings while being listened to by others. This group format is particularly important for individuals who have a history of social isolation, and are used to shutting off emotions through alcohol and other drug misuse.

In general, group members are listened to with respect, understanding and compassion while sharing in meetings, and this process facilitates improvements in **self-awareness** and **self-acceptance**; particularly when combined with supportive feedback from other group members at the end of the meeting.

During the earlier stages of my own recovery, I found being able to **share my feelings honestly and openly** within the AA group, both during the meetings and afterwards with group members, essential in my efforts to remain sober.

As someone who suffers with Co-occurring disorders which impact upon my emotional wellbeing, I needed to communicate my distress to others as a form of release and coping strategy; and as a way of reaching out for support from other group members. Sharing my suffering within the AA group, and the resulting support I received from others, quite often enable me not to take a drink or other drug in order to cope.

I now find it very satisfying to be able to emotionally support other group members, particularly those in early recovery, or group members suffering from Co-occurring illnesses.

The Power of Example and Inspiration in Recovery Rooms



One of the many platitudes heard in the rooms of Alcoholics Anonymous (AA) is “that you cannot get recovery by osmosis.” I disagree with this glib statement in certain respects. Apart from its meaning relating to biology/chemistry the term osmosis is commonly used to describe the ‘gradual or unconscious assimilation of ideas, knowledge, values, custom and behaviour’.

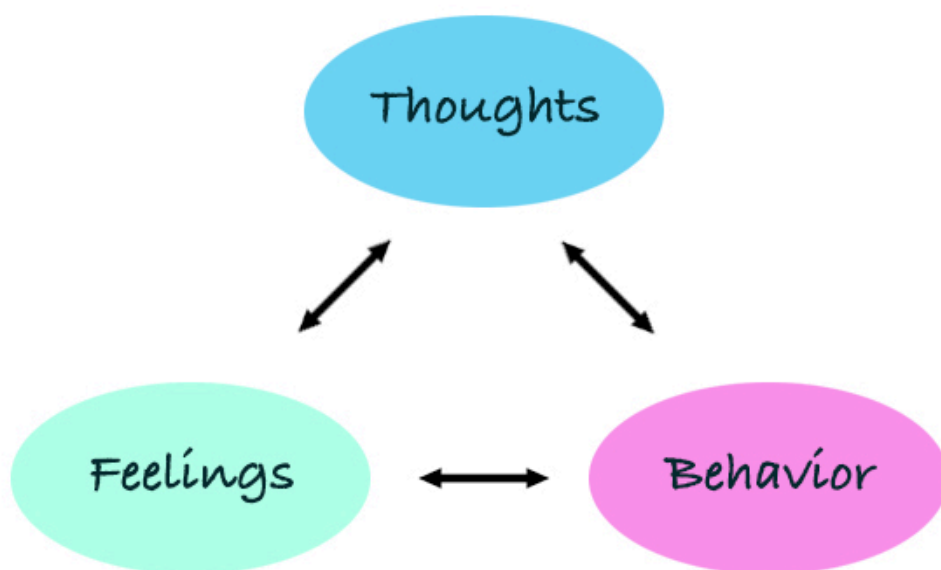
Speaking for myself this is exactly how I absorbed recovery ideas, values and behaviours, and then very slowly started to apply them in my life. To start with, to large degree, my learning about recovery was a cognitive process within the social context of AA meetings. This accords with ‘social learning theory’, whereby we learn from each other through observation and experiencing others’ ideas, perspectives, and behaviour. We then adopt them as our own; they become part of us. I suppose this is what is meant by ‘carrying a message of recovery’.

Upon entering the rooms of AA I lacked a realistic understanding of addiction and my knowledge was limited to a common stereotype. I didn’t understand the psychological and emotional nature of the disorder. I lacked acceptance, and therefore willingness, self-honesty and humility. However, a large part of me wanted to stop drinking and thought that this alone would solve my problems with living.

I had to obtain my acceptance partly by listening to the testimony of others in the rooms of AA, and by behavioural experiment. I was in the earlier stages of addiction in relation to physical dependency, but well and truly emotionally and psychologically reliant upon alcohol and other drugs. I had a compulsive relationship with mood altering substances.

Despite frequent relapses I kept attending meetings, listening to and absorbing what I heard, reading the literature and engaging with others in recovery. I found a lot of the sharing in meetings inspirational and this encouraged my willingness to learn and to listen to the direction of others. Slowly my thinking and understanding about addiction and what was required for recovery began to change, and then so did my behaviour. I became willing to put in more effort and to attend more meetings. I started to practice spiritual principles and moral virtues, and most importantly, avoided taking that first drink. These new behaviours had positive consequences which encouraged more learning and practice. Through this process I developed greater acceptance, willingness, self-honesty and humility. I eventually became able to maintain sobriety.

In my case, I did learn to recover partly by the process of osmosis. To begin with, just immersing myself in a recovery environment encouraged me to adopt new attitudes, and then this new thinking inspired me to take action. All I did in the beginning was listen to and observe others, gradually digesting the information and adopting new ideas for living. This cognitive process is an important aspect of growing and change; all that's required is that we're receptive and open to learning.



The above platitude seems to be motivated by the idea that the 12 Steps are “*a program of action*”, and by a bias towards the behavioural component of learning and change. There often seems to be a dismissal of the cognitive relationship to feelings and behaviour in this respect. The truth is there is a reciprocal relationship between thoughts, feelings and behaviour. They are interconnected, and if one changes, so do the others. This is the premise upon which Cognitive-Behavioural Therapy is based.

Regularly being in a recovery environment often does have a dramatic effect upon the individual. We tend to assimilate recovery information, custom and culture, both consciously and unconsciously, just by being around it – it’s contagious. This idea is promoted by the recovery historian and researcher William L White:

“Recovery is contagious. Get close to it. Stay close to it. Catch it. Keep catching it. Pass it on.” (1)

We carry and transmit recovery to each other by sharing our experience, strength and hope with one another. This is the learning environment of the rooms of AA and what I mean when I say I got recovery, to a degree, by a process of osmosis. The above platitude refers to how I keep and develop it. It implies that I need to take action, and I wholeheartedly agree with suggestion too. In order to keep my recovery, I must be willing to give it away in the spirit of service to others, and to “*practice these principles in all my affairs.*”

References:

(1) Recovery is Contagious Redux. By William L White.

Is Opposite-Gender Sponsorship In AA Ok?



Anyone who's been a member of Alcoholics Anonymous (AA) for a significant amount of time will have heard the saying: "*it's men for men, and women for women*" stated in the rooms. It's often asserted as some sort of AA law or rule, by well-meaning members of the fellowship.

However, according to the AA *traditions* there are no absolutes in the fellowship, other than the *tradition three* requirement of "*a desire to stop drinking*"; and that is an "*ought*", not a "*must*" according to *tradition one*.

As far as I'm aware the only advice/suggestion from the General Service Office in relation to this issue is in the '*Questions & Answers on Sponsorship*' leaflet published by AAWS, Inc. This advice amounts to two brief paragraphs as follows:

"A.A. experience does suggest that it is best for men to sponsor men, women to sponsor women. This custom usually helps our members stay focused on the AA program. Some gay men and lesbians feel an opposite-sex sponsor is more appropriate for similar reasons."

And.....

"In most instances, A.A. custom does suggest one limitation, already noted on page 10: If the group is large enough to allow a choice, sponsor and newcomer be of the same sex. The reasons are the same from both viewpoints; we A.A. members, no matter how long we have been sober, remain thoroughly human, subject to emotions that might divert us from "our primary purpose."

I would like to emphasize that the leaflet on sponsorship produced by AA is predominantly aimed at the sponsorship of newcomers to the fellowship.

It seems to me, from the advice given, that the issue is specifically one of sexual orientation rather than gender. The *custom* of same sex sponsorship is mainly suggested as a safeguarding practice towards newcomers, from sexual or emotional exploitation by more experienced members of the fellowship. It's a well-meaning custom or practice aimed at preventing harm to the sponsee, *or in some cases the sponsor*.

The AA leaflet on sponsorship states that the sponsor-sponsee relationship is one of equals, and that the sponsor has no authority over the sponsee. While this is a nice ideal in theory, in reality the relationship is inherently unequal, particularly in relation to newcomers, who are often emotionally and psychologically vulnerable when they enter into a sponsor-sponsee relationship.

The roles involved in the sponsorship relationship also put the sponsee into a disadvantaged position. The sponsee is seeking guidance and direction from the sponsor, who generally has more knowledge and experience than the sponsee, and so has a psychological advantage. *This "power differential" places the sponsee newcomer in a vulnerable position in regard to possible manipulation by the sponsor. (1)* An experienced and ethical sponsor will be mindful of their sponsee's vulnerability and not take advantage of it for their own gain in any way.

My concern is with AA members asserting the custom of same sex sponsorship as a moral absolute that *must* be adhered to within the fellowship. Insistence upon applying the practice beyond the sponsoring of newcomers to more established members, may not be appropriate in all circumstances. For example, difficulty with trusting members of the same sex due to a history of abuse or neglect (other reasons may apply).

Personally I have felt morally judged by others in AA due to the above rigid attitude, in relation to my recent sponsorship of an opposite-sex member of the fellowship. My sponsee is two years sober, has formally worked through the Twelve Steps with a previous sponsor and is very committed to her recovery. There is no sexual motivation or inappropriate emotional involvement between us, and the relationship seems to be very beneficial for both parties in terms of recovery.

I consider the relationship to be a positive one and morally good rather than unethical, and is ultimately the concern of the two adults involved. As with other aspects of AA literature and practice, the problem of rigid interpretation is often used to justify member's personal prejudices, against others' choices that do not conform with the majority.

I am aware of several examples in my area of opposite-sex sponsorship relationships that are long-term, between experienced members of AA that work well. These relationships clearly do work for the individuals concerned and they should be free from the cynical judgement of others.

Abuse of newcomers does occur within AA, and we've all heard of the term "*Thirteenth Stepping*" (2) by unscrupulous members of the fellowship. However, emotional abuse and other types of controlling behavior also occur between same sex members of AA.

My view is that the current advice on same-sex/opposite-sex sponsorship provided in the AA leaflet is too simplistic, and should be expanded upon to include greater diversity (and not just with newcomers in mind). The focus could be taken off gender and placed upon sexual and emotional motivations. It's the sponsor's motivations and capacity for maintaining ethical boundaries that are important, as they are responsible for engaging with a sponsee's well-being as their primary concern.

It's ethical to advise newcomers to choose a sponsor carefully, giving them objective information with an emphasis upon the importance of healthy, appropriate boundaries. I would suggest to newcomers that it wise *not* to rush into a sponsor-sponsee relationship, taking time to get to know people first.

I also think that as a "*mutual aid fellowship*" AA has a responsibility to collectively care for vulnerable newcomers, and should employ ethical strategies aimed at preventing abuse. However, these strategies should be well thought through, free from prejudiced assumptions that are oppressive and that can be harmful towards the people they are employed to protect, as well as more experienced members of the fellowship.

1. Twelve Step Sponsorship: *How it Works*. By Hamilton B.
2. AA Agnostica article, *The 13th Step*, by Erin J.

The Roots of Addiction – Unmet Needs for Love and Security

In the Alcoholics Anonymous (AA) book, *The Twelve Steps and Twelve Traditions*, the source of human emotional difficulties is identified as the result of instinctual excesses; specifically, the basic needs for emotional and material security, social approval and acceptance, and the need for sex.

“Yet these instincts . . . often far exceed their proper functions. Powerfully, blindly, many times subtly, they drive us, dominate us, and insist upon ruling our lives. Our desires for sex, material and emotional security, and for an important place in society often tyrannize us. When thus out of joint, mans’ natural desires cause him great trouble, practically all the trouble there is. No human being, however good, is exempt from these troubles. Nearly every serious emotional problem can be seen as a case of misdirected instinct. When that happens, our great natural assets, the instincts, have turned into physical and mental liabilities.” (pp. 43-44)

I believe that excessive basic instincts are at the root of addiction: be it alcohol, drug, gambling, work, sex or love addiction. What AA literature *doesn’t* explore is the root cause of self-centeredness, or these instinctual excesses, other than to suggest they are the result of fear.

