From Self-Help to Professional Care

An Enhanced Application of the 12-Step Program

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The process of an enhanced application of the spiritual self-help 12-step program of Alcoholics Anonymous in a professional counseling approach is described. Two integrated enhancements are outlined. The first is the enhancement of the addressed problem as applied by several 12-step self-help groups. Assuming a three-dimensional view of human existence—physical, mental and spiritual—it is argued that a more far-reaching program is obtained when the problem is defined as originating primarily in the mental dimension, but the most inclusive 12-step program may be defined by emphasizing the problem's definition as originating in the spiritual dimension. Second is the program's expansion from self-help to professional practice. Although in the past this trend derived mainly from the addiction-treatment field, it is argued that professionals can practice a more inclusive 12-step program called Grace Therapy. Basic assumptions of this program as reflecting a theory of applied spirituality are outlined and supported by clinical illustrations.

Sixty years ago, Alcoholics Anonymous (AA) established its 12-step program. Over time, the personal experiences of recovering alcoholics created a self-help program and a spiritual way of life for other recovering alcoholics (AA, 1976; Kurtz, 1988). My purpose here is to analyze the process by which this program has been applied in addressing different problems by a range of self-help groups and to theoretically

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define its basic assumptions when implemented in professional counseling for various disorders.

The first feature of the process is the ease with which the program can address problems and disorders other than alcoholism. The creation of various anonymous self-help groups such as Al-Anon, Narcotics Anonymous (NA), Overeaters Anonymous, and Incest Survivors Anonymous has justified this development. A general consciousness of the 12-step program has emerged in a contemporary social movement called the recovery movement (Riessman & Carroll, 1995; Room, 1993). However, this movement's assertions about the prevalence and nature of dependency and victimization have shifted it from AA's initial arguments (Kaminer, 1992) and constrained its ability to represent an enhanced application of the 12-step program. I attempt here to follow a parallel but different line of application.

A further aspect of the enhancement process calls for applying the 12-step program as a theory and method in professional practice. A growing body of related experience exists in the field of chemical dependency treatment (Alford, Koheler, & Leonard, 1991; Denzin, 1987; Thompson & Thompson, 1993), where this program is considered a major intervention approach. Furthermore, a substantial body of literature exists that enables us to understand the program as a therapeutic mechanism for addicts and that uses professional terminology (e.g., Bean, 1975a, 1975b; Bristow-Braitman, 1995; Ripley & Jackson, 1959). Comparisons, as well as contrasts, between the program's ideology and various psychological approaches are also well documented (e.g., Holmes, 1991; Majer, 1992; McCrady, 1994; Miller & Kurtz, 1994). Attempts to broaden this conceptualization into disciplines other than that of dependency are still preliminary.

Discussing the adoption of the 12-step program by professionals, Humphreys (1993) noted the difference between helping strategies, which can easily be transferred from one system to another, and helping values, which deal with existential assumptions and issues. Humphreys perceived the options for adopting the spiritual helping values of the 12-step program by professionals as limited. Contrary to his claims, I attempt here to describe the 12-step program values and assertions as valid premises of professional practice. I agree with Hanna (1992) that "AA [its 12-step program] and mainstream counseling and psychotherapy are remarkably similar in process and outcome" and that "in a field where there are over 400 schools of widely differing therapies, AA could be viewed as being less radical than some" (p. 168).

Although the connection between spirituality and mental health has been well documented since ancient times, in both Western and Eastern traditions, modern behavioral science is still unable to affirm or negate it. The failure of scientific methodology to explore the basic spiritual claim, that is, its relation to the transcendent (Miller & Martin, 1988), attests to limitations of methodology rather than indicating the nature of the spiritual premise.

