

# The 12-Step model

## it does what it says on the tin

Going through the programme and conceptualising addiction as an illness has helped many people come off drugs. So asks, **Nick Barton**, what difference does the labelling make?

**W**HY does the 12-Step approach to recovery from addiction arouse such passionate antipathy? Why take issue with a model that encourages the fullest possible restoration of health, promotes active community and depends for its success upon a laudable combination of altruism and personal responsibility? Apart from a common allergic reaction to its "Made in the USA" tag, three aspects in particular seem to get the critics' proverbial goat: the disease concept with its inherent proposition of powerlessness; the commitment to total abstinence and the reference to a higher power or God.

Is addiction a disease or is the disease concept a diseased concept? My own entirely unscientific estimation is that in the purest medical sense, it probably is not a disease. On the other hand it appears in many respects to behave like an illness in that it has specific signs and symptoms, a diagnostic imprint, a tendency to progress along a predictable path of deterioration that can, and often does, end in fatality. It generally appears to run a course over which a significant number of individuals seem to have little control. It seems to have a life of its own. Sometimes it rights itself spontaneously and in other cases help is required.

Is there necessarily a genetic predisposition? Could be, but my understanding is that the academic juries are still out on that score. Of all the nomenclature so far minted and clipped to addiction, such as "disease", "illness", "disorder", "ailment", "syndrome", "problem" and "condition", I lean towards the term condition because in its non-emotive blandness it seems to cover all angles, but I am not going to get too hung up about it.

### A PROBLEM WITH MANY FACES

Whatever it is, addiction is multi-dimensional: with bio-psycho-social-spiritual facets. I believe that if we look carefully at the condition with all its problems we will see the true, underlying "illness" or "dis-ease"

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staring us in the face. It may be as simple as recognising that what addiction produces is, in another context and guise, what produced addiction. This would suggest that the derivations of the addictive compulsion have something to do with survival, need, want, failed attachment, dependence, withdrawal, craving, isolation, discomfort, distress, insecurity, vulnerability, loss, confusion, frustration and fear to name but sixteen.



Whatever prompts the initial attraction to drugs and sustains that powerfully beguiling yet treacherous relationship, by the time treatment beckons much of the suffering is clearly attributable to dependent drug use itself. It has taken on a self-perpetuating, all-consuming life of its own to set alongside all the problems whether emotional or environmental, that caused the problem in the first place.

Like many treatments (in this case a self-administered one), the medicating process (the "solution") itself becomes a problem. So much so that the underlying distress is forced into consciousness by the breakdown of the very thing that is supposed to keep it under wraps. It is the imperative of addiction's journey to transport a person to a confrontation with the very inner reality he is trying to escape. The message seems to be that ultimately you cannot satisfactorily erase uncomfortable reality with substances. Or at least you can only do so temporarily and in doing so you will put yourself at risk of making matters a whole lot worse. Addiction does cruelly kind service in showing a person that substances are not what they really need and that they would be better off looking elsewhere for the recovery of ease and the sense of rightness.

### WHATEVER TURNS YOU OFF (DRUGS)

Whatever the truth in relation to pathology we must look for ways to help the addicted person engage with



Celebrities who have got on the programme. Clockwise from top: Daniella Westbrook, Paul Gascoigne, Kelly Osbourne, Robbie Williams, Naomi Campbell and Robert Downey Jr

## Addiction



**Give up this treacherous infatuation and come to terms with the painful reality of that love-hate relationship.**



treatment, or perhaps more accurately, with recovery as soon as possible. In that respect is there a benefit to the addict in thinking of his problem as a condition, disease or illness? I think so, in that it perhaps helps make some sense of his distressing experience while neutralising unhelpful stigmatisation. It recognises that substance dependence is as mysterious in its power to subvert a person's autonomous will to feel well and in control as is a dose of influenza. However, if a person feels unable to think of their problem in that way we should not press them to do so if this would be likely to inhibit their engagement with treatment. We should find out what concept people can work with that will enable change.

One of the plusses of the 12-Step recovery programme is that it addresses all dimensions of the condition simultaneously: the physical, psychological, social and spiritual. The basic prescription is a simple one that no medic's handwriting could obscure. If taken as indicated, the prescription works. Stop using the drug(s) and life will improve. Give up this treacherous infatuation

and come to terms with the painful reality of that love-hate relationship. Although you may have done bad things you are not essentially bad. If you think of yourself purely as bad, punishment is about all that follows and self-punishment hasn't done you much good so far. You can take on a new identity, relinquishing the negatively stereotypical image of narcissistic drunk or junkie. You can begin to operate instead as someone suffering from a recognisable condition, recovery from which is possible. It simply requires personal commitment to all round self-care on a daily basis. This doesn't absolve you of harms done but it probably puts you in a better position to become constructive and not to repeat them. Of course when you put down the drugs, life won't be a continual bed of roses or a state of perfect equilibrium.

### POWERFUL INGREDIENT

This is not another fix. But if you let go of the evidently futile and life-narrowing struggle to gain control over their use you will open up a world of possibility. You do not have to gamble with your life using drugs as chips. Your life is truly in your hands but with the help of others in the same predicament you can recognise and understand the extent of your vulnerability and susceptibility and discover what it takes to reduce it. Accepting your powerlessness in your relationship to drugs does not mean you are not responsible for your recovery, quite the contrary. So continue to seek help. Repeat the antidote on a daily basis and the changes will sooner or later stick and become part of you and your life. The known negative consequences of a return to use also reinforce the choice of this positive course.

Probably the most important and powerful ingredient in this model is that of fellowship. It is much easier to let go if someone is there for you and someone who is more constant than chemicals. The availability of unconditional acceptance, empathy, understanding and support of peers in the same predicament is powerfully sustaining. The fellowship provides a ubiquitous and powerful social network, forever positively reinforcing change. There is genuine hope because all around you is living evidence that such change is achievable.

### SENSE OF BELONGING

Morale is boosted, as your peers actually seem to care what happens to you. There are conspicuous role models to emulate and draw inspiration from. The "programme" provides much-needed orientation and a sense of cohesion, purpose and direction, as well as clarity to counter confusion. Its disciplines and rituals, even with their somewhat anachronistic language, can provide a degree of reassuring containment and a sense of belonging. It offers a set of values with a commitment to honesty at the centre and suggests that you might gain more from giving than taking. There is scope for you to find a way of engaging with the process that suits you.

It is not dogma that restores, it is primarily the acceptance of the problem, the active seeking of help, the taking of the prescribed treatment and the taking of personal responsibility to give up unhelpful behaviours and lifestyle. Much like any other illness really. ■