

# **An Interpretation of the 12 Step Philosophy of Alcoholics Anonymous. By Steve K.**

## **Introduction.**

I would like to begin this interpretation of the 12 Step program of Alcoholics Anonymous with a brief explanation of the origins of its philosophy.

The 12 Step philosophy of AA, is an integration of the 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 12 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, who 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 12 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 Medical Model of Alcoholism suggests a mental obsession combined with a physical sensitivity/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 was an 'entire psychic change.'

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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 '12 Steps & 12 Traditions', Wilson states that 'Alcoholics Anonymous does not demand that you believe anything. All of its 12 Steps are but suggestions.' (P.26 Step Two.) AA 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 on 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 and Wilson himself had walked away from his Christian upbringing throughout his drinking career, only renewing his Christian 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 and also Tradition Three states that "The only requirement for AA membership is a desire to stop drinking." Members are welcome regardless of faith, gender or any other differences.

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The variety of beliefs within AA necessitates the importance in the fellowship placed upon the Liberal values of *tolerance* and *acceptance* of difference. The primary common purpose of helping each other to recover from addiction being the focus of the AA group which 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 12 Steps of AA, which can be viewed as a set of principles and actions to be practiced in order to bring about changes in one’s thinking, behaviour, self awareness and moral/spiritual awareness. These guiding principles, if practiced over time, have been found by AA members to facilitate deep inner changes and awareness sufficient to recover from alcohol addiction and live a more satisfying life.

**Step One.**

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

This first step is all about inwardly understanding and admitting one’s lack of power or control in relation to one’s drinking/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.

AA understands Alcoholism as an illness of the mind, body and spirit. It is 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 ie the lack of control in relation to

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drinking, which manifests in the mental obsession/addiction which keeps the alcoholic returning to drink regardless of the pain and misery caused by it and the physical compulsion to keep on drinking once the addict starts. This disorder causes problems for the alcoholic mentally, emotionally, physically, socially, financially and spiritually. The pain of these consequences is what brings the addict 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 to AA, identifies the problem within him/herself and gains hope for the possibility of recovery from addiction.

The problem of a lack of power and 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 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 12 Steps are intended to diminish the ego and provide the power, guidance and awareness necessary to free the addict 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 and as 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 Steps and engaging with AA and recovery practices in general. (e.g., service, phoning a sponsor and attending meetings.) Recovery activity enables the alcoholic not to take the first drink.

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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 biochemistry 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 just admitting this lack of control and need for help. The obsession and compulsion accompanying this lack of control is quite often hard to understand in people who've not directly experienced it.

(\* See Prof' D. Nutt's Blog: *evidence not exaggeration*, 28<sup>th</sup> Feb' 2011.)

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

**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 in other words a lack of whole thinking. The result being harmful consequences to oneself and others.

In AA it is suggested in relation to Step Two, that members only need 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 3<sup>rd</sup> 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." (Herbert Spencer)

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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/dependency and once commencing to drink the compulsion to keep doing so. The alcoholic at certain times seems to lack the will power, as the will is addicted, not to drink and therefore needs help or power beyond themselves.

Step Two suggests believing in a Power greater than oneself that can restore the alcoholic/addict to sanity or whole thinking in relation to alcohol and 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 am myself 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 or spiritual principles contained in the 12 Step program. Virtues such as honesty, willingness, humility, courage, acceptance, unselfishness, love and kindness are *essential to and products of* working the Steps and when practised regularly bring about deep changes in awareness and attitude towards oneself and others. They restore the will to wholeness/sanity by diminishing self-centredness. This view accords with the theory of Cognitive-Behavioural psychology, in respect of, by adopting certain beliefs (moral principles) and practising them regularly one's thinking and behaviour changes. (also refer to 'Virtue Ethics'.)

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 3.

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**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 understanding Step One and a willingness to believe in the Power of the fellowship of AA and the 12 Step program, a Power greater than oneself, the alcoholic/addict is ready to take Step 3.