Some scholars have rejected the spiritual argument of the program (e.g., Le, Ingvarson, & Page, 1995), others explain it in more naturalistic terminology (e.g., Maxwell, 1984), whereas others have approved it (e.g., Khantzian & Mack, 1994; Smith, 1994; Tiebout, 1954). I perceive this spiritual argument as essential to the program, whether

in limited or enhanced form. In its enhanced form, it constitutes a contemporary school of psycho-healing, or a program for human spiritual development. I call it *Grace Therapy.*[1]

This article basically is a theoretical one. Unfortunately, quantitative empirical data on the 12-step program's value as an enhanced ideology for the professional treatment of various disorders are not yet available. However, to make my arguments clear, I provide a variety of clinical illustrations from my own clinical and educational practice. During the past 5 years, this enhanced program was used in the treatment of male batterers in Israel's largest treatment center for domestic violence. Hundreds of men have participated in therapeutics groups based on this program's ideology. In addressing violence, many of them have worked the steps as they are (Ronel, 1997; Ronel & Claridge, 1999). This clinical experience also includes individual counseling with women victims of violence and with people suffering from various disorders and group sessions for cancer patients and their families. Within all these types of practice, the ideology was that of Grace Therapy, the enhanced 12-step program. Finally, my experience includes leading academic courses and various workshops for practitioners in which the participants studied the program theoretically and experienced it personally. The enhanced model of the program derives from this clinical and educational experience.

"WE WERE POWERLESS OVER . . . "

Step 1 of AA's 12 steps declares, "We were powerless over alcohol." According to AA, its meaning is a pragmatic one (AA, 1952, 1976; Anonymous, 1991): Alcoholics, without exception, are people who have experienced a failure of willpower with regard to alcohol. Alcohol dependents find themselves drinking much more than they intended and are unable to stop. They may become increasingly involved in alcohol-related activities, which cause ever-growing complications. Because this state is considered irreversible, sufferers are never able to recover fully but remain in a lifelong recovery process (Bean, 1975a, 1975b). Various kinds of AA groups currently exist, and some are also open to people suffering from dependency on other chemicals. But AA's program, as the first step of AA's 12 steps states, is for alcoholics, that is, for people whose basic condition is that of a fundamental alcohol-related limitation (E. Kurtz, 1982).

NA has developed this idea further (Peyrot, 1985). Instead of focusing on the substance of dependence itself, that is, alcohol or drugs, NA's program emphasizes the whole process of dependency, regardless of the particular substance involved. Hence, the first step of NA states, "We were powerless over our addiction" (*Narcotics Anonymous*, 1988, p. 19). Members define the term *addiction* subjectively, in terms of their personal experiences with their specific substance abuse. Thus, NA took AA's program and enhanced it: It became a program suitable for those dependent on any substance.

NA's program goes beyond the substance itself and defines a general "disease of addiction." Being pragmatic, this description is oriented toward action, which it

defines and enhances. Similar to AA's wisdom, NA provides a symbolic description of the human structure and its basic disorder, defined as a three-dimensional disease model: physical, mental, and spiritual (Ronel & Humphreys, 1998-1999). The physical dimension is an allergy-like bodily reaction manifested by the inability to stop using the substance after the initial consumption of it. The mental dimension is the obsession with altering one's state of consciousness by substance consumption, whereas the spiritual is defined as self-centeredness, or selfishness (*Narcotics Anonymous*, 1988), manifested mainly as feelings of grandiosity supported by inflated self-concepts. In addition to the grandiosity, self-centeredness includes feelings of self-negation, experienced as a sense of self that is totally dependent on outer stimuli (e.g., an addictive substance, the attention of significant others, etc.) (Ronel & Humphreys, 1998-1999). Although this model is widely used, it also has aroused considerable opposition (e.g., Peele, 1989). The model is by no means a scientific explanation, nor can it substitute for such an explanation. However, this controversy can be avoided in part by adopting a three-dimensional description of human structure without the medically oriented term *disease*.

In adopting the same three-dimensional description of human structure, it may be argued that AA's initial emphasis is on the physical dimension, on the bodily reaction to the substance itself. It attracts alcoholics because the program is aimed specifically at them (Maxwell, 1984). Their starting point is the recognition of their physical powerlessness over alcohol and their inability to stop after the first sip.

NA's program shifts the initial emphasis of Step 1 from the physical dimension to the mental. It is not a program solely for people who are "allergic" to any given substance but is aimed at those obsessed with altering their state of consciousness by any external means. Usually, the external means is a substance, namely, drugs, but I also have witnessed members of NA confessing to compulsive gambling or compulsive food consumption as their main addictions (Ronel, 1993).

