

# Doin' the 12-step:

## What health professionals can gain from this

Helen J Moriarty and Pras Mao

Correspondence to: [hmoriarty@wnmeds.ac.nz](mailto:hmoriarty@wnmeds.ac.nz)

### Key words

Twelve-step programme, self-help therapy groups, alcohol, drugs and addiction therapy, Alcoholics Anonymous, reflective writing, reflective practitioner.

\*

### Introduction

Addiction is a difficult phenomenon to understand, especially for those not personally afflicted. Much can be learnt from hearing the wisdom of someone who has personally experienced substance abuse but now manages life without it.<sup>1</sup> Twelve-step groups based on the Alcoholics Anonymous (AA) model provide a forum for learning about this in a safe environment. Twelve-step groups primarily provide self-help for persons struggling with addiction, but many groups open the meetings to whanau, support persons and others who seek a better understanding of the particular addiction issues.

Open 12-step meetings welcome interested visitors who are willing to better understand drug and alcohol abuse respectively. Group members regard this open welcome as an

extension of the 12th and final step: '...to carry this message'.<sup>2</sup> Open meetings serve to carry the message not only to alcoholics but also to members of the public including health professionals and anyone in training. Closed meetings, in contrast, are for members for whom personal recovery depends on maintaining anonymity. Visitors are strongly advised to check the meeting status before attendance, since walking into a closed meeting would be a proverbial faux pas.

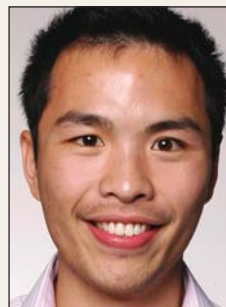
Twelve-step organisations very rarely engage in public promotion campaigns, do not advertise self-help meetings or proselytise their ideology, but those who need the 12-step services will often find their way to meetings by personal invitation. Meeting details such as time and place and contact person can be found on websites,<sup>3,4,5</sup> and many organisations operate an 0800 number manned voluntarily 24 hours a day.

What benefits might a health professional gain from attending an open 12-step meeting in their area? To get some insight into this we have looked at the medical student experience.

Medical students of Otago University attend open 12-step meetings in Wellington during their 2nd year Early Community Contact course and/or 4th year Community Practice module and then reflect upon the experience in writing. Their reflective writing highlights the depth and breadth of insight and understanding of addiction gained by these undergraduate students from such exposure. In a recent project designed to research community-based learning, the reflective learning journals of 2nd year students were analysed with informed consent, and ethical approval, to assure appropriate process. The data collection and analysis for this project has been reported elsewhere.<sup>6</sup> The reflective journaling revealed the value for beginning medical students who had the 12-step meeting experience: knowing what it means to an individual to be addicted; associated risk behaviours; the mental health impact and the cycles of obsession, self-destruction and despair. Students also gained respect for those on a recovery path, showed increased self-awareness, and they commented on the implications for health profes-



*Helen Moriarty is a senior lecturer and coordinator of drug and alcohol education at the University of Otago, Wellington. She has an interest in medical education research and learning outcomes that impact on future medical practice.*



*Pras Mao is a biomedical science graduate and currently a 4th year medical student at the University of Otago, Wellington. He has a keen interest in emergency and third-world medicine.*

sionals and community health service provision. Table 1 contains some selected brief extracts from the reflective learning journals to illustrate the varied learning.

The students' writing addresses similar key themes in 2nd year and 4th year, but the 4th year students write a longer reflective commentary about their 12-step visit, and the essay format task allows freedom to be more expansive with self-expression than the learning journal format. Senior students also have the advantage of interpreting observations in the light of their experiences from intervening years. One 4th year student, Pras, has kindly offered his work for publication. Written in a particularly engaging, narrative style, this account not only provides a good demonstration of the nature of the learning from attending a 12-step meeting, but also demonstrates how reflective writing about the task can help to foster the desirable skills of reflection in medical practice.

