

## Step by Step: Avoiding Spiritual Bypass in 12-Step Work

By: [Craig S. Cashwell](#), Philip B. Clarke, and Elizabeth G. Graves

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### **Abstract:**

With spirituality as a cornerstone, 12-step groups serve a vital role in the recovery community. It is important for counselors to be mindful, however, of the potential for clients to be in spiritual bypass, which likely will undermine the recovery process.

Individuals who struggle with substance and process addictions often participate in 12-step groups as an adjunct to the therapeutic process or in lieu of formal treatment (Knack, 2009). In fact, empirical evidence suggests that well over 50% of those who receive formal treatment for alcohol or other illicit psychoactive substances participate in some form of self-help groups, with the majority of these in groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), predicated on the 12-step model (Magura, 2007). As many as 5 million people in the United States are believed to have attended an alcohol- or drug-related self-help group over a 2-year period (Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2008). Furthermore, referrals to self-help groups are a commonly recommended adjunct to the therapeutic process (American Psychiatric Association, 1995), and, in many instances, researchers have found that attendance in 12-step groups enhances therapeutic benefits and supports sobriety (Gossop, Stewart, & Marsden, 2008; Moos & Timko, 2008). At the same time, relapse and 12-step group dropout are common occurrences (Kelly & Moos, 2003). A better understanding is needed of the mechanisms that lead to relapse and 12-step group dropout.

Spirituality is a cornerstone of 12-step groups. Carl Jung's perspective on addiction influenced the spiritual foundation of AA (Hopson, 1996). Jung believed that spirituality might be the best solution for an addicted person, and Jung and Bill W. exchanged letters in which Jung described the desire to drink as the manifestation of a deep spiritual need within the person (Hopson, 1996). Many recovering individuals point to their spiritual lives as being central to their sobriety. In fact, scholars have gone so far as to describe 12-step programs as programs of spiritual recovery that support the development of new and transcendent meaning in the life of the recovering individual who is addicted (Galanter, 2007).

Furthermore, empirical evidence supports the role of spiritual growth and change in supporting the recovery process (Galanter et al., 2007; Zemore, 2007). For others, however, their spiritual and religious lives may hinder sobriety and recovery. It is essential, then, that professional counselors understand the role of spirituality within 12-step groups (Shrikhande, Dermatis, & Galanter, 2008).

One phenomenon that is common among people in recovery is spiritual bypass, a phenomenon whereby people avoid distressing emotions and other difficult psychological work by working only at a spiritual level (C. L. Whitfield, 1987). The purpose of this article is to describe the phenomenon of spiritual bypass in the recovery and 12-step process, provide concrete examples of how bypass is manifested, and provide recommendations for counselors working with clients whose sobriety and recovery may be hindered by spiritual bypass.

### **SPIRITUAL BYPASS DEFINED**

The term bypass refers to a shortcut or a circumventing, a path that avoids some undesired place, leading instead toward one for which there is longing. Similarly, spiritual bypass is a path or strategy that attempts to

navigate the psyche away from the turmoil of distressful psychological work and unfinished business toward a place of harmonious inner peace (Welwood, 1984, 2000; C. L. Whitfield, 1987). Those in spiritual bypass may be facing grievous pain from deep-seated hurt, trauma, or unresolved developmental struggles (Welwood, 1984). Often at an unconscious level, these people feel incapable of handling the pain of psychological healing and circumvent the healing process by adopting a religious or spiritual stratagem that helps them avoid the psychological pain (Welwood, 1984). This in turn makes them feel spiritual and, perhaps for a time, makes them feel well.

The problem people in spiritual bypass soon encounter is that the very peace they seek eludes them. Their psychological turmoil remains only just below the surface and requires that they now use energy to deny these feelings (Welwood, 1984) and use their self-perceived spirituality to keep their behaviors in line with the moral code to which they subscribe. They must increasingly endeavor to suppress their reflexive thoughts and behaviors and appear to themselves, if not to others, that they are good people, spiritual people, people adherent to the externally imposed standards against which they and perhaps others measure them (Michaelson, 1999). Attempts to disown these reflexive thoughts and behaviors inevitably fail.