In the history of the 12-step movement, some fellowships have adhered to AA's way of focusing on a certain substance or behavior. Others followed NA's example of broadening the problem's definition. Within the first group, we can cite Overeaters Anonymous, with its emphasis on compulsive food intake, and Gamblers Anonymous (GA), which addresses compulsive gambling. The latter is further evidence of the broadening of the original concepts, because the scope of the GA program includes a type of compulsive behavior—gambling—and not only substance dependency (here, substances may include food). However, GA focuses on gambling alone, without addressing compulsive behavior in general. This focus on certain behaviors can be understood as an initial focus on the overt physical dimension rather than a broader initial focus on the mental one.

Within the second group of fellowships, which adhere to the NA model and its broader definition of the initial problem, Emotions Anonymous (EA) is a relatively small but distinct organization. The first step of EA states, "We were powerless over our emotions" (*Emotions Anonymous*, 1978, p. 40). This definition of the initial problem relates directly to the mental dimension of human existence. It does not refer to any behavior that may accompany such a mental problem. Whereas the term *addiction* usually evokes an image of drug or alcohol intake, the form of any given behavior

connected to the term *emotions* cannot be described. Any kind of behavior can result from emotional disorder and the subjective perception of powerlessness over one's emotions.

In the 12-step wisdom, the mental sphere lies beneath the behavioral dimension and serves as the basis for certain behaviors. In alcoholism, the intake of alcohol and the physical disease are based on the mental "disease"—the mental craving for alcohol (Anonymous, 1991). As we have seen here, AA focuses on its members' craving for alcohol, a craving that has physical and mental dimensions. NA is centered on the craving itself, thus focusing on the mental basis of chemical dependency (Ronel, 1993).

However, EA has moved a stage further. It focuses on any deviant mood or emotion, not just the craving for mood alteration or other specific conditions. It is grounded on the possibility that a disturbed emotional state can rule one's life, regardless of the inevitable resulting disorder. The disorder may manifest itself as a behavioral disorder, such as chemical dependency. It may generate multiple behavioral disorders, such as delinquency and substance dependency. Equally, it may cause mental suffering with no fixed behavioral manifestation (e.g., affective disorder). In regard to its target population, this enhancement of the 12-step program accords with any other form of psychotherapy dealing with the mental state of individuals.

We see from the above discussion that the deeper the human dimension that the program emphasizes initially, the more extensive is the program's scope. We thus can expect that when the program focuses on the spiritual domain, aiming to help people overcome the spiritual root of their disorders (which is described phenomenologically as self-centeredness), it becomes an inclusive program. It then has the potential to address people suffering from diverse personality or behavioral disorders. This is the most comprehensive form of the program. Thus, the general form of Step 1 becomes "We were powerless over our self-centeredness." Self-centeredness may be manifested as a grandiose sense of the self, as in the case of NA members. But it also may be manifested as a pseudo-denial of self, which leads to a total dependence on an outer reinforcement (by chemical agents as well as by social approval, etc.) and an incessant occupation with oneself and one's relation to the world (see, e.g., Myers & Jeeves, 1987, chap. 21). Anyone aware of the basic limitations of being a self-centered human being (Lukas, 1988) has already implemented the first step. Accepting this awareness of self-limitation leads to willingness to seek a way out of its negative consequences. Grace Therapy—the enhanced 12-step program—offers such a way because it is founded on the primary recognition of powerlessness, and it attempts to lead its adherents to gradual freedom from powerlessness.

IN THE SERVICE OF PROFESSIONALS

The idea of applying the suggestions of the 12-step program in a professional treatment facility was first proposed to Bill Wilson, the cofounder of AA (AA, 1957). Although he turned down the proposal, the idea itself never disappeared, and the

program has gradually influenced professional attitudes and been adopted by a growing number of chemical dependency treatment facilities. Four main approaches can be identified in the full range of possible collaboration methods between traditional therapies and the 12-step program (Ronel, 1995):

1. *Actively referring patients to join AA/NA.* By actively referring patients, professionals rely on community resources and also acknowledge the significance of the 12-step program in the recovery process. Ideally, this approach should be carefully implemented to avoid transgressing the principle of voluntary participation, which is central to the program. In practice, however, this principle is not always maintained, and the client's willingness is markedly reduced as a result (Manitonquat, 1996).