Step 3 is making the decision to surrender one's will and life over to the care and guidance of the fellowship of AA and the Steps or a Greater Power of one's own understanding. This sounds very daunting but by breaking the Step down it is not that intimidating. When we understand that one's will just means one's thinking or decision making processes and life means one's actions and that alcoholism is characterised by irrational thinking and actions, it is reasonable to commit oneself to the support, guidance, principles and actions contained in AA and the 12 Steps.

As with all the Steps humility is needed for taking this Step and contained within it. It's realising that one's own thinking and actions are not whole or sane in relation to drinking/drug taking 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 one's understanding of a Power greater than oneself. Based upon the fellowship of AA and the 12 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 12 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 group members. This then allows the therapeutic power of the group to provide support and guidance.

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Commitment to working through the 12 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/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 practises AA members may, dependent upon belief, pray or something similar to a Higher Power of their own understanding as an act of surrendering their will and life over. I view praying as 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 4 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 an exercise in identifying one's moral defects of character and 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/drinking and unless this changes recovery will not happen.

The Big Book of Alcoholics Anonymous suggests how to carry out this personal inventory process on pages 64-71. (3<sup>rd</sup> edition.) I would also recommend '*The Steps We Took*' by Joe McQ as a guide to working through the Steps.

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

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Excessive natural instincts are behind the self-will which causes conflict with others. E.g, 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 other harms. The process suggested is to list in column 1 the *resentments, fears, sex conduct and harms*, the *cause* in column 2, the *affected or threatened instinct* in column 3 and the resulting *defects of character* in column 4. (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.**

<b><u>I am resentful at:</u></b>	<b><u>The cause:</u></b>	<b><u>Affects my:</u></b>	<b><u>My defects:</u></b>
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 4 identifies the excessive reaction of the natural instincts, the self-will that harms and causes conflict with others. The defects listed in column 4 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 fear/insecurity has previously caused the alcoholic to be demanding, critical, angry, violent and rejecting towards his brother, which in turn has contributed or caused negative feelings and indifference in the brother towards the alcoholic.

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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/motivations. The theory suggests that if the basic needs are met and functioning well the individual can flourish and self-actualise, (growth.) becoming a fully functioning person. If the basic needs are not met or don't function properly this prevents the person from being their 'true-self.' The AA model suggests that if the person's basic instincts/needs are damaged or deformed they result in them not functioning properly or healthily and cause problems or an unmanageable life. The AA model suggests that these defects or deformed instincts cut the alcoholic off from their 'true' or 'whole' self, (Sanity.) the spiritual understanding can be, cut off from the "God within."

The Step 4 inventory process is also similar to the ABC model used in Cognitive-Behavioural Psychology. A=Activating Event, B=Belief and C=Consequence. In Step 4, 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. (Non- 12 Step Self-Empowerment program of recovery.)

Now that the defects of character and underlying self-centredness have been identified the next Step is to share what one has 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."*

A person needs to practice the virtues of *honesty, courage, humility and willingness* to carry out Step 5 thoroughly and as with all the Steps develops these virtues by doing so.

Step 5 is primarily the process of sharing the moral inventories completed in Step 4 with another trusted person. In AA the alcoholic's *sponsor* is usually the person chosen to carry out Step 5, although any trusted person who fully understands the purpose of the process and has been through a similar process themselves can be chosen. The main purpose of this Step is to accurately identify *the exact nature of our wrongs*. This is the reason

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for sharing the inventories 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 behaviour which are '*dishonest, selfish, self-seeking, frightened and inconsiderate.*' ('Carry This Message', Joe McQ, p.82)

Hopefully by completing Step 5 the alcoholic/addict 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 6 & 7.

Quite often, but not always AA members who have carried out Step 5 share that they felt a weight lifting upon completion, that they feel 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 5.