If you listen carefully to what AA members share in meetings, there is often a common theme of low self-esteem or shame. Low self-esteem, shame, and the resulting emotional insecurity, seem to be common characteristics among alcoholics and addicts.

The origins of low self-esteem are generally thought to be found in the developmental years of childhood and adolescence. If children do not receive the love and attention they require for healthy development, the results are often emotional instability and relationship difficulties. These children grow into adults with a strong sense of shame and unmet needs for love and security. They often experience a chronic feeling of emptiness and rejection.

It’s natural to want to escape such a painful emotional state of being. Thus driven by distorted instinctual fear, they attempt to fill this emptiness in various ways.

The addict's demand is excessive due to the acute sense of hunger or emptiness felt. They feel persistently threatened, fearful, and therefore self-centered, because of their chronic sense of deprivation. They are "in the realm of hungry ghosts," to quote the title of Gabor Mate's excellent book about addiction, which comes from a Buddhist phrase for the addiction realm of human existence.

In relation to the psychological, emotional and social aspects of addiction, which drive neurobiological changes, the alcoholic or addict is merely attempting to meet unmet needs for love and security. Mate explains that, unfortunately, the behaviors, objects and substances they relate to in addiction are "poor substitutes for love." (1) They fail to meet the real needs; hence, the insatiable desires of addiction.

The ultimate answers are self-love and compassion. Help from others is often needed, though, as addicts begin their journeys of recovery and self-actualization.



A Spiritual Solution to Fear. "Selfishness – self-centeredness! That, we think, is the root of our troubles. Driven by a hundred forms of fear, self-delusion, self-seeking and self-pity" (*Alcoholics Anonymous*, p. 62).

Spiritually speaking, *fear* is said to be the opposite of *love*, and how do the Twelve Steps help free the alcoholic from his fear? I believe it's through love.

In my case, to a large degree, the causes of my excessive fear and insecurity originated in childhood through a lack of love and emotional security. I was "brokenhearted."

AA views alcoholism primarily as a spiritual illness, and the Twelve Steps as its spiritual solution. Alcoholism is seen as an illness of the mind, body and soul. In healing spiritually, the alcoholic will also heal mentally, emotionally and physically.

AA literature suggests that the root cause of the alcoholic's spiritual illness is self-centered fear, which only God or a Power Greater can remove. As an agnostic within the AA fellowship, I favor the idea that "God is Love," a common concept which can be related to both spiritually and naturally.

Within this viewpoint, fear can be seen as a barrier to God or Love, and the term "broken-hearted" as being cut off from Love or God. Alcoholics are seen as full of fear, and therefore self-centered in their attempts to satisfy their unmet needs for love and security. They're merely trying to fill the emptiness and sadness left by love or God's absence.

Turning to Love. It is by practicing the spiritual principles contained within the Twelve Steps and inspired by the AA Fellowship that the alcoholic embraces love, the practice of letting go, and eventual freedom from self-centered fear.

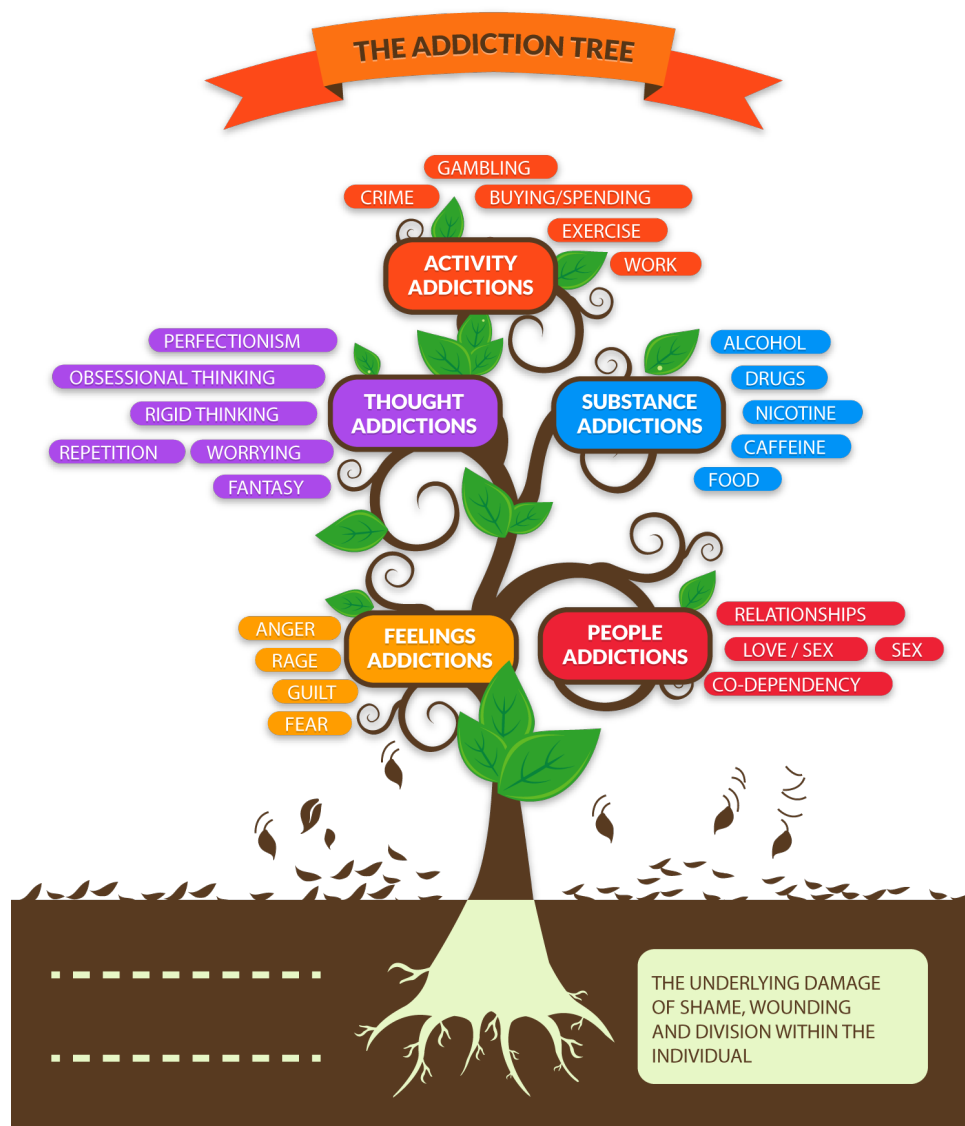
The practice of the Twelve Steps facilitates inner change, awareness and growth. Change happens to a person's thinking, feeling and behavior over time, and the Twelve Steps bring about a more loving relationship with self, others and the world.

I believe the insecure alcoholic or addict heals through love's triumph over his fear.

1. In The Realm of Hungry Ghosts, p.229

Note: The above essay is a trauma informed and developmental view of addiction (see Dr Gabor Mate's work), integrated with AA philosophy. Although a common pathway, childhood trauma and neglect is not a universal factor in the development of addiction, which involves a complex interplay of various bio-psycho-social influences unique to each individual.

The Trees of Addiction and Recovery



Trauma Informed Model of Addiction

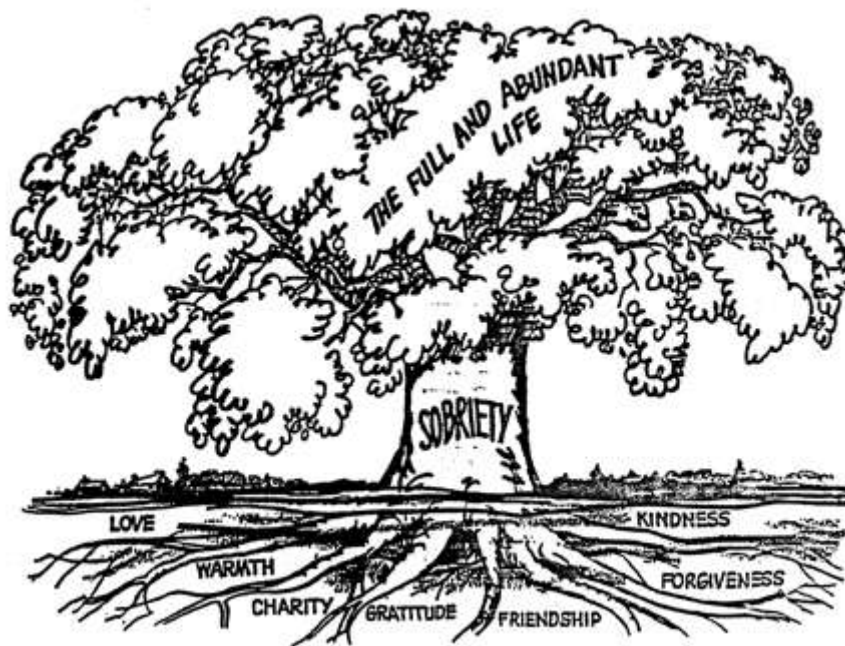
At the bottom of the addiction tree is the **soil and seeds of addiction**, which consists of emotional, physical, sexual, and spiritual neglect or abuse. These are combined with innate hereditary factors. This unhealthy foundation creates the **tree's roots** - the very painful feeling of toxic shame and the resulting fear, anger, grief, and loneliness of the lost and rejected self.

The **trunk** of the addiction tree is the **wounded psyche or self**, and our sense of emptiness and isolation which we yearn to fulfil. The **branches**

of the tree are an attempt to escape our painful feelings of shame, fear, anger, depression and sadness.

Spiritually, we are also trying to become whole again – attempting to mend our broken heart. These are the components of addiction in its many forms, and why it's often described as an illness of the mind, body, and soul.

The Recovery Tree



The **soil and seeds of recovery** are a **loving** and **nurturing** environment and relationships. This healthy foundation of life creates the **roots of security**, self-esteem and confidence, gratitude, empathy, unselfishness, self-acceptance and compassion, and the ability to love oneself and others.

The **trunk of recovery** is a healthy sense of self and emotional sobriety. We feel connected to love and wholeness, and have a sense of spiritual awareness and well-being in our lives.

The **fruits of recovery** are healthy, meaningful relationships with self, others, and the world. We become increasingly able to live a fulfilling and abundant life. We **self-actualise** and can now realise our true potential and **authentic-self**.

The Ego and Shame – A Barrier to Humility



In his book, *'For God's Sake'*, Alan Budge wrote, "Recovery isn't about stopping drinking (or stopping whatever). It's about investigating the ways of the ego, and trying to change on the basis of that knowledge. It's about surrender. For me, the whole spiritual deal is based on the idea that I'm not in charge, there is something bigger: God, the universe, whatever. The important thing is not to think or act as though I'm the final authority, that my best interests are the highest good." (p.213)

In terms of Twelve-Step recovery I think Alan Budge is right. All of the Twelve Steps require the practice of humility and therefore a surrender of the ego to a certain degree.

"Being humble is having a realistic view of oneself as a limited, imperfect human being and being honest in the portrayal of oneself to others. Humility acknowledges the need for others and reaches out towards them; whereas false Pride/ego denies this need and results in an inner emptiness, it cuts one off from others due to its sense of being better than in comparison and therefore lacks identification and compassion for others."

The 12 Step Philosophy of Alcoholics Anonymous, p.28.

AA's Step One requires an admission of being powerless in respect of alcohol addiction and acceptance that our life has become unmanageable.