The term spiritual bypass originated in the field of trauma and addiction recovery and was first coined by Charles Whitfield, a medical doctor. He observed that those patients who did their own psychological work were able to more fully experience their spirituality (B. H. Whitfield & Whitfield, 2004; C. L. Whitfield, 1987). Similarly, Welwood (1984) asserted spiritual practices can be effective in helping clients release their grip on dysfunctional cognitions and behaviors, but only for those whose psychological structures are already well-grounded. Such grounding, Welwood (1984) believed is psychological, not spiritual work. It means working with needs, scripts, hunger for love, fear of love, fear of loss of love, fear of receiving love, fear of giving love, and establishing a sense of self-respect which is not overwhelmed or crushed by other people's opinions, (p. 65)

Spiritual bypass, on the other hand, is false transcendence, a denial of one's shadow side (B. H. Whitfield, 1995), resulting in an assumed spiritual persona (Cashwell, Myers, & Shurts, 2004). Spiritual bypass, then, is a way to enlist religion or spirituality to avoid the psychological work of healing one's developmental wounds. This psychological healing is a vital part of the recovery process that may be missed by the person in spiritual bypass.

## **SPIRITUAL BYPASS IN THE RECOVERY PROCESS**

Spiritual bypass is not an uncommon phenomenon among the recovering population (C. L. Whitfield, 1987). There are a number of different ways in which this might manifest. Our purpose here is to first delineate some ways in which spiritual bypass may manifest in the recovery process and, more specifically, during 12-step work in a phenomenon we call step-specific bypass.

## **MANIFESTATIONS OF SPIRITUAL BYPASS DURING RECOVERY**

When a client in recovery is in a state of spiritual bypass, this state can present itself in various forms. It may present as an irrational commitment to a spiritual leader or sponsor (B. H. Whitfield, 1995) or as an obsessive recitation of 12-step mantras, proverbs, or scripture as a way to exert self-control or self-containment over the myriad of life situations (Bibee, 2000). Sometimes, it looks like spiritual materialism in which a person finds himself or herself fanatically wandering from spiritual high to spiritual high, ever in search of moments of divine unification (Bibee, 2000; Trungpa, 1973).

Spiritual bypass, however, is not always obvious. It might look like compulsive goodness that stems from feelings of worthlessness (Michaelson, 1999), spiritual materialism, inflation and narcissism (Welwood, 1984), or extreme repression of unwanted emotions (Cashwell, 2005). Instead of experiencing the fruits of a rich inner spiritual life, the recovering client can seem morally rigid; judgmental of self and others; self-righteous; exhausted; full of shame, confusion, and fear; riddled with compulsions or addictions; and, eventually, defeated (B. H. Whitfield, 1995).

One of the key components of spiritual bypass is that it relieves individuals of personal responsibility either for their problems or the solution to their problems. Our stance here is not to argue whether one's higher power can deliver one from his or her addiction. Rather, we espouse that the healthiest relationship with one's higher power is one that is collaborative (Pargament, 2001) and best typified in the Serenity Prayer (original version has been attributed to R. Niebuhr; see Niebuhr & Brown, 1987), a cornerstone of recovery programs:

God, grant me the serenity to accept the things I cannot change,  
Courage to change the things I can,  
And wisdom to know the difference.

For many, spiritual bypass may serve as a buffer against even acknowledging the addiction. When confronted by others about addictive behaviors, people often will respond with information about how religious or spiritual they are as a defensive response to the confrontation. The logic from the addicted person is, "I can't be an addict, I'm a deeply spiritual person." Thus, the initial way in which spiritual bypass may inhibit recovery is that it becomes part of the rationalization and justification used by the addicted person to remain in denial about the problem.

For many individuals who struggle with substance and process addictions, the addictive behavior functions as repressing undesirable emotions, a phenomenon often called self medicating. Once the person begins the recovery process in earnest, these emotions often present a challenge. Spiritual bypass occurs when the individual uses his or her spiritual life (religious practices, 12-step practices, or both) in an unhealthy manner to avoid these difficult emotions. One caveat is that spiritual bypass may actually be helpful in the short term to help a person who is early in recovery maintain his or her sobriety. Spiritual bypass is not, however, a healthy long-term coping strategy.