Students were able to see beyond the routines: use of first name basis only, '*Hi, my name is...*' in keeping with the anonymity implicit in the name; the banners on the wall listing the 12 steps and traditions; the serenity prayer and mention of the deity. They remark that the meeting can be a personally challenging undertaking for first time visitors, and few students go to a 12-step meeting alone. Overcoming first impressions and preconceptions is clearly important and students recognise that taking the first step through the door must be an extraordinarily difficult undertaking for those who need to actively engage in the process to achieve their recovery.

The students' comments reveal that this learning is not just passive observation, but an experience that calls for synthesising information to try to piece together new and prior knowledge and beliefs, and address the apparent dissonance when previous concepts do not fit. The requirement for reflective writing on the visit both encourages and cap-

*Table 1. Themes described by beginning students on attending 12-step groups*

<b>What it means to be addicted</b>
<p>'Alcoholics are just like normal people [but] they just have a problem with alcohol.'</p> <p>'Gave me an understanding, alcoholics...have a psychological or spiritual pathology.'</p> <p>'[Overeaters anonymous] made me realise that completely normal people can have these problems.'</p> <p>'It [Alanon] showed me that lots of different people are affected by alcoholism.'</p>
<b>Risks and consequences</b>
<p>'Families that have suffered the burden of an alcoholic parent [Alanon] can be so bitter and against alcohol yet they often fall into the same trap.'</p> <p>'That this disease can affect people from any walk of life.'</p> <p>'There are people who have had very hard lives.'</p>
<b>Respect for the person</b>
<p>'I felt a lot of respect for these people and this group because they are managing to turn their life around.'</p> <p>'Respect for men/women who look inward to strengthen their spirit regardless.'</p>
<b>On therapeutic process</b>
<p>'It was far different from the way AA is shown in the movies.'</p> <p>'There is a strong focus on admitting weakness and looking outside of oneself for help.'</p> <p>'I thought it was really supportive and encouraging.'</p> <p>'The honesty in the group.'</p> <p>'How people from different ethnicities, ages, backgrounds all come together...and support each other.'</p> <p>'The strength the members gained from being part of the group.'</p> <p>'Groups like this can be really successful in helping people to help themselves.'</p> <p>'To me it seemed as though they [AA members] convinced themselves into believing they would never be free of addiction.'</p> <p>'[One student] asked [a group member] why talking was so effective.'</p>
<b>Service provision</b>
<p>'Now I know where alcoholics can get help to overcome their problem.'</p> <p>'I began to see the doctor's role in referring people to these kinds of groups.'</p> <p>'It's important for practitioners to understand the organisations they're referring patients to.'</p>
<b>Other implications for health professionals</b>
<p>'Affected people...could give firsthand experience.'</p> <p>'I got advice from the people at the meeting about how a health professional can help.'</p> <p>'They gave me an idea of things to look for in practice as signs of alcoholism. Circumstances are not black and white.'</p>
<b>Self awareness</b>
<p>'Was very impressed by it. It did change my thinking.'</p> <p>'I felt uncomfortable with the intimacy of a group discussion.'</p> <p>'I was honoured to be included but I felt like I was intruding.'</p> <p>'It helped me connect "clinical case" with "living person".'</p> <p>'Made me reassess my own and my friends' habits [at an AA visit].'</p> <p>'[Re overeaters anonymous] I was expecting overweight people...you can't expect what someone will present like just by the name of the condition.'</p>

tures the active learning elements of interpretation and understanding. Reflection is also good training for skills of a reflective practitioner.

Despite somewhat adverse publicity from some films and other media, and almost irreverent use of AA parlance and imagery by the general public, the 12-step programme is good therapy founded on an intuitively logical sequential approach to therapy that makes common sense.<sup>7</sup> The 12 steps constitute a systematic approach to recovery from addiction that has stood the test of time. First developed for alcoholics in the 1930s<sup>8</sup> the AA success led to the development of 12-step groups for a variety of other addictive-type behaviours.