This admission can be very difficult for the ego to make and involve an immense amount of suffering over a very long period of time. However, the ego's surrender of its illusion of control is a foundation of recovery. We humbly admit our limitations; and by doing so, open ourselves up to help from others or help from a Power Greater than ourselves.

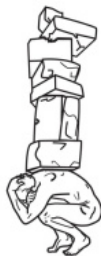
This is the first Step in the journey of recovery; but only the start of the ongoing need to develop humility and the ego's willingness to surrender its illusion of control over life and others.

"So it is that we first see humility as a necessity. But this is the barest beginning. To get completely away from our aversion to the idea of being humble, to gain a vision of humility as the avenue to true freedom of the human spirit, to be willing to work for humility as something to be desired for itself, takes most of us a long, long time. A whole lifetime geared to self-centredness cannot be set in reverse all at once. Rebellion (ego) dogs our every step at first."

Twelve Steps and Twelve Traditions, Step Seven, p.74.

The Ego and Toxic Shame

toxic shame destroys lives



Most people live with some sense of shame. It's intrinsic to the development of a healthy self-concept. According to psychotherapist Hayley Merron (1), the problem is one of toxic or destructive shame that develops through criticism, rejection, or not being loved for who we truly are.

Alcoholics and addicts typically have a large amount of toxic shame or low self-esteem, along with the accompanying symptoms: feelings of hurt, insecurity, isolation, depression and an inability to love or be loved in return. In my book, *'The 12 Step Philosophy of Alcoholics Anonymous'*, I note that:

"[Shame] also prevents humility; it cuts one off from a healthy connection with others as one feels less than in comparison. Shame also prevents identification with others and creates feelings of rejection, anger and bitterness."

Toxic shame is a destroyer of lives. I can testify to this tragedy as someone who has experienced its effects personally. The deep insecurity produced by toxic shame causes the ego to attempt to control everything

and everyone in its path. This self-centred fear often results in avoidance or addiction, as the ego is attempting to defend itself from further harm, pain, and a sense of failure or rejection.

The ego manifests a person's self-concept and relationship with the world. It reasons and judges what's right and best, and attempts to compensate for its sense of shame (largely unconsciously) by asserting dominance and control over others and circumstances. This compensatory behavior is revealed in false pride, arrogance, aggression, dogmatism, conceit, criticism and contempt for others.

The above symptoms of toxic shame are referred to in Twelve-Step terminology as "character defects", which suggests a less than compassionate view of traits resulting from a hurt, rejected and fearful ego. The above symptoms of toxic shame are ego defenses and serve as a barrier to vulnerability (true humility); as being vulnerable risks being hurt.

Recovery and Healing

How does the Twelve-Step recovery process help heal our shame and promote humility? The Program and Fellowship accomplish this goal by encouraging honesty with self and others, which, in turn, promote self-acceptance.

The Inventory Steps explore both our strengths and weaknesses (limitations/defenses), by encouraging sharing them with others on a one to one basis and in the group setting.

The practices of sponsorship and sharing in meetings enables identification with others. This increases self-awareness and self-acceptance, lessening feelings of isolation, shame and guilt. This process then encourages greater honesty, authenticity and humility.

Vital to sharing with sponsors and in meetings is compassion and acceptance from others with whom we are being vulnerable. It's important to choose the right sponsor and meetings to attend, where we are supported and accepted. Sponsors or Fellowship meetings that are judgemental and unsupportive are damaging to the process of healing.

The Program and Fellowship also provide meaning and purpose in recovery, primarily through the principle of service to others, but also in newly found spiritual beliefs. We learn that as well as needing others they

also need us. This mutuality promotes humility as we realise we are both limited and possess strengths. The feeling of belonging and being valued by the group encourages our self-worth and reduces feelings of shame.

Progress not Perfection

Bill Wilson suggests that developing true humility takes a very long time. In his Grapevine article, 'Humility for Today' (June 1961), he wrote... "There can be no absolute humility for us humans." This is a realistic statement as complete humility would require a totally secure ego with no need for any defenses. I have not yet met such a person.

My own experience in recovery has taught me that developing humility, or a "right sized ego", is dependent upon a growing self-awareness, self-compassion and self-acceptance. I must also find a willingness to understand and be compassionate toward and accepting of others. When operating at their best both Fellowship and Program significantly help with this healing process.

Depending upon one's level of shame and ego distortion, often more is required in the form of other therapeutic and supportive relationships to help us gain genuine self-acceptance and humility. These healing relationships, whether it's a great therapist, loving friend, partner or family member, help us to love and accept ourselves. Healing relationships are not always easy for alcoholics or addicts to find or maintain, as damaged ego's often cause us to destroy what's good for us. However, loving support from others is essential to healing shame and to the ego's excessive need for control and safety.

I'm often amazed at how stubborn my ego is, my shame and fear must run very deep! It's through increasing levels of surrender, when I am ready or broken enough, that I let go of my need for control of my life. I then take a risk, practice faith, and, to paraphrase the title of John Bradshaw's well-known book, "heal from the shame that binds me." (2)

1. 'Toxic Shame'. An essay by psychotherapist Hayley Merron.
2. 'Healing the Shame That Binds You'. By John Bradshaw.

The Opposite of Addiction – Connection

I've often heard it said in AA meetings that "the opposite of addiction is connection." A phrase popularised in recent years by the writer and journalist Johann Hari. Thinking about my own experience of addiction and recovery I wholeheartedly agree with Hari's assertion – connection is certainly a key antidote to the underlying isolation that often accompanies addiction.

I felt very disconnected and unloved as a teenager and started using alcohol and other drugs to try and connect with others and feel better about myself. In the long run I was just compounding my inner shame and low self-esteem. My behaviour while drinking was often anti-social and would cause others to reject me, instead of the acceptance that I desperately craved. My feelings of isolation and disconnection grew along with an increasingly poor self-concept. By the time I sought out recovery I was riddled with anxiety and depression. Suicidal thinking was a constant companion and my life felt meaningless.

The Principles of Authentic Connection – An Ideal for Recovery

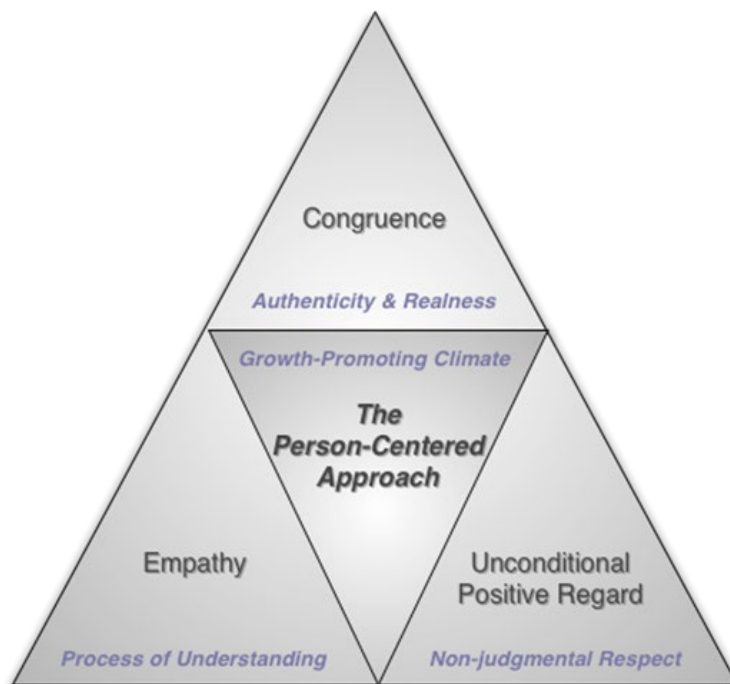
The theme of isolation and disconnection has been around the 'rooms' of Alcoholics Anonymous for as long as I've been attending AA meetings, which is nearly 30 years. The 'loneliness of alcoholism' is very familiar to sufferers and Johann Hari isn't the first commentator to realise this characteristic. 12 Step meetings place great emphasis upon 'fellowship' as an important means of connection, and also strongly suggest that the principles contained within the 12 step 'program' facilitate a healthy relationship with self, others and 'life' – or, 'that which is greater'.

For me, the principles inherent within 12-Step philosophy are about turning away or 'practising the opposite' of my self-centred illness. The principles of honesty, humility, self-acceptance, love and service are the antidotes to my inner shame and its accompanying fear – they connect me in a healthy way to myself and others. My ego's toxic shame and fear learned to defend itself in various unhelpful ways that disconnect me – addiction, anger, aggression, dishonesty, denial, false pride, inauthenticity and social withdrawal where my primary defense mechanisms.

My recovery process is about letting go of these unhealthy defenses and connecting with my underlying vulnerability. I need to honestly connect

with and face my inner shame and fear. Truthful sharing, mutual identification, reaching out for support, and self-acceptance is the way to go I've discovered.

The 'core-conditions' of *empathy*, *non-judgemental acceptance* and *authenticity* are vital to the sharing and recovery process. If I am going to heal from inner toxic shame and fear I need to find an environment that offers love, support and acceptance. When suffering from shame based feelings and a poor self-concept, which prevent self-love and compassion, I require love, support, and empathy from others in my efforts to love, support and accept myself, according to the Person-Centred theory.



In order for 12-Step meetings to help and not hinder the recovery process they need to be environments of love, compassion and acceptance, where vulnerability, authenticity and individuality are welcomed as much as possible and not rejected. The liberal and spiritual principles within the AA traditions provide the basis for this type of setting in which all are welcomed and supported equally and no demands are made...

“Our membership ought to include all who suffer from alcoholism. Hence we may refuse none who wish to recover. Nor ought AA membership ever depend on money or conformity. Any two or three alcoholics gathered together for sobriety may call themselves an AA group, provided that, as a group, they have no other affiliation.”

Third Tradition, Long Form, 1946

Recovery meetings should be inclusive of all regardless of any particular beliefs or opinions held, backgrounds people come from, race or gender differences. Spiritual principles should be practised towards everyone – ‘love and service is our code.’

“Our Twelve Steps, when simmered down to the last, resolve themselves into the words “love” and “service.”

Dr Bob, July 30, 1950.

The environment necessary for recovery and growth...

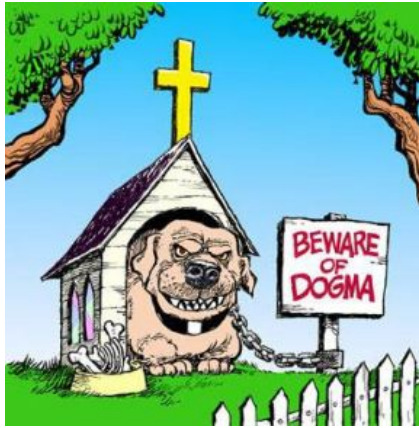
“The soil and seeds of recovery are a loving and nurturing environment and relationships. This healthy foundation of life creates the roots of security, self-esteem and confidence, gratitude, empathy, unselfishness, self-acceptance and compassion, and the ability to love oneself and others.”

The Recovery Tree – ‘The Trees of Addiction and Recovery’,
12stepphilosophy, posted July 2017.

Barriers to Authenticity and Connection - Group Dogma and Judgmentalism

Unfortunately, the reality of imperfect people is that they often fail to be non-judgmental and accepting of others – myself included! This is particularly true of insecure individuals who tend to project their own feelings of shame and self-rejection upon others. I do think that, in general, 12-Step meetings are accepting and supportive environments and enable individual healing and growth.

However, as with all group activity, group conditioning or dogma exists, which can create so called “conditions of worth.” In other words, if we go against the ‘groupthink’ or ‘message’ we can be made to feel “less than” by others’ judgments and criticism. I’ve personally experienced this type of discrimination and rejection in meetings from certain members with particularly rigid beliefs. Literal and rigid interpretation of AA literature, and ignorance or rejection of the liberal principles imbedded within AA history and philosophy, often results in extremism with its need for certainty. This fearful need for certainty cannot tolerate alternative points of view and tends to fight them aggressively. This is because disagreement is seen as a threat to self-esteem, identity and its security.