2. *Recognizing the synergy between parallel activities*. Professional therapy and involvement in AA/NA are parallel processes, and common benefits can result from them. Therapists can use the insights gained through the 12-step process and also can help clients to proceed with the program (N. P. Johnson & Chappel, 1994).

3. *Including the 12-step program in professional therapy.* The program can serve as one component of a comprehensive set of therapies (e.g., C. L. Johnson & Sansone, 1993).

4. *Using the 12-step program as the principal therapy.* Alford et al. (1991) claim that dozens of such facilities exist throughout the United States. A few of these models have been specifically described (e.g., Cook, 1988a, 1988b; Edwards & Huston, 1988-1989; Spickard, 1990). This latter approach is the focus of the present discussion.

A major feature of some of the approaches cited is that the staff may include recovering addicts who can act as agents of the 12-step program within the facility (and who also may belong to the caring professions). In a facility where treatment is based solely on the program, the majority of the staff (if not all) are recovering addicts. This phenomenon is a continuation of a basic feature of self-help groups in which people suffering from a certain problem help fellow sufferers. This trend also has taken hold in the recovery movement, where individuals recovering from various dependency disorders counsel others (Riessman & Carroll, 1995). However, it can be asked whether it is mandatory for people suffering from the same disorder as their clients to be the agents of the 12-step program and if the application of the program should be limited to the dependency field alone. In other words, which basic assumptions should be adopted by practitioners who apply the enhanced 12-step program, Grace Therapy, in counseling?

THE PREMISES OF GRACE THERAPY

Although the pragmatic 12-step program does not ally itself with any basic theory, there are several fundamental hypotheses of this program that extend beyond its applicability to specific problems. They form the basis of the extended 12-step program, Grace Therapy, and enable a thorough understanding of it.

1. *Human psychic structure.* As previously mentioned, Grace Therapy states that individuals act on three levels: the physical or behavioral, the mental, and the spiritual. It should be noted that other schools describe a similar premise and dynamic, for example, logotherapy (Holmes, 1991; Lukas, 1988). Usually, theories that focus solely on the physical, behavioral, or mental level (or a combination of these levels) give an adequate but incomplete description of a fragment of the human psyche. "Personality development is viewed from the perspective of how the person handles the central theme [of the specific theory], e.g., pleasure or power-seeking" (Mishell & Srebrenik, 1991, p. 45). The inclusion of the spiritual level adds a comprehensive divine perspective to the understanding of psychic structure. Hence, it can account for various behavioral disorders but also for life's ultimate questions (Myers & Jeeves, 1987). A clinical illustration follows.

> N. is a woman in her early 30s. She used to live a hedonistic life with intensive use of marijuana, recurring casual sex, unsteady employment, and so on. She came for counseling because of her brother's involvement with drug trafficking and her wish to help him get out of it. Although she believed she had no mental dilemmas—she managed her life well, was socially accepted, and perceived her life as freely chosen by her—the issue of life's ultimate questions was relevant for her. During counseling, the spiritual level proved to be the most dominant. The spiritual discoveries she made helped her to reevaluate her life and to change her direction: Currently, she perceives spiritual development to be more important for her than the pleasure she used to seek. This new insight supports her during her everyday struggle with old habits and temptations: She voluntarily began abstaining from drugs and alcohol as well as from casual sex, stopped socializing with most of her former drug-using friends, and completed her education, thus overcoming her former fear of failure. From time to time, she claims to have won serenity unknown to her before.

2. *Human disorders*. Grace Therapy perceives the behavioral level of a disorder as a manifestation of an overall disorder. According to this view, most behavioral disorders or acts of deviance are physical manifestations of a mental imbalance and spiritual "character defects." Such character defects at the spiritual level may be manifested in mental disorders or excessive drives that eventually lead to behavioral symptoms. The underlying character defect present in most behavioral disorders is defined as self-centeredness or selfishness (AA, 1976). This is the major factor that is phenomenologically manifested in most forms of mental and behavioral suffering. Most problems—though differing in quality and quantity—include various manifestations of one basic, common motive: self-centeredness. Emphasis on this common motive makes the program an inclusive one that can address most behavioral disorders. One should note that this is a pragmatic and action-oriented, rather than causal, explanation. As mentioned above, the definition of a common factor helps in defining an inclusive Step 1 that may be relevant to anyone who is involved in a struggle for mental or spiritual development: the admission of being powerless over self-centeredness. Such an admission usually leads to a "letting go" intention (see below) and an experience of release. "'Just plain human beings' are as susceptible to obsessions, self-centeredness, and self-deception; when we open ourselves to release, we, too [as alcoholics], can experience similar moments of free-ing" (E. Kurtz & Ketcham, 1992, p. 167).

