

# The 12 Steps of Alcoholics Anonymous as an Adjunctive Treatment for Trauma Survivors: An Experimental Approach

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**ABSTRACT: Background and Method:** *The consequences of surviving trauma are complex, making it difficult to formulate a recovery and treatment plan. The most common defense mechanism, and the toughest one to work through, is denial. Throughout human history, lack of knowledge and non-acceptance of the perpetrators misdeeds has placed the suffering of survivors behind an armored wall, perpetuating traumatic effects. No recovery can occur behind this wall of forced silence, ignorance and lack of helpful resources. Over the last two decades, research has revealed the frequency of traumatic events, and their injurious effects on a survivor's psyche. Mental health professionals have come to understand the connections between unresolved trauma and serious psychological problems. The role of spirituality in trauma recovery is often misunderstood and subsequently minimized. Trauma survivors usually have a difficult time experiencing their vulnerability and the attending feelings of having once been profoundly helpless and alone. The process of unearthing one's memories and re-experiencing anguish requires the help of skilled, knowledgeable and spiritually grounded professionals who have done healing work on themselves. Interest and research on the healing effects of applying spiritual tools to the multi-layered consequences of trauma survival - including emotional pain, and interpersonal difficulties - has burgeoned. This is a case report discussing the efficacy of the 12 Steps of Alcoholics Anonymous to address and heal the root causes and conditions of dysfunctional behaviors, lack of meaning in life, and persistent psychic pain. Results: The primary outcome measure was the client's self-report on improved affect regulation, reduced depression, decrease in maladaptive behaviors, decreased sense of helplessness and hopelessness, increased sense of personal accountability, meaning and purpose in life, and greater ability to modulate arousal; both physical and emotional.*

**Key words:** *Trauma, pain, spirituality, bio-psychosocial-spiritual model*

## INTRODUCTION

The approach is based on the author's book: "*Trauma and Transformation: A 12-Step Guide*" (2013), and includes specific application in clinical practice. Unresolved and persistent psychic pain is the most powerful motivator for clients seeking mental health treatment. A poor sense of meaning in life, lack of, or lost productivity, difficult interpersonal relationships, and a myriad of other difficulties – all demand a heavy cost from the suffering client, their family, loved ones, friends, and society overall. Psychic pain, as a result of unresolved trauma, is a dominant indicator that all three aspects of the survivor need to be addressed and treated: their mind, body and soul. Each stores the story in its own unique way. If their story goes untold, the story gets told in its own language, and with a hefty price. As such, it is absolutely urgent that researchers, academics, clinicians, and society in general, educate themselves and remain informed of recent theory and research that appraises and leads assessment, case conceptualization, and treatment among clients seeking relief from their pain, and sense of meaninglessness in life.

This therapeutic method is a blend of modern clinical concepts, and ancient spiritual principles. It is easy to observe what is lacking in western, modern systems of mental health treatment. Although there are over 400 clinical practices - many of them "evidence-based" - and close to 300 different clinical diagnoses for clients based on the Diagnostic and Statistical Manual - very little focuses on the client's spiritual nature. The human being can be likened to a triangle: the strongest physical structure, and an ancient symbol of spirituality. This is the reason that 12 Step programs use this symbol. The triangle holds the secret to successful treatment. A person is composed of a soul, mind, and body, and ALL THREE must be addressed for one to heal.

Evidence-based approaches do not have "evidence" that a human being has a soul, that soul has needs, and one's sense of meaning in life stems from this place. While we were given a plethora of options to diagnose and treat the mentally ill, we were given almost nothing on the most important part of the human being: their source of meaning and pathway to peace. I thought to myself: "What would it look like if a person's spiritual needs were equally taken into account? What would be the quality of life for the suffering client? What if the powerful spiritual-based program of the 12 Steps of Alcoholics Anonymous were applied to treating trauma survivors? Would it work, and why?" My reasoning continued that surely survivors have similar issues, problems and needs, and if addicts can be helped significantly by this approach, why not trauma survivors? What followed was the birth of a new idea that is truly unique, effective, and clears the pathway for a survivor to seek meaning in their life.

## GENERAL OVERVIEW OF THE 12-STEP MODEL

The root process of the 12-Step model is a durable and peer-guided cognitive-behavioral method, based on the proven need for spiritual growth. The individual is improved by transpersonal and positive peer culture components, most notably accountability. As the survivor takes each step, at some point, they will face the harms that were perpetrated on to them, and how they were affected by it. Equally important, and later on in the process, they will itemize the harm that they have done to others, and how it affected them. This is how imbalance is dealt with spiritually, so there is true restoration.

## Case Report on the Clinical Application of the 12-Steps of Alcoholics Anonymous

Ms. R is a 48 year old, single engineering professor with a history of severe physical abuse, multiple accounts of early childhood sexual abuse, family history of chronic alcoholism, and early childhood

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parental abandonment. She has a history of unstable romantic relationships, multiple marriages and other failed relationships, criminal conduct, interpersonal violence towards others, and debilitating anxiety and depression. By Ms. R's account, she was in therapy for a number of years, which consisted mostly of "me talking, and the therapist listening". Some work was accomplished on emotional detachment from Ms. R's extremely dysfunctional family, and eventually, she terminated her own treatment. Her symptoms persisted, and she refused to return to treatment, until her primary childhood rapist contacted her. At that point, she was flooded and overwhelmed with intense emotional pain, fear and anxiety, and sought immediate help.