Literalism and the need for certainty can lead to fundamentalism within certain 12-Step groups, which are unhealthy and cult like in my opinion. In this type of group there is little to no room for authenticity, vulnerability or diversity and going against the group dogma results in isolation – the very opposite of connection and recovery from addiction.

Ongoing rejection is toxic and damaging, as well as very painful, and it's better to leave such an environment and seek one that's accepting and allows diversity in accordance with genuine 12-Step inclusive principles. Bill Wilson, co-founder of Alcoholics Anonymous (AA), suffered with deep insecurity, and consequently, a strong need for approval and acceptance. He realised the importance that the AA fellowship be inclusive and not rejecting of the authentic individual and suggests so in this following quote...

In AA we are supposed to be bound together in the kinship of a universal suffering. Therefore the full liberty to practice any creed or principle or therapy should be a first consideration. Hence let us not pressure anyone with individual or even collective views. Let us instead accord to each other the respect that is due to every human being as he tries to make his way towards the light. Let us always try to be inclusive rather than exclusive. Let us remember that each alcoholic among us is a member of AA, so long as he or she so declares.

Bill Wilson, General Service Conference, 1965

A certain degree of group conditioning is inevitable within any group activity in order to prevent chaos and to provide a certain amount of security and identification. I think that a large degree of the group conditioning that's present within AA is healthy and encourages sobriety (physically and emotionally), service to others, and the practice of virtue - which is positive in my book - and much needed in my case.

However, some of the group dogma within 12-Step meetings is very questionable and I'll leave it to the reader to decide what that is for them. I say "questionable" because this depends upon your point of view, although advances in the scientific understanding of addiction make certain statements heard in meetings unlikely at best.

Newcomers are particularly vulnerable to black and white interpretation of 12-Step philosophy and group conditioning, and I think it's essential that the liberal principles are emphasised with this vulnerability in mind. In saying this, certain black and white thinking and belief in early recovery serves as a defensive mechanism and is often necessary in order to keep sober and safe. Viewpoints and beliefs often evolve over time and with experience, often becoming less rigid in the process, and this should be allowed and encouraged as each individual makes their own way in recovery. Nevertheless, in some cases, beliefs can become even more rigid and entrenched.

As a fellowship promoting recovery from addiction and encouraging genuine connection with self, others, and the world, it's of vital importance that AA offers inclusivity, acceptance of difference, love and support to all its members in order to enable the authentic recovery and growth of each group member. As individual members of AA, we can play our part by being aware of our own insecurities, prejudices and tendency to criticise and reject others who are different from ourselves; or hold alternative points of view. With this awareness in mind, we can choose to 'practice the opposite' of our fear based defensiveness and offer acceptance, love and support to others instead.

The respected AA historian Ernie Kurtz, offers some wise words in relation to the importance of inclusivity, which serve as a reminder that our primary purpose is to support each other rather than focus upon difference...

Whenever, wherever, one alcoholic meets another alcoholic and sees in that person first and foremost not that he or she is male or female, or black or white, or Christian, Buddhist, Jew, or Atheist, or gay or straight, or whatever, but sees... that he or she is alcoholic and that therefore both of them need each other – there will be not only an Alcoholic Anonymous, but there will be the Alcoholic Anonymous that you and I love so much and respect so deeply.

Ernest Kurtz, published in 'Not-God, A History of Alcoholic Anonymous', Page 305, and adapted by Ernie in January, 2013.

Liberal Inclusive Philosophy or Religious Dogma?

The Twelve Step movement has always included its liberals and conservatives and this stems from its historical origins in New York and Akron, Ohio. Bill Wilson, a liberal at heart, tended to be the mediator between these two camps. Members in Akron, led by Dr Bob Smith,

tended to be very religious; whereas the New York group, led by Wilson, were less so, and included members who were agnostic and atheist. The result of this diversity is demonstrated in the contradictions within AA's main texts. The "Big Book" (Alcoholics Anonymous) and 'Twelve Steps and Twelve Traditions'; as well as other influential fellowship literature, contain both absolutist theistic statements and liberal inclusive statements...

"If you think you are an atheist, an agnostic, a skeptic, or have any other form of intellectual pride which keeps you from accepting what is in this book, I feel sorry for you..... we know that we have an answer... it never fails... Your Heavenly Father will never let you down!"

Doctor Bob's Nightmare, p.181, Alcoholics Anonymous, 3rd edition.

"First, Alcoholics Anonymous does not demand that you believe anything. All of its Twelve Steps are but suggestions."

Twelve Steps & Twelve Traditions, p.26

"God is everything or else He is nothing. God either is, or He isn't."

Alcoholics Anonymous, p.53, 3rd edition.

"To some of us, the idea of substituting "good" for "God" in the Twelve Steps will seem like a watering down of AA's message. We must remember that AA's Steps are suggestions only. A belief in them as they stand is not at all a requirement for membership among us. This liberty has made AA available to thousands who never would have tried at all, had we insisted on the Twelve Steps just as written."

Alcoholics Anonymous Comes of Age, Page 81, 1957.

The Twelve "suggested" Steps are strongly influenced by Christian principles, with room for manoeuvre when it comes to belief in a higher power. The Twelve Traditions are strongly influenced by liberal, democratic, and spiritual principles and are a suggested guide to how fellowship meetings best operate. The 'preamble', read at the beginning of meetings, is basically a short summary of the AA 'traditions'. As each group is autonomous they vary greatly between these influences, with some groups being quite traditional and religious in focus, with a tendency to "cherry-pick" from the absolutist statements in the literature;

whereas some groups are more focussed upon the liberal principles underpinning AA philosophy.

As an example of the freedom and diversity that the traditions bestow upon 12 Step groups there are now hundreds of secular AA groups throughout North America, that don't use the traditional literature at all and are very different when it comes to format. These groups are a vanguard of an evolving AA fellowship; which its liberal and democratic organising principles generously permit.

As an agnostic and humanist member of 12-Step groups my focus is upon the liberal and inclusive principles that are imbedded throughout the AA traditions and literature; as well as principles such as love, service, honesty and humility that are inherent within the 12 Steps.

These principles allow this chosen focus and facilitate my relationship to an imperfect philosophy and fellowship. Due to the democratic structure of the 12-Step movement, the integrated nature of its ideology, and the very human shortcomings of its membership, there are no easy solutions to the many criticisms that an increasing number within society validly submit.

However, once the organising structure and its underlying philosophy are fully understood, it becomes clear that 12-Step groups don't necessarily have a universal character and often are quite diverse in nature. Therefore, criticising the fellowships as a whole isn't really that fair and doesn't fully make sense.

Time and experience within the 12-Step recovery movement, and a thorough understanding of its history and literature, as well as being open to alternative perspectives in relation to addiction and recovery, have enabled me to find my own voice and integrity within the supportive and inclusive meetings that I attend. I am able to go against group dogma when it feels right to do so, be appropriately vulnerable when necessary (meetings are fundamentally very public in their nature – any person with a desire to stay sober can attend - and we are all amateurs!) and authentic in my relationships with others. I appreciate not everyone can, or wants to do this, and it depends upon one's personality and point of view. In consideration of the above question... *liberal inclusive philosophy or religious dogma?* My response is it depends upon individual outlook; it can be either, or, more objectively, it's probably both. So, I'd like to finish with these liberal maxims – '*to each his own*' and '*to thine own self*'

be true.’ As ideally 12-Step philosophy allows us meaningful connection and genuine authenticity.

Note:

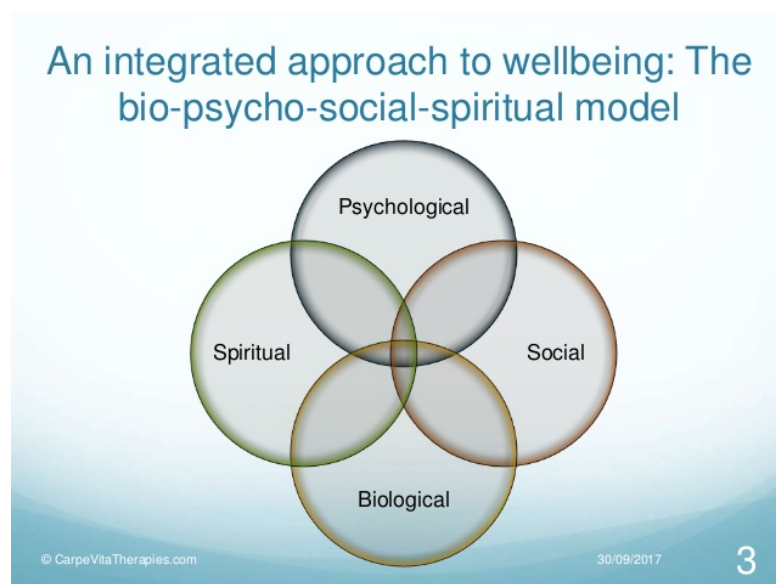
While disconnection is a common causal factor leading to addiction – and is certainly symptomatic of the condition – it is by no means the only causal factor. Addiction is complex and various causal factors are often involved in its development and the interaction of these factors is unique to each individual. For a comprehensive view of the various causal factors involved in the development of addiction see my article: ‘The Multiple Pathways to Addiction and Recovery’ (12stepphilosophy.org).

Isolation, “I-Thou” and Addiction Recovery

Human beings have evolved with inherent needs for physical, psychological, emotional, social, and many would suggest, spiritual connection. If these needs are unmet, neglected, or abused in the developmental years of childhood and adolescence they often result in lifelong difficulties with interpersonal (with others), intrapersonal (within self), and transpersonal (beyond the self) relationships.

Feeling alienated in childhood and adolescence seems common to many of us in recovery from addiction, which doesn't surprise me as often alcoholics/addicts have had less than perfect childhoods and have attachment difficulties as a result. Also, I think feelings of disconnection are probably quite common in the teenage years as it's a difficult time of transition for most, and existentially, it can appear that we're all fundamentally alone and separate. Anxiety about are aloneness is apparently one of the four main existential human concerns.

However, many suggest not all addicts have had difficult childhoods, and some in recovery say they felt loved and a part of when growing up. There are various interacting *bio-psycho-social-spiritual* factors that can lead to addiction, and those who haven't felt alienated throughout childhood and adolescence will have developed a problem with addiction due to their own unique mix of these influences. For example, Some, I believe, have a strong genetic predisposition to addiction, and when combined with a culture that encourages drinking etc., and where there's abundant availability, addiction can develop.



I would add that I don't think feeling alienated is an "excuse" for addiction, but it's one of the many valid causal factors that can lead to it in those with other vulnerability. Not everyone who felt alienated or neglected growing up develops addiction problems and my response to this observation is that they were blessed with other resilient resources e.g., genes, character traits and biology that are resistant to addiction.

Thinking about my own experience during my adolescent years I often felt lonely, neglected, and unloved growing up within an alcoholic home. These feelings of disconnection and unmet needs fuelled my relationship with alcohol and my first girlfriend. Due to my emotional insecurity, I needed to get drunk at every opportunity in order to cope with trying to connect intimately with another human being. This wasn't that difficult for me as my family lived in a public house where access to alcohol was easily available. I realise now that I struggled with interpersonal relationships as a result of my sense of intrapersonal disconnection. Inwardly I felt cut off from love, joy, and happiness and my primary conscious feelings were of fear and anger. This led to very dysfunctional relationships with other people often characterised by conflict, aggression and rejection. This pattern of relating followed me into adulthood and later into my recovery from addiction.

These feelings of alienation compounded my sense of separateness existentially, which is an intrapersonal and transpersonal sense of our ultimate aloneness in the world. The experience of existential isolation "is part of the limitation of being human. An inability to accept this limitation can lead to neurotic, dependent, and symbiotic relational patterns." (1) Within loving, supportive relationships we can learn to accept and fully connect to ourselves and our sense of separateness. This in turn allows us to develop the capacity to be emotionally independent and to apply healthy boundaries with others.