Before moving onto Step 6, I will suggest that by completing the Step 5 process of sharing moral inventories 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*. E.g., specifically admitting or 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."*

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There isn't a great deal of instruction with these two steps as they involve willingness and practice. Step 6 is all about the natural willingness to be free of the character defects discovered in steps 4 and 5. The painful awareness of one's defects of character and an understanding of the self-centeredness that produces them will hopefully motivate the addict to become willing to 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 12 Steps, a power greater or therapeutic power, my awareness of my character defects/self-centredness and the harm they cause to myself and others has increased and therefore made me increasingly willing to be free of them.

The willingness found in Step 6 makes one ready to practice Step 7. The humility required for Step 7 should have come from the experience of powerlessness in relation to addiction and an understanding of one's imperfection as a human being identified in Steps 4 and 5.

Asking God or a power greater than oneself to *remove our shortcomings* can be easily misunderstood. It suggests prayer or some form of communication with a power greater and this is left up to the individual although the Big Book suggests a prayer to a spiritual power. It is important to remember that one is allowed to believe in one's own understanding 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*.

The humility to rely upon a power greater than oneself to remove shortcomings is essential for Step 7 but this then has to be followed by 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 one's defects of character. Eg., the opposite of dishonesty is *honesty*, for resentment practice *forgiveness*, for fear practice *courage*, for pride/ego/self-centredness practice *humility*, for selfishness practice *unselfishness and love*. Practising these virtues with the help and encouragement of the group and Steps over time brings about change and

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a moving towards the true-self. This is a lifetime process and I've not met anyone yet who's magically had all their defects of character removed.

The practice within AA of moral/spiritual principles in order to grow into a fully functioning human being translates well to Person-Centred psychology and the practice of its 'Core Conditions.' These therapeutic conditions which facilitate personal growth are *empathy, unconditional positive regard(UPR) and congruence*. Receiving these conditions/virtues from others enables the recipient to relate them to themselves and practice them in relation to others. This process goes on within the 12 Step fellowships as members practice moral principles in relation to each other offering support and compassion for a common problem.

*Compassion* takes the place of *empathy* in AA, with members offering understanding and pity for others suffering and while compassion is not the same as empathy it enables the recipient to be understanding and sympathetic towards themselves instead of feeling self-hatred. The same process goes on with the practice of *non-judgemental acceptance(UPR)* which is generally given within the fellowships. *Congruence or being genuine/real* is also modelled within AA, this is shown in the form of members practicing *honesty* and *humility* with each other and is particularly demonstrated within the practice of *Sharing*.

My belief and experience within AA is that the practice of moral principles is fundamental to personal growth and change and the 12 step groups and program encourage and facilitate the practice of all the above principles.

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

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**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 have already been identified by completing the inventories in Step Four. The names should be transferred from the *resentments* inventory as probably most of them will be owed amends, although maybe not all of them. The same process for *fears, sex conduct* and *other harms* done. 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*’ this means physical, mental and emotional harm done to others.

Due to the spiritual nature of the program, spirituality being *all* pervasive and therefore one cannot just be spiritual in only some aspects of one’s life, *all persons we had harmed* means making an ‘*accurate and really exhaustive survey of our past life as it has affected other people.*’ ( p.82, 12 Steps & 12 Traditions.) I would suggest being realistic about this Step and include anyone from our past life that has been obviously harmed and where there is a feeling of guilt, remorse or shame about one’s behaviour. This includes people who may have also done harm to you and therefore who you may feel resentful towards and possibly currently unwilling to consider making amends to. (The antidote to resentment is *forgiveness.*)

‘*Became willing to make amends to them all.*’ For the reason suggested above one 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. (A Power Greater than oneself!) It will probably be the case that some of the people on the list we will be unable, for various reasons, to ever make amends to, the point is that one becomes *willing*. While working at becoming willing to make amends to some people on the list one can start making *direct amends* to those people where one is willing. This is Step Nine....