For example, Clarrice was a 35-year-old woman in counseling who had 15 months in recovery from her sexual addiction. (No actual names are used in this article. All are either pseudonyms or fictional clients.) Although it was apparent to her counselor that Clarrice had a lot of rage and that this likely was related at least in part to her childhood sexual abuse, Clarrice mentioned her childhood sexual abuse only briefly in the first session, adding, "but I don't think that has anything to do with my addiction, and I really don't want to focus on that." When the topic of anger was broached by the counselor in a later session, however, Clarrice responded quickly and, ironically with some anger, by saying that this should not be a topic in counseling because she was praying it away and her minister had told her that God was going to deliver her from her anger. The counselor worked within a spiritual framework that matched that of the client, who participated in both a religious and a 12-step community, and introduced forgiveness as important to Clarrice's spiritual growth. This began a long period of working with forgiveness, including self-forgiveness. By the end of the counseling process, Clarrice's anger had decreased noticeably and she experienced longer and greater periods of internal peace.

Additionally, spiritual bypass often affects self-worth. What is interesting, however, is that different clients will take polar-opposite stances on their self-worth. For some, the spiritual bypass creates spiritual narcissism in which the individual believes he or she has become somehow enlightened in a way that others have not and operates from a disconnecting stance of spiritual superiority. When this occurs, however, the person rarely experiences gratitude for his or her spiritual experiences because this would externalize the source of the experience and diminish the narcissistic (i.e., "I'm special") armor. Not uncommonly, however, this leads to complacency, the enemy of recovery.

In other recovering people, the opposite of spiritual narcissism may occur. These people often hold beliefs that support a low self-esteem. In our experience, this occurs most often when an individual believes his or her higher power is judgmental and vengeful. Individuals in 12-step programs frequently struggle with the second tradition, which states in part that "there is but one ultimate authority -- a loving God" (AA World Services, Inc., 1981, p. 132), because this is antithetical to their early experiences of a wrathful God who is judging and condemning. In this form of spiritual bypass, early negative introjects from familial and religious sources find support in psychologically harmful spiritual beliefs.

## STEP-SPECIFIC BYPASS

In addition to the global ways in which spiritual bypass may manifest during the recovery process, spiritual bypass also may occur specifically in relation to 12-step work. In such cases, a step-specific bypass, or a misstep, has occurred that may interfere with the individual's recovery program. Because of space limitations, our focus here is on the most commonly occurring (based on our collective experiences) manifestations of bypass in step work. A list of The Twelve Steps of NA (NA World Services, Inc., 2008) is included in the Appendix.

**Steps 1 and 3.** Spiritual bypass is manifested in Step-1 and Step-3 work when the individual abdicates personal responsibility for his or her recovery program. The language of powerlessness and turning over one's will and life are used to externalize responsibility for recovery. Accordingly, the individual takes little further action in working a program of recovery. As mentioned earlier, the argument here is not that an individual should hold to the illusion that he or she has power over the addiction (Step 1) or that he or she should maintain an ego-centered willfulness (Step 3). Rather, the issue that arises is that this individual, in bypass, wholly abdicates personal responsibility for his or her program of recovery.

**Steps 4 and 5.** In working in Steps 4 and 5, the recovering person is making a "searching and fearless" self-inventory and confessing this inventory. This process of self-assessment and confession are predicated on the individual's capability to do an honest and rigorous self-assessment. By definition, spiritual bypass clouds awareness of emotional and psychological issues and may hinder the capacity of the individual to be rigorously honest in his or her inventory. As an example, Carl was working on Step 4 for the third time before he realized that arrogance and complacency were crucial elements of his inventory that he had failed to consider during previous attempts at sobriety. An ordained deacon in his faith community, Carl considered himself a spiritually enlightened person and spoke of this in his counseling sessions. Carl was in spiritual bypass, exhibiting symptoms of spiritual narcissism and using his self-perceived spiritual gifts to justify and rationalize his pious and judging attitude toward others. As of this writing, Carl has now enjoyed his longest period of sobriety in over 25 years. He personally attributes this to the "humbling experience" of realizing the character defect of arrogance and working Steps 4 and 5 with this personal limitation.