Recovery meetings that facilitate social connection, and a program of self-development psychologically, emotionally and spiritually, can help greatly in our efforts to connect to ourselves and others in an authentic and healthy way.

However, for this to occur we need the willingness and capacity to be very honest with ourselves and others. For me, this is a fundamental of the recovery process of change and growth. In order to feel truly connected *within*, *between* and *beyond* I must strive for relational authenticity and integrity. It's the quality of the relationship with myself

and others that's important in terms of feeling whole and meeting my inherent social, emotional and spiritual needs.

The existentialist philosopher Martin Buber's theory of *I-It* vs *I-Thou* relationships expresses the need for authenticity really well – if we are to feel genuinely connected. The *I-It* means of relating is superficial and lacks depth and meaning. It's relating to others in an objectifying and mechanical way. This type of relationship is ultimately unsatisfying and we remain alienated in relation to *It*. By contrast, the *I-Thou* (or, "*I-You*") relationship is from the heart and is meaningful. It requires a mutual sharing and a willingness to be vulnerable. A '*way of being*' that includes respect and empathy for one another. I would suggest that the intimacy within authentic *I-Thou* relationships is connecting interpersonally, intrapersonally, and transpersonally.



I think that for those of us that feel disconnected within, sharing as honestly as we possibly can with others what we think, and, more importantly, what we feel, is essential for developing a greater

sense of wholeness. According to Buber, we become whole through the quality of our relations with others. He also suggested that all authentic relationships ultimately bring us into connection with the *Eternal Thou*. (An ineffable "*encounter*" with spirituality)

In order to be authentic in relation to others in recovery meetings we need to practice trust and to feel safe. This requires a mutual willingness for group members to practice the *person-centred* '*core conditions*' of *empathy*, *non-judgemental acceptance* and *genuine openness* with each other. A high ideal for many with a history of relationship dysfunction. However, the best recovery meetings often do come close to this ideal, and then we are provided with the opportunity to be real.

Applying Buber's relational theory to 12 Step 'fellowship' and its 'program' of recovery is helpful for me. Recently, I've been struggling with resentment primarily due to feeling disconnected and rejected in meetings. Historically, I've suffered with these feelings and they've often caused me relationship difficulties as a result. My thinking tends to get

hijacked because of these unresolved emotions and I then externalise them onto others. The “blame game” as we say in AA. This relational pattern is explained by Freud’s theory of *Transference*, which is the projection of past relationship issues into the present.

The shame, hurt and fear associated with my feelings of rejection and disconnection are often expressed through anger, rather than the more painful feelings underlying this cover emotion. This way of expressing myself is inauthentic to a degree and a strategy to avoid vulnerability. It tends to be a self-defeating behaviour as anger generally drives others away. The rare occasion when I’ve shown genuine vulnerability in recovery meetings has usually been met with love and support from others. Ironically, the risk of rejection is what prevents me from being more honest in meetings. Clearly showing vulnerability wasn’t wise during the developmental years of my past.

My solution to chronically feeling disconnected is to seek out supportive and empathic relationships with people who are secure in their relational patterns. These *I-Thou* relationships are not easy for us to find, although if we are lucky they do exist.

According to Buber we cannot force authentic *I-Thou* relationships. He suggests that they are a combination of “*will and grace*”. We are required to wait for the *opportunity* for authentic relationship with others, and when it’s presented must have the courage and *willingness* to engage in it. If we are willing and ready the opportunity will come to us. The authentic relationship, where mutual vulnerability is present, is an “*encounter*” with the other, where those involved grow in the process of relating. We become fully human within the *I-Thou* relationship.

While I cannot force the opportunity to connect genuinely with others, I can seek out the right meetings, people and interests where opportunity is more likely to happen. In the meantime, I can work at being ready and willing in order to courageously and honestly meet and engage with *grace*.

1. <https://existential-therapy.com/isolation-and-connectedness/>

Recovery – A Journey of Self-Actualization

In the context of Twelve Step recovery, there is the concept of *‘having had a spiritual awakening as the result of practicing the Steps.’* (1) The American psychologist and philosopher *William James* referred to it as an educational process. (2)

My experience of this process over 25 years in Alcoholics Anonymous (AA) is one of growth in terms of my spiritual and moral awareness, coupled with a *developing* emotional balance and maturity. I’ve also experienced significant changes in outlook and attitude towards myself and others. I’ve found this recovery process a very slow experience; and one that is ongoing with the help of the principles contain within the Twelve Steps, and the support of the AA fellowship. I’ve also engaged **with other sources of growth, such as: education, voluntary work, and psychotherapy.**

Spiritual Awakening...

The Twelve Steps and Twelve Traditions outline the process of a spiritual awakening as follows:

“Maybe there are as many definitions of spiritual awakening as there are people who have had them. But certainly each genuine one has something in common with all the others. And these things which they have in common are not too hard to understand.

When a man or a woman has a spiritual awakening, the most important meaning of it is that he has now become able to do, feel, and believe that which he could not do before on his unaided strength and resources alone. He has been granted a gift which amounts to a new state of consciousness and being. He has been set on a path which tells him he is really going somewhere, that life is not a dead end, not something to be endured or mastered.

In a very real sense he has been transformed, because he has laid hold of a source of strength which, in one way or another, he had hitherto denied himself. He finds himself in possession of a degree of honesty, tolerance, unselfishness, peace of mind, and love of which he had thought himself quite incapable. What he has received is a free gift, and yet usually, at least in some small part, he has made himself ready to receive it. A.A.’s manner of making ready to receive this gift lies in the practice of the Twelve Steps in our program.”

Self-Actualization....



As an agnostic within the AA fellowship I have had my struggles with its spiritual, and quite often outright religious, language and ideas. I've always found it helpful to be able to relate AA's spiritual concepts to humanistic ideas and philosophy.

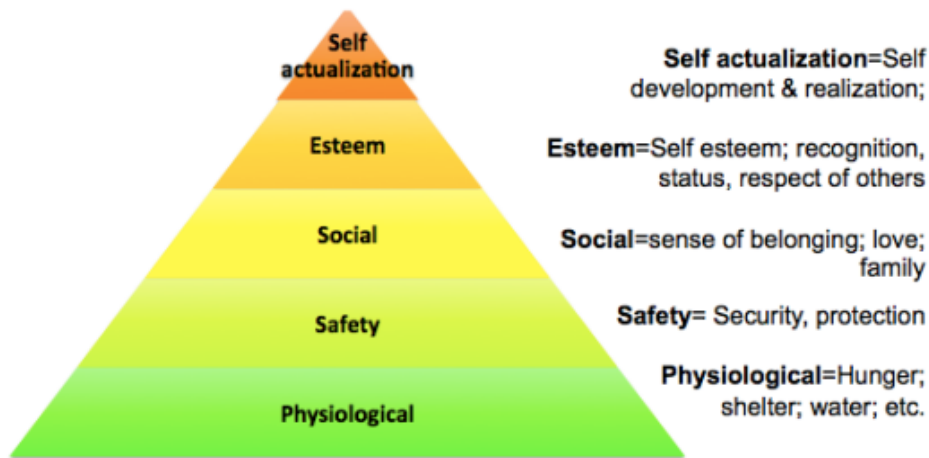
One such idea in relation to AA's suggestion of a *spiritual awakening* is that of "*Self-Actualization*"; a concept that originated in the field of humanistic psychology:

Self-actualization is a term that has been used in various psychology theories, often in slightly different ways. The term was originally introduced by the organismic theorist Kurt Goldstein for the motive to realize one's full potential. Expressing one's creativity, quest for spiritual enlightenment, pursuit of knowledge, and the desire to give to society are examples of self-actualization.

Wikipedia.

The concept of *self-actualization* was most prominently promoted in the theories of psychologists' Abraham Maslow and Carl Rogers. Maslow's famous model of human nature puts self-actualization at the spearhead of human innate motivations in his "*hierarchy of needs.*"

Maslow's Hierarchy of Needs



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The above five stage model was later expanded upon to include cognitive needs, aesthetic needs and transcendence needs (beyond the ego – helping others to learn and grow- *think Step Twelve!*).

The first four stages of Maslow's hierarchy are referred to informally in AA's Step Four inventory look at human nature (see Alcoholics Anonymous, 3rd edition, p.65). The *inventory* process of Step Four asks the alcoholic to look at their difficulties in relation to material security needs, emotional security needs, social instinct, and needs for sexual relationships or expression.

AA literature suggests that *self-centred fear* drives the alcoholic to excess in these areas and is the cause of their character defects and ultimately the spiritual bankruptcy of alcoholism (or any addiction). The Twelve Steps are viewed as a spiritual solution to this self-centred fear and the resulting character defects; and the driving force of spiritual growth or awakening.

Maslow's model and the concept of self-actualization can be viewed in a similar way, in my view. When one's lower level needs are unfulfilled, or damaged (think of the effects of physical, emotional or sexual abuse and neglect), there will be a sense of threat or fear and an intense drive to try and meet those needs, often in a dysfunctional or selfish manner. This then can prevent the higher level needs being fulfilled or actualised. The self-actualization potential for spiritual, creative, and moral growth will be impaired by the lower level unmet or damaged needs.

In sobriety we are much better able to meet and heal our lower level needs for material, emotional, social and relationship security. We are

aided in our innate motivations by the principles contained within the Twelve Steps, and the support of the AA fellowship and other supportive relationships and resources.

When our lower level needs are better fulfilled, we are then free to develop our potential for creativity, moral and spiritual awareness and growth. This includes development of our capacity to serve others, which in turn helps them to fulfil their potential or to *self-actualize*.

Spiritual awakening compared to self-actualization....

As someone who tends to view spirituality in a more naturalised sense, I see strong similarities between the description of a spiritual awakening in the *Twelve Steps and Twelve Traditions* (see above), and the characteristics of self-actualised people. There is certainly an overlap between the two phenomena. The following is Abraham Maslow's identified characteristics of the self-actualised:

- *Efficient perceptions of reality. Self-actualizers are able to judge situations correctly and honestly. They are very sensitive to the fake and dishonest, and are free to see reality 'as it is'.*
- *Comfortable acceptance of self, others and nature. Self-actualizers accept their own human nature with all its flaws. The shortcomings of others and the contradictions of the human condition are accepted with humor and tolerance.*
- *Reliant on own experiences and judgement. Independent, not reliant on culture and environment to form opinions and views.*
- *Spontaneous and natural. True to oneself, rather than being how others want.*
- *Task centering. Most of Maslow's subjects had a mission to fulfill in life or some task or problem 'beyond' themselves (instead of outside of themselves) to pursue.*
- *Autonomy. Self-actualizers are free from reliance on external authorities or other people. They tend to be resourceful and independent.*
- *Continued freshness of appreciation. The self-actualizer seems to constantly renew appreciation of life's basic goods. A sunset or a flower will be experienced as intensely time after time as it was at*

first. There is an “innocence of vision”, like that of an artist or child.

- *Profound interpersonal relationships. The interpersonal relationships of self-actualizers are marked by deep loving bonds.*
- *Comfort with solitude. Despite their satisfying relationships with others, self-actualizing people value solitude and are comfortable being alone.*
- *Non-hostile sense of humor. This refers to the ability to laugh at oneself.*
- *Peak experiences. All of Maslow’s subjects reported the frequent occurrence of peak experiences (temporary moments of self-actualization). These occasions were marked by feelings of ecstasy, harmony, and deep meaning. Self-actualizers reported feeling at one with the universe, stronger and calmer than ever before, filled with light, beauty, goodness, and so forth.*
- *Socially compassionate. Possessing humanity.*
- *Few friends. Few close intimate friends rather than many superficial relationships.*
- *In summary, self-actualizers feel finally themselves, safe, not anxious, accepted, loved, loving, and alive, certainly living a fulfilling life.*

Ibid.