Abuse of alcohol and drugs is common in New Zealand society,<sup>9</sup> but the number and variety of 12-step groups in New Zealand often comes as a surprise. In NZ there are literally hundreds of AA groups:<sup>2</sup> over 120 with weekly meetings held in Auckland, 54 in Christchurch, 42 in Wellington. These figures do not include the 12-step programmes that also exist for opioid and other narcotic dependency in Narcotics Anonymous (NA), for overeaters (called Overeaters Anonymous) or for compulsive gambling. Family members affected by the alcoholism of a loved one can find support at Alanon. There is even (in America) a 12-step organisation for workaholics.

As the comments of these students have demonstrated, observation at a

12-step meeting provides an opportunity for health professionals to give some thought to the many different facets of health and health care and addiction. This can potentially broaden health professionals' understanding of addictive behaviour, help develop one's own knowledge and attitudes toward persons with substance abuse, and give individuals confidence to contribute to workforce development as they share that understanding with colleagues and trainees.

Minimising harm caused by alcohol, illicit and other drug use was one of the 13 population health objectives identified in the NZ Primary Health Strategy,<sup>10</sup> but GPs admit to low role adequacy, motivation, self-esteem and work satisfaction when dealing with problem drinkers and those with hazardous or harmful alcohol use.<sup>11</sup> The challenging nature of addiction, time constraints, and also personal confidence in their own knowledge base can act as barriers, not just in addressing these issues with patients, but also for teaching on the job,<sup>12</sup> a consideration that carries workforce development implications.

Anyone working with individuals to achieve better health and welfare outcomes, but especially GPs, should know how to assist their patients access a 12-step programme. To this end, primary care health professionals are strongly encouraged to visit their local open meetings and familiarise themselves with the 12-step programmes available in their own communities.

In planning a visit, it is wise to know some basic etiquette: AA prides itself in being self-supporting and charging no fees or dues. The members themselves contribute what they can to defray expenses and attendance at 12-step meeting is free to visitors. Well-intentioned donations will usually be politely refused and returned to the visitor. Visitors should also identify themselves as such at the start, rather than run the risk being mistakenly identified as a person in need, silent in reticence or denial. Some of these points have been alluded to by Pras in his account that follows.

Do you know your local 12-step meetings? Which services are offered in your locality? Where and at what time the meetings are held? How patients can make contact with these local services? Established health practitioners, not just those in training, could find that there is much to gain from this experience. Why not take your registrar, or the practice nurses, as mutual moral support to do the 12-step?

### Acknowledgements

Grateful thanks to the medical students of ECC2 in 2004 and 2005 who allowed their reflective journals to be analysed for research purposes. Thanks also to the course administrators Mrs Berenice Crowther and Mrs Jeh Sie Chan.

### Competing interests

None declared.

### References

1. Moriarty H. Addiction: yet another chronic disease for primary care? *N Z Fam Physician* 2007; 34(2): [http://www.nzcp.org.nz/news/nzfp/April2007/Moriarty\\_April\\_07.pdf](http://www.nzcp.org.nz/news/nzfp/April2007/Moriarty_April_07.pdf)
2. Alcoholics Anonymous. Twelve steps and twelve traditions. Alcoholics Anonymous World Services Inc. 2002 reprinting. USA.
3. AA website. <http://www.alcoholics-anonymous.org.nz>
4. NA website. <http://www.na-na.org>
5. Alanon and Alateen website. <http://www.al-anon.org.nz/>
6. Moriarty H, McKinlay E. Early palliative care attachment – a transformative educational experience for medical students. *Focus on Health Professional Education* 2006; 8: 40-48.
7. Valliant GE. Alcoholics anonymous: cult or cure. *Aust N Z J Psychiatry* 2005; 39: 31-436.
8. Alcoholics Anonymous. The big book. Alcoholics Anonymous World Services Inc. 4th edition, 2001. USA.
9. Wilkins C, Casswell S, Bhatta K, Pledger M. Drug use in New Zealand: National Surveys Comparison 1998 & 2001, May 2002. Auckland: Alcohol & Public Health Research Unit. Massey University.
10. Ministry of Health. The Primary Health Care Strategy. Wellington: Ministry of Health; 2001. [www.moh.govt.nz](http://www.moh.govt.nz)
11. McCormick R, Adams P, Powell A, Paton-Simpson G et al. Alcohol and primary health care. New Zealand findings and implications from the WHO collaborative study. Report 2002. Goodfellow Unit, University of Auckland.
12. Moriarty H, Wynn-Thomas S. Alcohol and drug teaching – Can primary care practitioners do this? *Focus on Health Professional Education* 2001; 3: 59-68.8.