In specific cases, it is possible to apply a limited definition of Step 1 within a particular population, as is the case with different self-help fellowships. For example, in

working with violent males (domestic violence), we can apply a first step that stresses violent behavior—powerlessness over battering—and the consequent recovery program. This is a narrow definition of the behavioral level, which is parallel to AA's definition of powerlessness over alcohol. It precludes verbal and psychological violence. It fits well only with male batterers; it does not fit well with men who are violent but are not batterers. A broader definition applies to the mental level: powerlessness over violence, where violence is a mental state that leads to diverse violent behaviors (Ronel & Claridge, 1999). This definition is parallel to NA's definition of powerlessness over addiction to any substance. A still broader definition applies to the spiritual level, where violence is rooted in self-centeredness. From the reports of many male batterers it becomes clear that, at least in the moments of violence, violent people are self-occupied with their own rage, frustration, or the wish to control. They are so self-occupied that the other person, the significant other in this case, is perceived as an enemy, an enemy whom they must treat adequately or defend themselves from. As they are self-centered, they cannot empathize with the other, hence they are able to act violently and bring pain even to the so-called loved one. Clinical illustrations follow.

> E., a man in his late 50s, had already attended a male batterers' group for one year. E. denied any physical violence toward his wife. During his trial, this point was corroborated with the help of his two adult daughters who witnessed his wife physically attacking him, and the accusation was withdrawn. However, working with him on a deeper level rather than merely on the physical one, it became clear that his attitude toward his wife was a humiliating one—mental violence. The humiliation was mainly related to his disregard for her point of view and his general attitude of disrespect toward her. Any desire or request expressed by his wife that contradicted his own was perceived as a sign of her mental weakness. His desires or requests were perceived as legitimate and rational. Hence, E. was unable to empathize with his wife until he recognized his own self-centeredness.

> S., a man in his 30s with two young children, claimed in a group session that his wife was lazy and did nothing around the house. After a brief investigation of the situation, it was revealed that this "lazy" woman was actually in an advanced stage of pregnancy and at risk of losing the baby. Her doctor ordered her to rest and stay off her feet. S., somehow, could not understand this. Because his self-centeredness was the focal point, it blinded his perception and distorted his emotional state. As a result, he became powerless and acted accordingly.

People may exhibit powerlessness over various areas in their lives. The emphasis on the spiritual level, where powerlessness is understood as referring to self-centeredness, is sufficiently inclusive in practice within specific populations, such as male batterers. However, Grace Therapy lets the practitioner decide which definition is offered to each client—the limited, broader, or most inclusive one. The decision depends on practitioners' unique interaction with their clients.

One may claim that in some people being too "other-oriented" is the main problem that causes suffering. However, a closer look at such suffering often reveals that it is a conditional other-orientation deriving from a wish to have the condition fulfilled, or it is a conciliatory orientation deriving from fear, not a freely chosen one. An exception to the above is provided by cases of people who have undergone victimization and humiliation; however, that picture is too complex to be discussed here. On the other hand, with a freely chosen other-orientation, this attitude is not experienced as

problematic; on the contrary, a voluntarily chosen other-oriented attitude is usually considered a means to recovery (AA, 1976; Sorokin, 1959).