Additionally, spiritual bypass may emerge specifically in Step-5 work when the recovering person believes that the inventory need only be confessed to the God of his or her understanding and not to another person. This seems to originate from the belief that God can and will forgive the past mistakes and issues and that this is all that is needed. Shame, however, is a major relapse trigger (Dearing, Stuewig, & Tangney, 2005). By failing to experience the unconditional acceptance of another person who bears witness to Step 5, the client may fail to experience the support of others that may facilitate self-forgiveness and the diminishing of guilt and shame.

Counselors can be very helpful to clients engaged in Step-4 and Step-5 work. It is an inherent part of the counseling process to make the more unconscious or "shadow" aspects of the self come into conscious awareness. Through this process, clients can expand their Step-4 inventory, over time, to be more thorough. Furthermore, counselors can help clients who resist doing Step 5 with another person under the guise of having already confessed this to their higher power. Specifically, the counselor can help the client explore his or her hesitation to discuss past wrongs with his or her sponsor. Also, the counselor might help the client more fully understand the importance of the Step 5, what it might look like, and how it can be helpful. The counselor can encourage the client to use the support of the God of his or her understanding to tolerate the discomfort experienced in disclosing his or her inventory to another person.

**Steps 6 and 7.** In working Steps 6 and 7, the client is first readying himself or herself to have God remove defects of character and then humbly asking that these shortcomings be removed. Spiritual bypass may occur when a client misinterprets these steps and engages in dualistic thinking with the belief that all of the client's character defects should be immediately removed on asking. When this expectation of immediate perfectionism is not met, the client may become self-critical, possibly even to the point of feeling unworthy of God removing these shortcomings. Such a person may have been a martyr or victim in his or her family of origin and likely has

people-pleasing tendencies as an adult. An already low self-esteem may be negatively affected by unrealistic expectations for how shortcomings will be removed.

Often, counselors can be helpful in dealing with spiritual bypass in Steps 6 and 7. Counselors trained within a cognitive behavior framework are trained to assess and intervene with dualistic, all-or-nothing thinking.

Furthermore, counselors may find it helpful to remind clients on the importance of realistic expectations, as stated in Twelve Steps and Twelve Traditions (AA World Services, Inc., 1981):

It is nowhere evident, at least in this life, that our Creator expects us fully to eliminate our instinctual drives. So far as we know, it is nowhere on record that God has completely removed from any human being all his natural drives, (p. 65)

Counselors can also be helpful to clients as they become ready (Step 6) to have defects of character removed. Working from a foundation of acceptance and compassion to combat client shame, the counselor can help the client identify and process his or her character defects and consequences of these shortcomings. One specific technique that has proven useful here is the Motivational Interviewing (Miller & Rollnick, 2002) technique of using scaling questions to ask the client to rate his or her readiness to change for each defect, on a scale of 0 to 10, recognizing that these ratings may change frequently across sessions. Depending on the client's particular situation, it may also be helpful to rate the defects on dimensions of importance, ease with which it will be removed, and severity of consequences of not changing, among others. This process serves two purposes. First, it reinforces the notion that the immediate removal of all character defects is not a reasonable expectation. Second, the client's scaled ratings provide some direction as to which character defects are the most salient for the client.

The counselor can also be helpful in addressing two additional aspects of Step-6 and Step-7 work, namely dealing with grief and loss associated with surrendering long-standing aspects of the self. Grief and loss are not uncommon experiences of clients working Steps 6 and 7. Clients in spiritual bypass can sometimes harbor a belief that they should not feel sad at the removal of character defects and then feel shame at the sense of sadness at the passing of these defects. Counselors can help clients by normalizing this grief process and supporting clients in their grief work. Also, it is important in doing Step-6 and Step-7 work that the client also be challenged to formulate character goals that will replace the character defects once they are removed. This creates a vision for the client of a different future with new character traits in place.