When considering the “promises” in the book *Alcoholics Anonymous*, and what people in recovery often describe as the qualities of spiritual growth; I personally can easily see the above characteristics of self-actualisation.

Promises...

“If we are painstaking about this phase of our development, we will be amazed before we are halfway through. We are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and we will know peace.

No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellows. Self-seeking will slip away.

Our whole attitude and outlook on life will change. Fear of people and economic insecurity will leave us. We will intuitively know how to handle situations which used to baffle us. We will suddenly realize that God (a sense of the transcendent – my words) is doing for us what we could not do for ourselves. Are these extravagant promises? We think not. They are being fulfilled among us – sometimes quickly, sometimes slowly. They will always materialize if we work for them.”

Alcoholics Anonymous, pp. 83-84.

Our Tendency to Grow....



growth and maturity; and result in a unique way of being for each individual. I've still got a long journey to achieve my own unique expression of all the above qualities of a spiritual awakening or self-actualisation.

In relation to identifying the qualities of a spiritual awakening or self-actualization within myself, I can see some, but not all, of the above characteristics. For me recovery, and the associated principles and practices, are an ongoing process of personal

In relation to the lower level needs of Maslow's hierarchy being fulfilled, some in recovery are more fortunate than others. Some, quite often due to developmental difficulties, such as neglect or abuse, struggle to meet their needs in areas such as loving, supportive relationships and a healthy sense of self-esteem.

These deficits can prevent growth in relation to the higher level needs of self-actualization. They can impair one's ability to be content, to flourish

in life creatively, and to fulfil one's potential. They can hinder a sense of spirituality and a *feeling that life is good*.

However, human nature is profoundly resilient, and we can often heal and recover from great setbacks in life; moving forward to attain things we never thought possible for us.

Our nature possesses an inherent actualizing tendency to grow positively according to humanistic theory; and my experience of life seems to confirm this belief. All we need to aid this tendency to fulfil our potential as human beings is a reasonably nurturing environment and resources, and the freedom to make use of them. In my opinion, sobriety and Twelve Step fellowships, and the principles they are based upon, are good examples of such a nurturing environment and resources.

So, with these thoughts in mind, let us live in hope and faith in ourselves and others, and continue along our journey of "Progress, not perfection", as is often heard in Alcoholics Anonymous.

1. Step Twelve, Twelve Steps and Twelve Traditions, p.109.
2. Alcoholics Anonymous, p. 569.

Synchronicity and Spiritual Experience



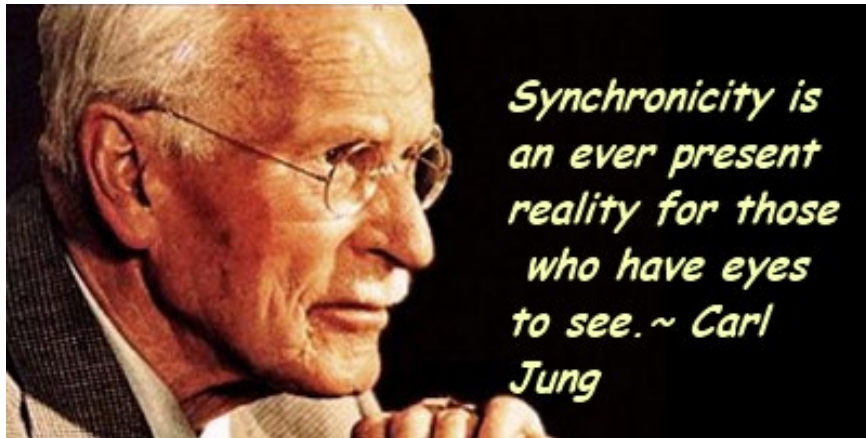
As an agnostic member of Alcoholics Anonymous (AA) I have a tendency to question or rationalize so called “spiritual experiences.”

However, this year (2016) I have experienced three “synchronicities” that I find difficult to relate to in any other way. The most recent being a very powerful experience, which moved me greatly, and relates to Steps Eight and Nine of AA’s Twelve Step Program.

All three experiences were preceded by internal emotional struggle with particular issues in my life, a surrender of my ego, and a humility and willingness to follow advice or guidance from others.

I inwardly admitted my powerlessness in relation to the difficulties I was experiencing, and I asked for help. I felt a complete willingness to do whatever was necessary and to do it with hope and faith.

At this point, in all three instances, events happened that resolved the difficulty, were an answer to my emotional struggle, or have led to significant movement within me. All three experiences seemed striking synchronicities – to me, at least. The last event was simply awe inspiring and difficult for me (and, I would suggest, for anyone else) to rationalize. It filled me with a sense of joy and gratitude, and in retrospect I can now understand that what I experienced was a feeling of forgiveness.



When talking about synchronicity, I mean the occurrence of an inner or psychic experience and the seemingly *meaningful coincidence* of an outward physical event. The coincidence tends to engender feelings of awe and amazement, and often a sense of the transcendent or 'numinous' (Divine or greater reality/power).

It feels as if something beyond the self is trying to communicate with us and one feels humble in its presence. A true synchronicity has these qualities and can have a dramatic effect upon the person experiencing it. The hymn "Amazing Grace" comes to mind, with its expression of spiritual conversion.

The experience can inspire a change in outlook and feeling – sounds familiar to me – not unlike the descriptions within the literature of Alcoholics Anonymous; when defining the effects of a "*spiritual experience*". For me, a true synchronicity is a spiritual experience and the two are synonymous.

Sceptical people will suggest that these so called *meaningful coincidences* are explainable in terms of probability and confirmation bias. I have often concluded these explanations myself in response to my own, and others', experiences of synchronicity.

However, some of these experiences are very difficult or impossible to explain rationally and are well beyond the realm of probability (even mathematicians will accept this statement). They are a mysterious phenomenon which is beyond our comprehension.



When people try to explain their spiritual experiences they often struggle to communicate them effectively; and the ineffable quality of such experiences seems very common to them. I think feelings of awe, wonder and greater meaning are very difficult to convey to others.

My experiences this year have had a significant effect upon me in terms of my openness to spirituality; and I do feel changed in outlook and feeling in this respect. Have I undergone a spiritual conversion experience? I'm not sure, maybe to a degree and I'm still in the process of having one. Am I still agnostic? I think so, as I still don't *know* if God exists or not, but I now *feel* more willing to trust and believe in a power greater than myself; whatever that maybe.

This reminds me of the “*promises*” in the “Big Book”..... “*Are these extravagant promises? We think not. They are being fulfilled among us – sometimes quickly, sometimes slowly. They will always materialize if we work for them.*”

p.84, 3rd edition.

In my case, it's been very slowly; but hey, “*it's progress, not perfection,*” as we say in the Fellowship. I think my *spiritual awakening* has mainly been of the “educational variety” (1) and is ongoing at this time. If I look back to just a few years ago, I can now see great changes in relation to my attitudes and reactions, particularly in terms of recovery and spirituality.

I have transformed from a belligerent member of the AA fellowship with very little time or appreciation for the Twelve Step program, to someone who now embraces it and is willing to help others with its practice. In doing so, I continue to grow and develop as a human being and in my spiritual awareness and practice. Maybe it's never too late to “know a new freedom and a new happiness.” (2) I really hope so.

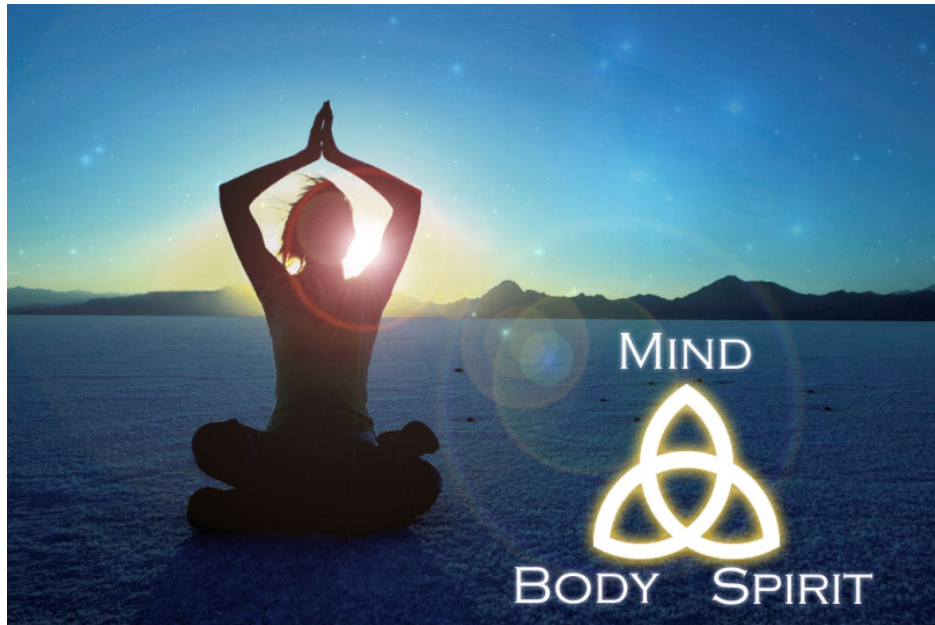
Definition of Synchronicity:

the coincidental occurrence of events and especially psychic events (as similar thoughts in widely separated persons or a mental image of an unexpected event before it happens) that seem related but are not explained by conventional mechanisms of causality —used especially in the psychology of C. G. Jung.

“Synchronicity.” *Merriam-Webster.com*. Merriam-Webster, n.d. Web. 10 Nov. 2016.

1. Alcoholics Anonymous, 3rd edition, p.569.
2. Ibid, p.83.

Twelve Step Recovery – A Holistic Approach to Healing



The literature of Alcoholics Anonymous (AA) suggests that alcoholism is an illness of the mind, body and soul; and that in healing spiritually one also heals mentally and bodily as well.

Additionally, I would also like to suggest that the alcoholic heals emotionally, and contentiously, morally, as part of the recovery process. If, as AA suggests, alcoholism is an illness and not a moral issue, why do I add morality into this mix?

For me, as someone who views spirituality from a mainly naturalistic viewpoint, moral growth and spiritual growth are more or less synonymous; they are at the very least closely related to each other.

In terms of alcoholism being an illness – it's one that damages, distorts and corrupts a person physically, mentally, emotionally, morally and spiritually. I believe that in participating in Twelve Step recovery the alcoholic/addict can heal in all these areas of life.

According to the holistic view of the person and life, if we change in one of these areas, either negatively or positively, we change in the other aspects of our being as well. In my view, both the Fellowship and

Program of AA can bring about positive changes in all the above mentioned areas.

The fellowship aspect of Twelve Step recovery utilizes our social instinct to connect with others positively, in that it facilitates social interaction and recovery promoting relationships. We are social animals by nature, and require supportive relationships in order to function at our best physically, mentally, emotionally and spiritually. Recovery fellowship is a vital antidote to the isolating nature of addiction.

The Fellowship of AA is based upon positive moral, ethical and spiritual values, and in this respect serves to promote positive change in these areas.

The Twelve Step program of AA encourages the practice of moral and spiritual principles in all aspects of one's life, and in my experience, over time, brings about positive changes in mental outlook and attitude, behaviour (which quite often includes physical health improvements beyond those from just abstinence), emotional awareness and wellbeing, and in relation to one's moral and spiritual values.

Recovery practices, particularly in terms of taking regular moral inventory, develop awareness of unhealthy or destructive attitudes, emotional tendencies and behaviour. Employing recovery principles then enable us to change for the better.

AA literature suggests that the alcoholic's problems stem from self-centred fear, in relation to their natural instincts for emotional and material security, self-esteem and social approval, and their needs for sex.