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**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 is then the responsibility of the addict to approach the other person and make the amends. The type of amends should have already been identified from the inventories eg., acknowledging faults/harms done and apologising, offering to pay back money owed, giving practical help and committing to caring/relationship responsibilities.

I would suggest that it is important to seek guidance from a sponsor or someone who's experienced in working the Steps in relation to making amends. Checking out if amends is actually owed or wise and the particular method eg., face to face or letter etc and the type of amends. It is really important to be mindful of the well being of the person the amends is being made towards and not to do any further harm. *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. (3<sup>rd</sup> edition.)

In the carrying out of Step Nine, one is practising the virtues of *honesty, courage, humility, willingness* and *acceptance*. This is a hard task to do and *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 one is diminishing self-centredness and the accompanying *fear, resentment* and also lightening the burden of guilt and shame carried from the past.

Making amends to others also creates the opportunity for *forgiveness* to be received by the alcoholic for harms done, which then helps the alcoholic forgive themselves, letting go of shame and guilt. Receiving *forgiveness* also helps the alcoholic forgive the other person for any harm they may have done towards him/her, letting go of resentment and blame. After becoming free from the baggage of the past one will want to maintain this by the practice of regular personal inventory. This brings us to Step Ten....

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**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 12 Steps & 12 Traditions.)

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

*“Know Thyself.”* (Ancient Greek aphorism.)

The practice of Step Ten is basically working Steps 4 – 9 on a daily basis. Continuing to look for *selfishness, dishonesty, resentment and fear/insecurity* and admitting these defects to oneself and another human being. Once identified we practice the opposite of the character defects discovered in the form of virtues and ask for help in doing so from a power greater than ourselves. One then makes amends if appropriate remembering not to cause any further harm in doing so.

*“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. 3<sup>rd</sup> edition.)

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

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Another type of personal inventory can 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?' (Big Book 3<sup>rd</sup> edition, p.86)

*and...*

Finally, it is quite often necessary from time to time, and can be very beneficial to carry out a thorough written personal inventory as detailed in Step 4, and discuss it with another trusted person where a major conflict has occurred, long standing resentments or other troubling faults are concerned.

The above practices are living a moral/spiritual life by which one continues to learn, heal and grow moving towards one's 'true-self' or 'self-actualisation' in the terminology of humanistic psychology. 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 described in spiritual terms as 'God-conscious'. (p85. Alcoholics Anonymous 3<sup>rd</sup> edition.)

***“Spiritual rather than religious.”***

Members of Alcoholics Anonymous quite often state that the AA program is “Spiritual rather than religious”. I think this distinction is based upon one's definition of the terms. Some people understand the terms as more or less synonymous but within AA they are generally understood to mean different things. Religious as understood within AA is considered to mean being formally part of an organised religion and connected to an institution such as the church. It is associated with being dogmatic and doctrinal. Spirituality within AA is generally considered to be non-dogmatic and open/liberal with members encouraged to develop their own understanding and practice. Under these definitions AA is genuinely “spiritual rather than religious.”

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However, there are different definitions of the two terms 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 famous 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*, Introduction 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 broadly religious attitude as 'Spiritual' and the theologies, doctrines, institutions and traditions associated with it as 'religious.'

The distinction between spiritual and religious is quite difficult and I would recommend a book by Ernest Kurtz & Katherine Ketcham, called *'The Spirituality of Imperfection'* for a good understanding of the type of spirituality within Alcoholics Anonymous. This now brings us to Step Eleven....

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**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 this Step as part of my commitment to continued growth morally and spiritually. When practised in relation to the other Steps it helps me 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.’

In accordance with AA philosophy it is important that members develop their own form of practice in relation to prayer and meditation. We can learn from others and from religious and spiritual traditions but I would advise that one should be true to oneself.