Steps 8 and 9. Spiritual bypass also can negatively influence the recovery process of people when they are making a list of persons harmed through their addictive behavior (Step 8) and, when possible, making direct amends (Step 9). In Step-8 work, spiritual bypass can lead an individual to justify and rationalize past behaviors, thereby minimizing the damage done to others. For example, John was in the early stages of recovery from opiate drugs. In working Step 8 with his sponsor, he was unclear whether to include Janet, a woman with whom he had a long-term (20+ years) affair while he was married, asserting that theirs was a "spiritual union, divined by God." When his wife found out about the affair, John cut off all contact with Janet. When challenged to consider that Janet might need to be on his Step-8 list, John countered by saying this would dishonor his renewed commitment to his marriage by making contact with Janet. When reminded that not all Step-9 efforts have to be face-to-face or involve the other person at all, he continued to resist this, justifying the relationship as a "gift from God."

In addition to resisting amends work, some people make poor choices about amends from a stance of spiritual bypass. One way in which this manifests is when an individual approaches an amends with moral superiority, often failing to honor the Step-9 mantra of do no harm. For example, Melinda had an affair with Joe, a married man, for about 6 months. Wracked with guilt, Joe ended the affair without his wife ever knowing of the affair. Eight years after the affair had ended, Melinda began treatment for her alcoholism and also began working a 12-step program of recovery. Soon after, Melinda bumped into Joe's wife at a social event. Acting on what she claimed was "God's will that we have this conversation," Melinda did a Step 9 with Joe's wife, who was devastated when Melinda told her of the affair. Melinda likely would have been well-served to check with her

sponsor before doing this step, a reminder that "going it alone in spiritual matters is dangerous. How many times have we heard well-intentioned people claim the guidance of God when it was all too plain that they were sorely mistaken" (AA World Services, Inc., 1981, p. 60). When challenged by her sponsor and by her therapy group about her choice, Melinda asserted that it was spiritually the right thing to do to tell the truth. The counselor's conceptualization of this was that Melinda still felt a lot of anger toward Joe for ending their relationship. She had practiced pseudo-forgiveness by stating that she had forgiven Joe because that is what her spiritual beliefs called for, when, in fact, she had not forgiven him. She then misused Step 9 to punish Joe. She clung to her assertions, however, that this level of honesty was her spiritual path.

Counselors can be helpful to clients who are engaged in Step-8 and Step-9 work by reminding them that the purpose of making amends is first and foremost for the person in recovery. Clients (like John) who resist adding people to their Step-8 list can be reminded that Step 8 and Step 9 are separate steps and that the sole purpose of Step 8 is to generate a complete list of persons harmed without regard for how or if amends (Step 9) will be made. Finally, in the case of Melinda, there was little a counselor could do before the unfortunate Step 9 occurred. In many cases, however, the counselor will have the opportunity to clarify why certain people are included or excluded from the Step-8 list and discuss with the client the motivations and intentions behind doing a face-to-face amends, to ensure that the sole intention of the client is to make amends.

Step 12. Step 12 calls for program members to carry the message of hope, strength, and encouragement to other individuals who are addicted. In principle, this is a call for program members to support one another through program contact and sponsorship. One of the easiest ways for people in spiritual bypass to avoid doing their own psychological work, however, is compulsive goodness, or a chronic caring for others, most often borne out of a low sense of self-worth and a desire to be accepted by others (Cashwell et al., 2004); that is, some people in recovery become literally obsessed with helping other program members. Although this may seem at the surface to be socially acceptable, the addict places himself or herself at high risk for relapse by caring for others at the expense of self. As an example, Lynn participates in an outpatient therapy group for people in recovery and attends meetings for AA and Al-Anon (allied with AA to help families and friends of alcoholics recover from the effects of living with the problem drinking of a relative or friend). She calls members from all of her groups regularly to see how they are. When asked how she is doing, however, her answer is always the same: "Fine." When challenged by group members about her care-taking behavior, she becomes very defensive, taking on the role of martyr in the group by asserting that she is just doing what Jesus did by "caring for the least of these." The group quickly backs down when Lynn assumes the martyr role. Within a couple of months, Lynn relapses.