The alcoholic/addict is presumed to be excessively fearful, insecure, and needy in these areas of human nature. In my experience I would say that this presumption is generally true, but is often caused by unresolved and historically unmet needs for love and security.

The addict often feels hungry or deprived in relation to their needs for love and security, and therefore craves excessively or inappropriately in this respect. Recovery involves learning to meet one's needs in a healthy and appropriate way. We learn to respect our own, and others', physical, mental, emotional, moral and spiritual boundaries.



Hopefully, as we get better at meeting our needs in recovery and therefore feel less empty and deprived, we start to make better choices in life. However, particularly in early recovery (but often in longer term recovery as well) our needs can feel great, and we may fall victim to powerful instinctual and emotional drives to fix ourselves.

For me, this common vulnerability is why recovery principles and practices are essential, as they help to guard against the psychological defences of denial, rationalization and self-justification; which we tend to use in order to get, or have, what we want or believe we need.

The greater the need, the stronger the tendency is to self-justify, and so this is where an experienced friend or sponsor can be of help in making our recovery decisions. However, sponsors and friends beware in offering unsolicited advice, and in this respect I would like to quote a few sentences from the *Twelve Steps and Twelve Traditions*:

“This perverse soul sickness is not pleasant to look upon. Instincts on rampage balk at investigation. The minute we make a serious attempt to probe them, we are liable to suffer severe reactions.”

Step Four, p.46.

This tendency to strongly, quite often aggressively, defend our instinctual needs and related emotions, is why the alcoholic/addict is best left to take their own moral inventory, unless they request feedback from a sponsor or experienced friend. I think that the more self-aware we become though, the greater our understanding of the need to check our thinking and motivations with trusted others.

Honest self-examination, disclosure, and accurate feedback is essential in terms of my self-awareness and development in recovery; and is an ongoing practice in my attempts to grow mentally, emotionally, morally and spiritually. It's a practice passed down by the ancient wisdom traditions, and helps to make Twelve Step recovery a holistic approach to healing in my view and experience.

The Twelve Step program and Fellowships are not the only path to recovery and healing from addiction; but a method I would recommend that addresses the whole person in becoming a better functioning human being.

I am not saying that Twelve Step recovery solves all problems, but that it helps to heal in the core areas of our nature. We heal enough to go out into the world and meet our needs in a more healthy and wholesome way; using any other resources that we feel may help us.

Social and Emotional in Nature

According to Maslow's Hierarchy, which is a humanistic model, after our basic physical survival needs, the bulk of human needs are social and emotional in nature. In order to develop healthily and successfully build social relationships with others, which is an important aspect of recovery, our social and emotional needs should be met first and foremost, as we are primarily social and emotional creatures. We fundamentally need to be cared about, valued and respected, listened to and be heard. These instincts have to be addressed before trying to engage with our higher cognitive and spiritual needs, if we are to be happy.

The above holistic view suggests that if we focus upon our spiritual needs first, we will then heal mentally, emotionally, socially and physically. Paradoxically, I think that there is truth in both of these philosophies, if our spiritual practices focus upon connection with others. As a result we tend to meet our social and emotional deficiencies in a healthy and healing way.

Spirituality in isolation won't fulfil our needs on its own. We need to connect with others in order to experience our spirituality's full healing power. This is why I like the saying, "God is love", as it expresses the idea that spirituality works in and through people.

Suffering and Adversity - An Opportunity for Growth.

I've never been a fan of suffering during my life. I'm ashamed to say that I have a track record of trying to avoid it as much as possible, and would suggest that this fear based tendency is a key factor in my history of substance, as well as other types of, dependency.

This resistance towards suffering and adversity is effectively an attempt to avoid or control life. As most things in life beyond me are outside of my control, this tendency is futile. The first of the Buddha's Four Noble Truths is "all life is suffering." Suffering is an inevitable part of life, and in trying to avoid it, I have suffered much more than I needed to; as well as stifling maturity in the process. The substitutes we choose to avoid suffering, in the longer term, usually create greater suffering than if we had honestly faced our adversity in the first place.

My tendency to resist inevitable suffering is often reflected in my negative response to it. Resentment, hostility, self-pity, anxiety and depression in the face of suffering have unfortunately been very familiar to me. Why is this tendency so? A lack of self-love and deep insecurity seems to be the culprit, according to the wise. A love of self, and therefore a commitment towards life and growth (a desire to self-actualize) seems to be the answer then – to my allergy to suffering.

How do I learn self-love? I need help from others to show me the way, through their example of compassion and empathy. I can engage in this type of relationship through community or fellowship. I can also search for a healing therapist. As part of my practice of self-love I need to develop a practice of moral or spiritual virtue in order to grow. Why is this so? To face suffering effectively I need a strong and positive character and mine has a few "defects", as we like to say in the Fellowship of Alcoholics Anonymous (AA).

Although we may not choose to suffer, we can choose how we respond to it to a degree. The greater my moral virtue, my strength of character, the more likely I am to respond to suffering and adversity in an accepting and positive way. A very important attitude in constructively dealing with life's hardships is to look for meaning and *purpose in one's suffering – to see value in it.* (1)



Ironically, suffering is needed for us to develop a strong and virtuous character. For example, we require frustration and things we don't like in order to practice acceptance, patience and tolerance. We wouldn't grow and mature as human beings without suffering and adversity in

life. To quote the philosophical aphorism, "what does not kill me makes me stronger."

This saying also suggests that suffering can destroy a person. Clearly physical illness can kill us, despite our best efforts to survive, but even in this respect a positive mental attitude and strong character can make a difference in how well one faces illness and death. Buddhist monks, for example, place great emphasis on facing illness and death well, for both spiritual and personal growth reasons.

Nietzsche's aphorism can also be understood in terms of being destroyed psychologically and emotionally by our suffering. If we are unable to respond to our suffering positively, or see meaning and purpose in it, we will then be weakened or damaged by it.

In suggesting that a person needs a positive attitude, a strong and virtuous character, in order to face adversity well, and therefore grow in the process, many in recovery would seem to be disadvantaged. The book, *Alcoholics Anonymous* (3rd edition, p.62), suggests that the alcoholic is an exceptionally self-centred and fearful human being, prone to resentment, self-delusion and self-pity. Unfortunately, this character description rings true for me and is not a good basis for dealing with life well. In my experience, while not unique to alcoholics, these neurotic traits are very common to those of us in the Fellowship of AA.

Recovering alcoholics often require help with developing a positive mental outlook, emotional balance and a virtuous character. This is why I, for one, need a Fellowship and Program based upon moral and spiritual principles, in my efforts to face life and its inherent suffering well.

Despite my efforts to avoid and resist suffering, I have still encountered my fair share of it – mainly in the forms of chronic physical and mental/emotional illness. The AA Fellowship and Twelve Step program have greatly helped me in developing an accepting and positive attitude towards my difficulties, and still continues to do so. AA's *serenity prayer* is a particularly helpful summary of the humble and stoic attitude I need to practice in facing life and its problems. Acceptance rather than resistance of things beyond my control is so important in my efforts to grow, and in facing life with courage and wisdom.

Maybe the most valuable lesson we can learn from suffering and adversity in life is humility. The suffering of our addiction has the power to make us turn outward in search of support and strength beyond our own. It also made me turn inward towards my core in a search for spiritual strength and hope.

Suffering has the power to break the arrogance of our ego, its illusions of control and self-sufficiency. It forces us to ask for help and makes us realise that we are dependent beings in need of support and strength beyond ourselves.

The Spiritual Value of Suffering

The power suffering has to break one's ego often seems to be a fundamental aspect of a spiritual awakening or experience; or psychic shift if you prefer. Those in the AA Fellowship will be familiar with this phenomenon, which is also supported by *research*. (2)

We often radically change in our outlook, behavior and feeling in response to intense suffering. Many previously self-centred, hedonistic and materially focused people are transformed by their adversity, into living a life that's focused upon helping others. Their life takes on new meaning and purpose beyond themselves.

St Francis of Assisi was a classic example of this type of spiritual conversion. His experiences of war, imprisonment and serious illness led to a dramatic change in his personality and lifestyle. St Francis became known for renouncing his wealth, living among and serving the poor, which included looking after those suffering from leprosy.

Those of us in Twelve Step recovery have experienced the suffering of our addiction and broken ego, which leads us to adopt new values for living, often resulting in a very different way of life. Step Twelve of the

AA program encourages this change in attitude to a life focused upon service to others. This new focus beyond ourselves brings unexpected benefits for our lives, which includes reducing our own suffering, or at least lessening our awareness of it, as we are taken out of self.

While I'm still not a fan of suffering and adversity in life, I can see the inevitable reality of it, and the futility of trying to avoid or control it. When I attempt to do this, I am often just increasing my suffering and getting in the way of my "opportunity for growth". Self-love, acceptance, courage and wisdom are my way forward in life from now on; if I want to grow more and suffer less.

To get the most from my life, I will do well to remember some wise words, to turn inwards when facing my suffering and to ask for: "*the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference*".

1. The Power of Purpose, Steve Taylor, Ted Talk.
2. 'Spiritual Alchemy: When Trauma and Turmoil Lead to Spiritual Awakening'. By Dr Steve Taylor.

Recovery Is Practicing Love Over Fear.



In a spiritual sense it's often suggested that love is the opposite of fear. When considering the characteristics of these two states of being I can see the truth in this point of view.

However, I would suggest that this viewpoint relates to unhealthy or neurotic fear, rather than 'in the moment' instinctual fear; which is natural and surely necessary. The type of fear I'll be relating to is *mainly* born of our past experiences, trauma and social conditioning. This type of fear is the insecure ego that lacks self-love and emotional security. It's resentful from the past, isolated and defensive in the present, and pessimistic about the future.

I suffer from this type of fear and it was the driving force of my active addiction. The book 'Alcoholics Anonymous' describes the alcoholic as spiritually sick and suggests that self-centred fear is the root cause of the alcoholic's problems.

"Selfishness – self-centeredness! That, we think, is the root of our troubles. Driven by a hundred forms of fear, self-delusion, self-seeking and self-pity..."

Alcoholics Anonymous, 3rd edition, p.62.

"Notice the word "fear" ... This short word somehow touches about every aspect of our lives. It was an evil and corroding thread; the fabric of our existence was shot through with it." Ibid, p.67.

Fear focuses inward towards self and disconnects from others. It isolates and causes a sense of loneliness by blocking healthy, intimate and loving relationships. As fear is often informed by past hurts and trauma, it is typically defensive and lacking in trust in the present, as well as pessimistic and controlling regarding the future.

Fear of this kind keeps a person stuck and from living their life to the full. It feels the victim of circumstances, is often demanding and blaming of others, and fails to take responsibility for life and its problems. This fear is a negative sickness that poisons the soul.

Love, generally speaking, seems to be the complete opposite of fear. It is open-hearted, vulnerable and extends outward towards others. Love connects and builds intimacy. It's unselfish and lives in the present moment. Love feels secure and joyful, is trusting of life and in people. Love takes responsibility, lives wholeheartedly, and is a positive state of being. It nurtures the spirit.

The Nature of Love



What is love? Is it just an extension of our evolved survival, sexual and social instinct? Our limbic system with its neurochemistry creating the feelings that urge us to bond, reproduce and take care of one another.

This is the physical mechanism of love, the channel that it flows through, but I would suggest that love seems more than the sum of its parts.

Deterministic science cannot explain our conscious experience of love (1); with its ineffable quality consciousness can't be explained by reducing it to its component parts. Additionally, the evolutionist's view doesn't adequately explain the different types of love, where the survival and sexual motive appear to be absent.

The spiritual view of love suggests it's synonymous with God (*whatever that means to you*), or a transcendent power within nature. Love is seen as the essence and guiding force of our *true-self* or being. It drives us towards growth and self-actualization. Love is often understood as a

healing force working through people; that loving relationships are why we are here.