The Big Book does offer some guidance in relation to Step 11 on pages 86 – 88 of the 3<sup>rd</sup> edition, mainly in the form of asking for direction and inspiration from a power greater than oneself. It is important to remember to relate to a Higher Power of one’s own understanding eg., spiritual/moral truths, a transcendent power, the God, good or wisdom within, the group ( quite often it’s said that God works through people.) or something else *beyond the self* capable of bringing about inner change and growth.

Regular practice of Step 11 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 11 throughout the day when disturbed or doubtful and not to pray for one’s own self-interest. I would also suggest using prayer and meditation whenever one is aware of self-centredness, anger or fear to help focus upon the opposite virtues. We are now at the point of putting all the Steps into practice as a *way of living*, which is Step 12...

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**Step Twelve.**

*“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.”*

As the result of practising the above Steps the alcoholic/addict will have changed in outlook, attitude and behaviour enough to be free of their active addiction 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. (A fuller description of ‘spiritual experience’ can be found in the Big Book 3<sup>rd</sup> edition, p. 569 – 570)

An indication of a spiritual awakening would be a freedom from the obsession to drink/use and could include a sense of being transformed or changed in outlook and consciousness, a greater awareness of moral/spiritual values and a willingness to practice unselfish behaviour, also a development of honesty and humility and an increased sense of relationship or connection to a transcendent power or principles. These changes in awareness and being cannot be willed to happen but come about as the result of participation with the fellowship of Alcoholics Anonymous and its 12 Step program of recovery.

*We tried to carry this message to alcoholics, is practising the virtue of altruism or unconditional love in relation to other alcoholics/addicts and is the opposite of self-centredness. In my opinion this is the chief virtue that the program encourages, giving to others without expectation of reward! The message is recovery through the Steps and the action is helping others to do so.*

Helping other alcoholics to recover through practising the steps can be done through various methods. Having recovered to a sufficient degree by working through the Steps, one can formally help another alcoholic/addict work through the Steps as a *Sponsor*, offering one’s experience, help and guidance with the process. Less formally, AA

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members can help others recover through the Steps by attending and *Sharing their experience, strength and hope* at meetings.

Other less formal ways of *carrying the message* are, helping to set up the meetings eg., setting out the room, making tea/coffee and giving new members your phone number and encouraging them to phone for support.

A more formal method of carrying out Step 12 would be getting involved with *service work* on behalf of the fellowship, from doing 12 Steps calls (phoning or going to meet new members.) to prison/probation liaison work.

*Practise these principles in all our affairs...* basically means an ongoing commitment to practice the 12 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 gains emotional, moral and spiritual maturity. In relation to the 'spiritual awakening' mentioned at the beginning of Step 12, I have found that it is by *living the program* over time that I have developed 'what William James calls the *educational variety* because it develops slowly over a period of time.' (Big Book 3<sup>rd</sup> edition, p.569)

***To Conclude...***

I would now like to end my interpretation of AA philosophy by quoting a review paper of multiple research studies carried out between 2002 – 2007 by *Dr. S. Lala Straussner and Helga Byrne*. 'Multiple studies evaluating the efficacy of AA, both as a stand alone treatment and in comparison to other treatment models point to the substantial and ever increasing body of literature that suggests that regular post-treatment attendance in 12-step programs significantly improves alcohol and other drug use outcomes (Cloud et al., 2006). AA has been cited as one of the few treatment models to demonstrate positive abstinence outcomes (Groh et al., 2008) and appears to be equal or superior to conventional treatments for alcoholism (Vaillant, 2005). Twelve-step programs, for example, have been shown to be more effective than cognitive behavioural skills training for most substance abusers (Brown, Seraganian, Tremblay, & Annis, 2002).'

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**Additional Recommended Reading.**

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*The 12 Step Philosophy*  
*of*  
*Alcoholics Anonymous.*

*An Interpretation:*

*By Steve K.*

## *Appendix.*

### *The relationship between mental illness/disorder and addiction to alcohol or drugs.*

I would describe the relationship between mental illness/disorder and alcohol/drug dependency as a strong one. However it is important not to consider them as the same condition. In the fellowship of AA it is very common for members in recovery from their alcoholism to still suffer from other mental disorders/illnesses.