3. *Human self-control*. The program's first step firmly states its wisdom: "We were powerless over . . . " All humans are considered as powerless and limited as long as they attempt to control what cannot be controlled (E. Kurtz & Ketcham, 1992). Substance dependents, for example, cannot control their drug consumption. When they try to do so directly, that is, when they try controlled drug intake, they encounter their powerlessness and a relapse is almost inevitable (Denzin, 1987). In letting go their attempts at control and admitting powerlessness, they begin to assume responsibility for their recovery. They may actually overcome their compulsive behavior, as long as they make no renewed attempt to control it. This is a pragmatic paradox—that in order to control one's behavior one should make no attempt to control it. As long as people relinquish their attempts to control what is beyond their ability to control, they actually are in control of what they are able to control (Baugh, 1988; Frankl, 1982). Clinical illustrations follow.

D. is an unmarried woman in her late 20s who was severely dissatisfied with her marital status. As a therapist herself, she studied Grace Therapy in a diploma course. During the course, students experience Grace Therapy in their lives while learning how to practice it. Confronting her powerlessness over dissatisfaction with life and her powerful wish to get married, she decided to abstain from dating men for a certain period. During this voluntary abstinence, she discovered her constant urge to control any relationship she had with men. She experienced it as an obsession, an uncontrolled recurring wish to have control over the direction of the relationship and to get married. Additionally, she discovered that actually she caused men to run away because they felt strangled. These discoveries led her to an attempt to abstain from any desire for controlling the outcome of a given relationship—a letting-go attitude. She experienced it as a release and was able to embark on a new, far more stable relationship, where she did not force her partner in any direction.

B., a woman in her 40s, also a therapist who took the Grace Therapy diploma course, had initially rejected the idea of self-centeredness as the root cause of most given forms of mental sufferings. She described herself as a giving personality and claimed to put everyone's needs before her own. Actually, she perceived this to be her main fault. However, during the inner "Grace journey," she changed her perspective. She discovered that whenever she gave to others, and especially her family, she always wanted something in return, even only positive feedback. This wish for attention, part of the wish to control the reaction of others toward her, was her main motivation in giving. She confessed that it was almost impossible for her to let go of the wish to take control over their reactions, and thus, she felt no release.

U., an ex-batterer in his early 40s, shared with his male batterer's group a problem in the sexual domain. During some 15 years of marriage, his wife never initiated sex with him. When he does so, she may or may not agree, and on being refused, U. feels insulted. As he felt powerlessness over his sexual drive and the concomitant potential for insult, the group suggested that he abstain from initiating sex for a week. U. was concerned about the lack of sex during this week, but the group reassured him by saying that a sex-free week would be less of a heavy burden than his suffering. A week later, U. was far calmer—he had discovered that when he let go of his wish for sexual pleasure, his incessant tension regarding sex diminished. Fortunately, his wife also changed her attitude and voluntarily showed a greater willingness for sex, which added to his satisfaction from letting go. U. finally could identify with another participant in his group who shared his own sexual experience: "Once I

wanted it every day, got it, but—how disgusting it was. Now we do it only when she wants to, maybe twice a month, but what a difference!"

4. *Human struggle*. Grace Therapy postulates that an inner struggle against self-centeredness is the key to a better life and that this struggle is any person's mission in life. The program assumes a constant dialectic between selfishness and spirituality—self-centeredness on one hand and God-centeredness on the other (Miller & Kurtz, 1994). Growing powerlessness and suffering can result from self-centeredness and are experienced by self-centered people and by their associates.

God-centeredness implies ever-growing serenity, freedom, and happiness concomitant with the disappearance of fear and self-pity. In fact, it leads to the disappearance of the original disorder—emotional or behavioral (AA, 1976). This achievement is not attributed to human efforts but is understood as God's action. Self-centeredness distances people from God's actions, whereas God-centeredness creates openness toward them and their results (Kalo, 1997). Hence, the term *Grace Therapy* was coined.

The above description of God-centeredness is not far from Allport's (1967) understanding of intrinsic religion. The dialectic, according to the 12-step program and Grace Therapy, is not a binary one but rather represents the two poles of a continuum along which every human being can find a place. Progress on this continuum is commensurate with a growth in spirituality. Grace Therapy is intended to engage with human limitations at their worst (i.e., alcoholism and addiction). It emphasizes the process of progressing toward God-centeredness, rather than its absolute achievement (L. F. Kurtz, 1990), while taking into account spiritual schools that emphasize the ultimate achievement of God-centeredness (e.g., Kalo, 1981). All people can accomplish such progress, no matter when or where they begin their inclination toward the spiritual. The 12-step program's literature insists that everyone embarking on this process can achieve the resulting benefits, no matter how distant a person is at its start. The "closer" one gets to God, the more God-centered one becomes and the stronger one's ability to live without the former disorder.