# An account of my Alcoholics Anonymous meeting

Pras Mao

I walked towards the large building. To me the venue looked like an old church; there was a steeple, stained-glass windows and wide, inviting, double swing doors at the front. Several people were huddled outside trying to shield themselves from the wind and rain. As I approached I could feel their eyes following me – analysing, curious. Something about their faces made them look battle-hardened; perhaps it was the wrinkles on their foreheads, or the sternness of their stares. Whatever it was, it was clear that these people had been through a tough struggle in their lives and I couldn't help but feel instantly out of place. What was I doing here? I certainly wasn't an alcoholic; there was no way I could relate to these people. Sure I've had the odd 'big night' out in Dunedin, but I've never been thrown into jail for assault, or drunkenly smashed my vehicle into a wall. I was young, these people were old, in their forty-somethings at least – most of them have probably been alcoholics for as long as I've been alive. What was I doing here? I could feel their eyes on me as I approached.

'Can you tell me where I could find Sarah please?' I asked one of them. Sarah\* was the name of the contact whom I had called earlier. The old man looked at me blankly and shrugged his shoulders. Odd, I thought. Perhaps these people were really unfriendly, or perhaps they were just trying to protect each others' anonymity. Either way, the old man didn't make me feel any more welcome and I felt increasingly out of place. I stepped in through the big double swing doors and realised the building was much larger than I had initially thought. This meeting must be a big one. In the main hall there were at least 60 chairs all arranged facing a large table at the front of the room. Two large tapestries were hanging on the front wall; one listing the '12 traditions of alcoholics anonymous' and the other the '12 steps'. I ran my eyes quickly down the lists.

The Twelve Steps of Alcoholics Anonymous...

'...Step 2. We came to believe that a power greater than ourselves can restore us to sanity...

*Step 5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.*

*Step 6. Were entirely ready to have God remove all these defects of character...'*

Why were there so many references to God? I thought to myself. It made me feel like I was in the chapel of some pseudo-religious cult or the basement of a secret society. Surely Alcoholics Anonymous was an association open to all religions, faiths and beliefs? The 12 traditions and steps are fundamental principles of the AA and are at the cornerstone of its success. How then can a Buddhist, Hindu or Islamic individual benefit if their core beliefs conflict with that of Alcoholics Anonymous? To me, this was a major shortcoming.

'Are you a medical student?' A shrill voice said to me from behind. I turned around and discovered an anxious-looking young woman looking at me.

'Yes, my name is Pras. Are you Sarah?' I asked.

'No I'm Angela, would you like a biscuit? This is a really good meeting for you medical students to attend because it's a big one.'

I was still coming to terms with how young Angela looked. My first impression was that this meeting was reserved for oldies, but Angela didn't have any wrinkles on her forehead or silver hair like the shrugging man I spoke to earlier.

'No, thank you; I'm very excited to be here,' I said, lying blatantly through my teeth.