The Step One began with building rapport with the client, beginning where the client is emotionally. Ms. R provided a detailed account of her significant adverse early childhood trauma history, and linked it to the cause of her intense emotional and psychic pain. This was followed by an inquiry if Ms. R believed there to be any connection between her current troubles, and trauma memories that "got stuck in the memory machine". Although the question may seem to have an obvious answer, the purpose was to gently support Ms. R in linking her history to her self-report of malignant behaviors. This was how Ms. R "admitted powerlessness" over her history and its consequences, and subsequently ended her own denial of both her pain, and her role in creating and re-creating it. Admitting that one was powerless (not weak), at the time, to stop, prevent, or interfere with the trauma, is the beginning of the end of one's suffering. Denial takes up enormous psychic energy, as there is a non-stop war between the Ego's desire to protect the person, and the fighting urge for one's truth to surface. Lying underneath this psychic battleground of maintaining the illusion of power and control is the survivor's hidden potent rage and vulnerability. (Alcoholics Anonymous World Services, 1976). Once acknowledging this, Ms. R was ready to move towards a unique, personal solution (Alcoholics Anonymous World Services, 1981).

Step Two includes a process of believing that she is worthy of being safe and receiving healing, love, and support. Since she identified her personal spiritual source as a Higher Power, we utilized it as her source for safety, love and strength. Trauma recovery especially calls for this. Once the survivor *comes to believe* that a personal spiritual solution is available for them, they *decide* that they will allow for their source of safety to guide their process. Step Three, I call this the Survivor's Rock of Recovery (Bessel, Laura, Jennifer et al., 2014). After significant grief work, and when she felt that she really acknowledged each of the first three steps, Ms. R began to take a look at her resentments, personal roadblocks, character defects, and how they have impeded on her life. She also came to realize that she was highly gifted and underutilizing her talents. Every survivor has roadblocks, some due to the trauma, and some are innate. Such a through and honest *evaluation* of strengths and weaknesses requires a dedicated effort from the Survivor described as Step Four (Keyes, 1987). When the survivor is ready, they move towards a new intimacy. They share their findings, holding back nothing. For some, this is a first experience of this kind. Ms. R described Step Five as "super scary since I never did such a thing, but I feel like the huge elephant is now off my chest" (Levine & Peter, 2008).

This new experience of intimacy gives her the fortitude to *become ready*, willing, and able to take necessary action for her recovery. The specific action required at this point, emerges after the first five steps are taken. In Step Six, Ms. R's preparation, thus far, allowed her to ask for help (Marylene, Regina, Chase et al., 2005). She now believes what was reinforced: Humility (truthfulness) is for Heroes, considered as Step Seven (Prochaska & DiClemente, 1982). She prepared herself emotionally to ask for help, and as such, she

prepared for peace. Since she had committed grievances that caused an imbalance, this is the point where she *listed* them. Examples involve incidences with other people, institutions, or things. Specific names and incidences are listed, and Mr. R took an honest look at *her own role*, as self-identified, in creating an imbalance. For example, as an incest survivor (completely innocent at the time), she went through life seeking revenge at every opportunity. All her relationships were unstable, with injuries that have not yet been repaired. Step Eight, this is the time that Ms. R took to itemize those injuries, and prepare to make amends. (Richard & Patricia, 2005). Step Nine, once she made her list, she took specific action to make amends, create peace, and restore the balance. (Sansone & Sansone, 2005).

Step Ten, since everything and everyone is either moving towards growth or decline, Ms. R is keeping a close eye on her strand of diamonds: her thoughts, and behaviors. She remains conscience of her treatment towards herself, and others, and makes amends right away, if necessary. This is extremely important for any survivor, as it prevents the emergence of old, faulty patterns, mistreatment, and imbalance. No longer will the survivor have to create pain needlessly for himself or herself, nor anyone else (Steele, Onno van der Hart, & Ellert, 2005). Step Eleven, critical to nurturing her spiritual world, she sets aside time every day for prayer and meditation, in order to have conscious contact with her source of strength and safety (Zhu, Zhang, Zhan et al., 2014).

Step Twelve, and finally, Ms. R is encouraged to do community/humanitarian service in whatever way that is meaningful for her. The hurts of the past cannot be undone, the scars cannot be erased, nor the tears that flow from one's wounds be silenced. But a life rich with meaning and purpose is the force beneath their feet - creating strength and energy of which there is nothing else comparable (National Center for Complementary and Alternative Medicine, 2012).

## DISCUSSION

Applying a spiritual approach, that includes a core component of client accountability, thereby empowers the client to contribute to his or her own sense of purpose and meaning in life. This includes making amends if necessary, which is often required if the client's depression also stems from having unresolved guilt for having harmed others. This aspect is often overlooked in the treatment phase, as much of the focus is placed on the client's feelings, emotions, and dysfunctional behaviors. Theory and practice should embrace a bio-psycho-spiritual approach that addresses the root causes and conditions of unresolved psychic pain.

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