The concept of God-centeredness may sound controversial, but the program offers a pragmatic understanding of the term, specifically, a growing moral consciousness and a willingness for "self-sacrifice and unselfish, constructive action" (AA, 1976, p. 93). The program offers a moral code that defines a human struggle, the basis of which is recognition of nonegocentric values and behavioral norms (Maxwell, 1984) and the centrality of such norms to every individual's well-being (Bergin, 1988). What it proposes is conducting a moral way of life in which character defects rooted in former self-centeredness are transformed into character virtues. The emergence of these virtues, taking the form of helping others, indicates a diminution of self-centeredness. Hence, they are considered attributes of God-consciousness (Anonymous, 1991). Clinical illustrations follow.

E., who was mentioned above, is an orthodox Jew. In his first encounters with the Grace group for male batterers, it became clear that his perception of belief was more that of accomplishing rules rather than an intention toward God. He observed no connection between his anger toward his wife

while humiliating her and his status as a believer. However, when he learned about a possible connection, this was a revelation for him. He confessed that this connection helped him to better work on his religious path. As God-centeredness is an important issue for him, this supports his new motivation toward his wife—an unconditional acceptance of her and a wish to give to her rather than to take away from her. His spiritual path is now well marked: Whenever he feels an approaching conflict with his wife, he knows that it may be a sign of his self-centeredness, which means moving away from God. Hence, he works hard to avoid conflicts and thus has improved his attitude toward his wife.

H., a man in his early 30s, married for more than 10 years, with two children, was an extremely violent person toward almost everyone in the vicinity. In the past, H., who grew up and still lives in a neighborhood plagued by heavy criminality, was a gang leader who made easy money. During his long period in Grace Therapy, H. assimilated the program's spiritual message. Although at first he abstained only from battering his wife, his abstinence became broader and came to include any violent manifestation toward anyone. Several times, H. experienced a temptation for violence but then came to the understanding that he has no right to attack anyone and that everything must stem from the hands of God, not from his own urge to control. For example, while driving, another man angrily drew alongside H., forced him to stop, and invited him to fight. To his own surprise, H. remembered his wish for God-centeredness and acted differently. Calmly, he met the man outside his car and managed to calm him while stressing the point that that man was suffering from his own anger. The truly caring, empathetic attitude of H., based on his awareness of his own former powerlessness and suffering and on his wish to live more spiritually, convinced the other man not to fight.

5. *Human belief.* Although the program is spiritual and is intended to enable an approach to the Supreme, its pragmatism does not require any belief or faith (Rehm, 1993). The program can operate without a person having any a priori beliefs at all; the only requirement is a willingness to follow the program's suggestions, which are exemplified by the experiences of others. Such willingness leads to action; if people act according to those suggestions, that is, if they adhere to a moral way of life and unconditional self-sacrifice ("progress and not perfection"), they can experience a progress toward God-centeredness and the resulting personal benefits. This primary willingness, based on an awareness of personal suffering and limitation, can lead program participants to a conditional belief. With the growth of serenity, the condition is fulfilled, and unconditional faith can be achieved (Anonymous, 1991). In itself, faith is not a prerequisite for the program but rather a possible outcome of it. Such faith is both a sign of developing spirituality and a contributor to its continued development. Clinical illustrations follow.

S., a social worker who participated in the Grace Therapy diploma course, admitted that she had a "problem with the term 'God.' " She perceives herself as an atheist and felt resistance toward the term *God-centeredness*. This resistance was pragmatically solved though when the course leader suggested that she perceive God as love, absolute happiness, or freedom. She found no problem with these terms. Following the advice of the program's Step 4 on how to release an old and deep resentment that had disturbed her life since childhood, she began to pray for the man she resented. She prayed in the name of love and after a while felt relief from her resentment. This result helped her to overcome her initial resistance toward God.