There is a common, but complex cause and effect relationship between mental illness and addiction, 1) the sufferer drinking to escape the symptoms of their depression, anxiety etc resulting in substance dependency, 2) addiction to alcohol/drugs resulting in or exacerbating mental health problems and 3) genetic/environmental factors resulting in a common origin for both the mental disorder and addiction.

My concern in relation to the 12 Step philosophy of AA, is with the tendency of some to consider the 12 Steps as a 'cure all.' Sufferers of clinical mental health difficulties would be wise to seek help professionally for their mental health problem and not assume it's their alcoholism and that they're not working the program enough. It's possible to recover from alcoholism/addiction, develop spiritually and morally despite still suffering from mental health difficulties episodically or chronically.

The co-founder of AA Bill Wilson, is a good example of someone who suffered from depression well into his recovery from alcoholism. It is

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well documented that he suffered from episodes of depression/neurosis as a young man well before the onset of his alcoholism, during his alcoholism and at least 20 years into his recovery from alcoholism. Wilson engaged in extensive psychoanalytical therapy for his depression from approximately 1943 – 1949 and insights gained from his therapy influenced his writing of the '*12 Steps & 12 traditions.*'

Wilson was subjected to accusations from other members of AA of not working the steps due to his depression and of even secretly drinking. Unfortunately some members of AA today can still make prejudiced assumptions about others suffering from mental health problems in the fellowship.

Wilson himself felt at times that he was not practising the program properly due to his depression and my own personal experience is that depression can prevent one from practising a healthy relationship with the Steps and the fellowship. However, suffering and unhappiness can serve as motivation for spiritual/personal growth and this is the attitude adopted by *Father Ed Dowling* who was Bill Wilson's spiritual mentor. Father Dowling himself suffered from depression and arthritis and wrote an article for a magazine titled '*How to enjoy being miserable.*'

I think that some of the misunderstanding in relation to depression that sometimes happens within AA, is a result of being too literal in interpreting the promises in the Big Book (p 83-84 3<sup>rd</sup> edition.) which refer to having a spiritual awakening as a result of the Steps.

I think that some individuals are more capable of being happy than others, some AA's don't suffer from any mental health difficulties and some do which effects their ability to be happy, and I don't think that the 'promises' in the Big Book were written with members suffering from clinical mental health difficulties in mind.

My observations of AA members who stop drinking, genuinely practice the 12 Steps and attend regular meetings on a long-term basis, are that they generally lead better, happier and more fulfilling lives. However, this is relative to the individuals circumstances/capabilities and doesn't mean that they don't suffer from illnesses and life difficulties which can

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cause unhappiness and harsh realities. What the program and fellowship does do is support the recovering alcoholic to get the best out of the good, beautiful and wonderful aspects of life, as well as cope with the suffering and difficult realities that we all experience to some degree. *Suffering is universal but not equally distributed!*

First of the Buddha's *four noble truths* 'life is suffering.'

'Life is difficult.' *Scott Peck, The Road less Travelled.*

'I am neither an optimist nor pessimist, I am a *realist* and try to respond to life appropriately according to the circumstances.' I am paraphrasing Julian Baggini in his chapter titled *The Happy Pessimist* from his book co-authored with Antonia Macaro called *The Shrink and the Sage*.

The focus within AA is on developing a positive attitude towards life and sobriety, which I very much agree with as it helps people cope with and get the best out of life but it's important not to deny people's suffering. I think that in general AA gets this balance right.

## **Appendix 2.**

### ***A Scientific understanding of addiction by Professor David Nutt.***

**Addiction: a life long illness not lifestyle choice**  
***February 28, 2011***

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.

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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.

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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

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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 can't 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.

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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.