Suddenly the sound of three wooden knocks signaled the beginning of the meeting. A woman not much younger than Angela sat down at the front table. 'I am Christie, your secretary, and I hereby declare this AA meeting open this Friday evening.' The 60 seats were quickly filled and I scanned my eyes across the room trying to gauge the demographics. The majority of the people here looked over 40 but there were also many who looked a lot younger. At least half a dozen looked like they were in their

---

\* Names and details have been changed to protect anonymity.

twenties and adorned with tattoos and piercings. Men, mostly men, but a surprisingly large number of women also, perhaps a sixty-forty split. I noticed that everyone was Pakeha. Not a single Asian, African, or Indian in sight. Perhaps my thoughts on the 'conflict of core beliefs' were right after all? What struck me the most was how 'normal' everyone looked. They were your average person you'd walk past in the street any given Monday morning. At that very moment it dawned on me that alcoholism was a much bigger problem in the community than I had previously thought. These people were accountants, doctors, secretaries, lawyers and teachers, and they were all alcoholics. Who knows how many more thousands of them there are out there? You would never be able to tell.

Twenty-four lines of code, 12 steps and 12 traditions; each recited as gospel from the 'big blue book'. It sounded as if everyone knew them off by heart, lines rehearsed a hundred times. Christie looked around the room and planted her eyes on me, *'Before we open to the floor we ask that any guests or visitors introduce themselves.'*

*'Oh crap,'* I thought to myself.

It wasn't that I was shy or nervous; it was because I felt like an intruder. After all, what right did I have being at this meeting? Me? A measly fourth year medical student. What right did I have to judge and analyse the inner-workings of a century-old organisation? To listen to the most intimate stories of people's lives? Three-and-a-half years of medical education certainly did not give me that right.

*'Hello everyone, my name is Pras, I'm a fourth year medical student.'*

The crowd roared in unison *'Hello Pras.'*

And for the first time all night, I felt welcome.

Christie looked away from me and towards a broad, tall man sitting in the front row. *'Today is Jon's birthday, and to mark this very special occasion Lucy has baked a cake for him. Jon can you come up here please?'*

On the table sat a very yummy looking cake with two number-shaped candles sitting on the top; '13'.

*'Thirteen???'* I thought to myself. *'This guy looks at least 40; perhaps they got the candles the wrong way around.'*

Jon walked up to the front amidst a roar of applause.

*'Thank you everyone, my name is Jon and I'm an alcoholic. Today is my 13th year of sobriety, and it's been a hell of a tough road.'*

CLICK.

The story that Jon told was intriguing. He spoke about himself as a 15-year-old and how he began his 30-year relationship with alcohol. To him, alcohol made him more confident, more assertive and more dominant in his crowd of friends. It made him feel invincible and turned him into another person altogether. In fact alcohol was so good at making Jon feel invincible that he went out and challenged everyone in the pub to fights. Once he ran out of people to challenge he went home and fought with his wife instead. *'I was a wreck until I found Alcoholics Anonymous,'* Jon said. *'AA works. For all you newcomers who are questioning whether or not this is for you – keep coming. I know how you feel, how hopeless you feel – but it works. Over the years I've made countless friends here. Each and every one of them has loved me back to health. That's what AA does; it loves you back to health.'*

Strangers loving each other back to health? I found this concept a little hard to swallow.

*'My name is Chris and I'm an alcoholic.'* Chris was another forty-something man, but thinner and more worn out than Jon. *'I could out drink anyone, and I was proud of it. Whatever I did, I liked to do better than everyone else, and drinking was no exception.'* There was a proud smirk on Chris's face. *'But when I drank, I got violent. The problem was I didn't realise that this didn't happen to everyone else who drank. I thought being violent was normal. I thought alcohol did this to everyone.'* Interesting point.

*'By following the 12 steps, the AA helped me change my ways.'*

More AA-praising, I thought. These people sure did talk a hell of a lot about how good the AA was. In a way it seemed like they were trying really hard to convince other people – perhaps themselves – that this programme works. The big '13' on Jon's cake made me want to believe them.

After several more speakers talking about pretty much the same thing, Christie drew the meeting to a close. Everyone in the room stood in a big circle holding hands and began to recite the Lord's Prayer *'Our Father, who art in heaven, hallowed be thy name...'* I joined in, feeling a little uneasy. I thought the AA was in no way tied to any religion? The prayer ended suddenly with everyone shouting as one: *'KEEP COMING, IT WORKS!'*