M., a divorced male ex-batterer, 30 years old, confessed his powerful resentment toward his mother. In a Socratic-like dialectic between M. and the group leader, M. confessed his powerlessness over his resentment, the consequent suffering, and his wish for release. Based on this recognition, he assured the group that his wish for release was greater than his resentment, and he was ready for any

mission. At first M. only agreed to pray for the mother he resented. Although M. claims no spiritual faith, he was willing to try this path, as if he had faith. For M., this was a turning point. Gradually, he explored a spiritual faith in God, freed himself from his old resentment, and experienced an attitude change toward the world while making successful attempts to overcome his marked impulsiveness.

6. *Human influence*. How can one counsel another person in Grace Therapy? According to the 12-step program, the best medium is experience. As in the case of modeling in self-help groups, a practitioner who follows the program is a living model of the program. In the counseling process, the counselor can teach the client the basic concepts of the program and how to implement them in everyday life, based on his or her own experience. The model of counseling underscores the client's voluntary role in following the program's suggestions, similar to the client-active model (Bohart & Tallman, 1996). Thus, few confrontations or interpretations are involved (Maxwell, 1984). Instead, the human ability to overcome self-centeredness is presented, and a joint examination of an individual's progress is enabled.

If we sum up the above assumptions, we obtain a program for action that phenomenologically and pragmatically defines behavioral and emotional disorders as manifestations of a spiritual disorder named self-centeredness. The program's pragmatism does not seek explanations for the causes of this basic disorder but suggests a way out of it. Although this way is spiritual in nature, it does not require a priori belief but rather acts of virtue of the kind displayed in others' experiences. Personally experiencing the 12-step program therefore is the optimal means to learn about it. Experiencing the personal struggle between self-centeredness and God-centeredness and adhering to a moral code enable one to become a messenger of Grace Therapy.

CONCLUSION

Two parallel aspects were described here: the enhancement of problems addressed by the 12-step program and a wider application of the program, known as Grace Therapy, by its facilitators. In the first aspect, we saw that to reach a wider population the program must alter its primary emphasis. That is, it must shift from the physical dimension of bodily reactions to a substance (such as alcohol) toward the broader mental sphere where addictive traits and other emotional or mental disturbances are located. The deeper that the human dimension is initially emphasized by the program, the wider the program's potential reach.

The immediate consequence of this argument is that if a program focuses its initial emphasis on the spiritual level, then it becomes more inclusive and can fit most people. Selecting the spiritual dimension means focusing on a factor common to all people, one that lies beneath any manifested form. Most human phenomena are considered to be symptoms of a basic spiritual quest, as described by many modern schools (e.g., Frankl, 1985; Jung, 1933; Kalo, 1997; Miller & Martin, 1988). This is the original powerlessness or limitation, which leads to other forms of powerlessness. While practicing the program, the counselor can assist clients to reveal the mental and behavioral domains of their powerlessness, for example, over violence, jealousy, excess lust, and so on. This acknowledgment is a key factor in Grace Therapy recovery. In this phase of

the counseling process, professional knowledge and experience are highly advantageous for the counselor and are almost crucial in overcoming obstacles to the process.

The uniqueness of Grace Therapy is not found in its basic claim that suffering results from selfishness. This claim has been made during all stages of civilization. However, the program receives a unique character from its emphasis on human powerlessness as a consequence of selfishness and the pragmatic experience of recovery. It is a modern and well-defined way to overcome basic powerlessness, unaffiliated with formal religion. Even its spiritual language may be understood by a more naturalistic point of view, with only minor influence on its effective ability.

Selfishness and self-centeredness are basic human limitations. Almost everyone can identify them in their lives, using their life experiences or the aid of professionals trained in the program. When such human limitations serve as the program's starting point, it is no longer necessary to be a recovering addict in order to advise others on the 12-step program. Anyone who begins to apply the enhanced form of the program in his or her life can serve as an example of the recommended development. However, outlining the actual means of doing so, and the unique contribution of professionals serving as guides to the program, deserves a further description.

NOTE

1. The pertinent dictionary definition of *grace* is
   - divine favor unmerited by man;
   - the mercy of God as distinguished from his justice;
   - a free gift of God to man for his regeneration or sanctification;
   - an influence emanating from God and acting for the spiritual well-being of the recipient; and
   - a virtue of moral excellence regarded as coming from God.

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