## **IMPLICATIONS FOR COUNSELORS**

In addition to the recommendations for addressing step-specific bypass, there are a number of general implications for counselors working with recovering clients. A critical concern for counselors is the conscious and intentional management of boundary issues. Drawn from the eighth tradition of AA, 12-step groups are built on the foundation that they "should remain forever nonprofessional" (AA World Services, Inc., 1981, p. 166). Although there are clear ethical guidelines that provide guidance to a counselor who determines that a client is also seeing another mental health professional (American Counseling Association, 2005), the relationship is less clearly defined when the other person supporting the client's sobriety is a sponsor. The risks, however, when the two are not working in concert are no less serious simply because the sponsor is not a mental health professional. In fact, the risk may be higher in instances where the sponsor and counselor do not respect the other's role. For example, the counselor may undermine the role of the sponsor by highlighting his or her lack of professional training, and the sponsor may undermine the counselor's professional training as being out of touch because he or she is not in recovery.

Consultation between the counselor and the sponsor, however, is complicated because 12-step programs are built on anonymity. In fact, anonymity is considered a spiritual foundation of 12-step groups (AA World Services, Inc., 1981). To respect the anonymity of the sponsor, we recommend that the client be encouraged to explore with the sponsor whether he or she would be willing to talk with the counselor and to get verbal approval from the sponsor to be identified for the purpose of obtaining a release of information consent form

from the client. If the sponsor is amenable to this, consultation can occur. In this way, the counselor and sponsor can discuss possible spiritual bypass and how best to work together to support the sobriety of the client/sponsee.

Whether consultation with a sponsor is available or not, it is imperative that the counselor assess the spiritual life of the recovering client. Understanding the client's spiritual and/or religious perspectives provides a foundation for understanding how work within the spiritual domain may support or hinder the client's recovery. Notably, understanding the internal working model of the client around religious and spiritual issues supports the assessment of when spiritual bypass may be occurring. For example, if the client holds a belief in a higher power, assessing how the client views his or her higher power (e.g., vengeful vs. loving) may provide insight into how spirituality might be addressed in the counseling process. Additionally, the counselor who is sensitive to spiritual bypass is mindful of the presence of symptoms of bypass, such as avoidance of psychologically painful material or spiritual narcissism, that are common among people in recovery.

When the ongoing assessment process suggests that the client may be in spiritual bypass that is compromising his or her recovery, it is important to remember first and foremost that bypass is a defense mechanism and a coping strategy that may have served a critical role in the client's life, possibly even allowing him or her to survive difficult circumstances in the past. As such, it is to be expected that the client will defend these perspectives when they are threatened. Although a detailed explication of techniques is beyond the scope of this article, it follows, then, that strategies for working with client resistance using Motivational Interviewing techniques (Miller & Rollnick, 2002) would be applicable in working with clients in spiritual bypass. Furthermore, when working with the client's religious or spiritual beliefs, it is essential that the counselor work from within a constructivist or pluralist perspective rather than a rejectionist or exclusivist perspective (Zinnbauer & Pargament, 2000).

## CONCLUSION

Recovering clients may present with strong spiritual and religious perspectives that affect their recovery process either positively or negatively. Where spiritual bypass is occurring, the recovery process may be compromised. Furthermore, this spiritual bypass may be overtly manifested in the client's 12-step work. It is an ethical imperative that counselors competently and sensitively assess the spiritual and religious perspective of their clients. As has been the focus of this manuscript, it is only through this assessment and an awareness of the potential of spiritual bypass that counselors can maximally support clients in working a healthy program of recovery.

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## **APPENDIX THE TWELVE STEPS OF NARCOTICS ANONYMOUS**

1. We admitted that we were powerless over our addiction, that our lives had become unmanageable.
2. We came to believe that a Power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of God as we understood Him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have God remove all these defects of character.
7. We humbly asked Him to remove our shortcomings.



8. We made a list of all persons we had harmed, and became willing to make amends to them alt.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continued to take personal inventory and when we were wrong promptly admitted it.
11. We 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.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in all our affairs.

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