It is also believed, by some spiritually centred people, that only love and fear is at the core of our nature. (2) That we are either coming from a state of love, or that we are in fear. As opposites they cannot be experienced together; and so by practicing love we drive out our fear.

It's suggested that the essence of Twelve Step recovery is "love and service". (3) That the practice of the Steps connects us to our *true-self* and to others. We are then 'promised', *as the result of these Steps*, "*a new freedom and a new happiness*", which is freedom from fear.

"We will comprehend the word serenity and we will know peace. We will lose interest in selfish things and gain interest in our fellows. Self-seeking will slip away. Our whole attitude and outlook upon life will change. Fear of people and of economic insecurity will leave us...."

Alcoholics Anonymous, 3rd edition, p.84.

The practice of love brings us serenity, feelings that are good, and a peaceful state of mind. By letting go of our resentments, our demands and expectations, we free ourselves from the conflict and mental distress that they cause. Love is accepting of self and others, it's forgiving and unconditional in nature. This was Bill Wilson's realization when writing his Grapevine article, "*The Next Frontier: Emotional Sobriety.*"

"If we examine every disturbance we have, great or small, we will find at the root of it some unhealthy dependency and its consequent unhealthy demand. Let us... continually surrender these hobbling demands. Then we can be set free to live and love; we may then be able to Twelfth Step ourselves and others into emotional sobriety."

The Language of the Heart, p.238.

A Loving Mind

The book '*Love is Letting Go of Fear*', by Gerald G Jampolsky, places great importance upon our mental outlook in *choosing* love over fear. He suggests that we can choose to forgive and let go of our demands, expectations, and blame where others and life is concerned.



I think this outlook takes faith and practice. We need to believe in the healing power of love and its ability to transform our lives for the better. We can let go of our past, stop worrying about and projecting our future, by just living in the here and now. We can practice trusting in our intuitive wisdom rather than reasoning with a fearful ego mind.

In terms of our philosophy of life, we have a choice in how we view the world and our experiences in it. The psychologist and philosopher William James advocated pragmatism in relation to our more spiritual beliefs. Believing in the transformational power of love is a positive and very beneficial thing that we can choose to do for ourselves. Belief in, and practice of, love over fear... this is now my choice.

A core principle of Jampolsky's book, is that what we give in love to others, we receive in equal measure. By giving love without demands we expand the love within us. This is the mutuality of Twelve Step recovery – by helping others to stay sober, we increase our own sobriety; what we give, we also give to ourselves; what we teach, we also learn.

This is why recovery is found in the practice of love, rather than fear.

1. 'Where Does Love Come From?' Professor Brian Goodwin.
2. 'Love is Letting Go of Fear', 3rd edition, by Gerald G. Jampolsky.
3. 'Dr. Bob Smith's brief remarks on Sunday, July 30, 1950, at the First International A.A. Convention in Cleveland, Ohio.'

Appendix.

A Scientific Understanding of Addiction

Addiction: a life long illness not a lifestyle choice

By Professor David Nutt.

February 28, 2011. profdavidnutt.wordpress.com

Addiction is a major health problem that costs as much as all other mental illnesses combined (about £40 billion per year) and about as much as cancer and cardiovascular disorders also.

At its core addiction is a state of altered brain function that leads to fundamental changes in behavior that are manifest by repeated use of alcohol or other drugs or engaging in activities such as gambling. These are usually resisted, albeit unsuccessfully, by the addict. The key features of addiction is therefore a state of habitual behaviour such as drug taking or gambling that is initially enjoyable but which eventually becomes self-sustaining or habitual. The urge to engage in the behaviour becomes so powerful that it interferes with normal life often to the point of overtaking work, personal relationships and family activities. At this point the person can be said to be addicted: the addict's every thought and action is directed to their addiction and everything else suffers.

If the addictive behaviour is not possible e.g. because they don't have enough money then feelings of intense distress emerge. These can lead to dangerously impulsive and sometimes aggressive actions. In the case of drug/alcohol addiction the situation is compounded by the occurrence of withdrawal reactions which cause further distress and motivate desperate attempts to find more of the addictive agent. This urge to get the drug may be so overpowering that addicts will commit seemingly random crimes to get the resources to buy more drug. It has been estimated that about 70% of all acquisitive crime is associated with drug and alcohol use.

Addiction is driven by a complex set of internal and external factors. The external factors are well understood: the more access to the desired drug or behaviour e.g. gambling the more addiction there is.

The internal factors are less clear. Although most addiction is to alcohol and other drugs, addiction to gambling and other behaviours such as sex or shopping can occur. These tell us that the brain can develop hard-to-control urges independent of changing its chemistry with drugs. All addictions share a common thread in that they are initially pleasurable activities, often extremely enjoyable. This results in these behaviours hijacking the brain's normal pleasure systems so that naturally enjoyable activities such as family life, work, exercise become devalued and the more excessive addiction behaviours take over.

However, not everyone who engages in drug use or gambling becomes addicted to them so clearly other factors are important. These are not yet understood but are now being actively studied. Some people may be particularly sensitive to the pleasurable effects of alcohol, drugs or gambling, perhaps because of coming from deprived backgrounds. In others, addiction may occur because of an inability to adopt coping strategies. Others may have an underlying predisposition to develop compulsive behaviour patterns. Some unfortunate people may have several of these vulnerability factors and there are also genetic predispositions to some of them.

Also a significant amount of drug use is for self-medication, examples include cannabis for insomnia, alcohol to reduce anxiety, opioids for pain control etc. This therapeutic use can escalate into addiction in some people though by no means all. Not all drugs which are used for recreational purposes are addictive. LSD and magic mushrooms seem not addictive at all, and some have a low risk of addiction (MDMA/ecstasy; cannabis). The most addictive drugs are nicotine, heroin and crack cocaine plus metamfetamine (crystal meth) although this is not much used in the UK.

Just because some people – including leading politicians – have used drugs but stopped before they became addicted does not mean that anyone can stop that easily. Starting to use drugs may be a lifestyle choice but once addiction sets in, choosing to stop is very much more difficult if not impossible.

We are beginning to understand how addictions start in the brain. The pleasurable or rewarding effects of addictions are mediated in the brain through the release of chemicals such as dopamine [by cocaine, amphetamines, nicotine] or endorphins [heroin] or both [alcohol]. The pleasures are then laid down as deep-seated memories, probably through changes in other neurotransmitters such as glutamate and GABA that

make memories. These memories link the location, persons and experiences of the addiction with the emotional effects. These memories are often the most powerfully positive ones the person may ever experience, which explains why addicts put so much effort into getting them again. When the memories re-occur, which is common when people are still using drugs or gambling, as well as when in recovery/abstinence, they are experienced as cravings. These can be so strong and urgent that they lead to relapse.

A great deal of research has been conducted into the role of dopamine in addiction and we now know that the number of dopamine receptors seems to predispose to excessive pleasure responses from stimulant use. This excessive response is thought to initially occur in the reward centre of the brain – [the nucleus accumbens] – but then move into other areas where habits are laid down. This shift from voluntary (choice use) to involuntary (habit-use) explains a common complaint of addicts that they don't want to continue with their addictions, and even that they don't enjoy them anymore, but cannot stop themselves. In this sense addiction can be seen as a loss-of-control over what starts out as a voluntary behavior. Thus addiction is not, as some like to suggest, simply a "lifestyle" choice. It is a serious, often lethal, disease caused by an enduring (probably permanent) change in brain function.

We know that personality traits especially impulsivity, predict excess stimulant use and in animals this can be shown to correlate with low dopamine and high opioid receptor levels. Similarly in humans low dopamine and high opioid receptor levels in brain predict drug use and craving. These observations give new approaches to treatment, both psychological interventions such as behavioural control, and anti-impulse drugs such as those used for ADHD e.g. atomoxetine and modafinil, are being tested.

For some addictions, especially heroin, the risk to the addict (life expectancy less than that from many cancers) and to society (from crime and infections), is so high that the prescription of substitute opioid drugs or even heroin itself saves lives and reduces crime. These substitute drugs are methadone and buprenorphine [Subutex]. As well as reducing crime and social costs by removing the need for addicts to commit offences to feed their habit, they also protect from accidental overdose and reduce risk of infections such as HIV and hepatitis. Similar substitute pharmacological approaches exist for other addictions e.g. gammahydroxybutyrate (Alcover) and baclofen for alcohol addiction, and varenicline (Champix) for nicotine dependence.

Another major reason for relapse in addiction is stress. This may work through increasing dopamine release in brain so priming this addiction pathway or by interactions with other neurotransmitters such as the peptide substance P. As antagonists of these neurotransmitters are now available they are being tested in human addictions and may offer an alternative to substitution treatments.

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Professor David John Nutt, DM FRCP FRCPsych FMedSci.*

Note: The second to last paragraph in the above article describes the harm reduction view in relation to treatment, with the prescription of substitute drugs for addicts in order to reduce harms to the individual and society.

The current government's strategy in the UK, is to put greater resources into full abstinence recovery from addiction. While there is legitimacy in prescribing substitute medications to addicts, particularly in the shorter term, I feel that this change in treatment policy is a positive one.

This change in government policy with the introduction of the 2010 drugs' strategy; and increasing research in relation to the effectiveness of 'mutual-aid groups' (mainly conducted in America), has seen an increase in the willingness of alcohol and drug services in the UK to refer to Twelve Step fellowships in my experience.

Agnostic Version of the Twelve Steps

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe and to accept that we needed strengths beyond our awareness and resources to restore us to sanity.
3. Made a decision to entrust our will and our lives to the care of the collective wisdom and resources of those who have searched before us.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to ourselves without reservation, and to another human being, the exact nature of our wrongs.
6. Were ready to accept help in letting go of all our defects of character.
7. With humility and openness sought to eliminate 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 meditation to improve our spiritual awareness and our understanding of the AA way of life and to discover the power to carry out that way of life.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.


AA Agnostica

When told that some Buddhists wanted to start AA groups in Thailand but wished to change the word “God” in the Steps to “good”, Bill wrote:

“To some of us, the idea of substituting “good” for “God” in the Twelve Steps will seem like a watering down of AA’s message. We must remember that AA’s Steps are suggestions only. A belief in them as they stand is not at all a requirement for membership among us. This liberty has made AA available to thousands who never would have tried at all, had we insisted on the Twelve Steps just as written.”

Alcoholics Anonymous Comes of Age, Page 81, 1957.

Recommended Websites

Alcoholics Anonymous. (Great Britain) National Telephone Freephone Number: 0800 9177 650  0800 9177 650 FREE

**<http://www.alcoholics-anonymous.org.uk/>
email: help@alcoholics-anonymous.org.uk**

12stepphilosophy.wordpress.com

The author's website which offers an agnostic interpretation of Twelve Step recovery.

AA Beyond Belief. A space for agnostics, atheists and freethinkers in AA. This website is continuing and evolving the work of AA Agnostica and includes a podcast section. Original articles are posted every Sunday on the website.

<http://www.aabeyondbelief.com/>

aaagnostica.org

This website is aimed at AA members who consider themselves to be agnostic, atheist, freethinkers, humanists or just 'spiritual but not religious.'

rebelliondogspublishing.com

This recovery website is run by Joe C, in Toronto, Canada. He's an agnostic and against fundamentalism within AA. He's written an excellent daily meditations book entitled; '***Beyond Belief, agnostic musings for 12 Step Life.***' *By Joe C. ISBN 978-0-9881157-0-5* It's really thought provoking and very diverse in terms of influences.

addictiontoday.org

Abstinence based recovery website and magazine.

thefix.com

Addiction and recovery website offering diverse articles and opinion.

williamwhitepapers.com

Comprehensive collection of articles about addiction treatment and recovery by the eminent addiction researcher and author William L White.

hepctrust.org.uk

Hepatitis C Trust website; provides the latest information about the disease and its treatment. The UK charity also operates a helpline which provides information and support to callers.