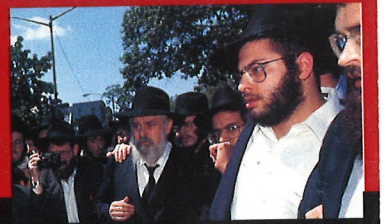




**JOE KLEIN ON
CROWN HEIGHTS**



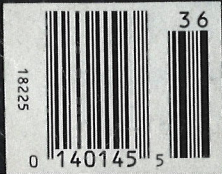
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NEW YORK

RECOVERY FEVER

*Baby-Boomers
And
Club Kids
Are
Turning
Twelve Step
Programs
Into a 90s
Scene*

*By
Melinda Blau*



RECOVERY

BABY-BOOMERS

AND CLUB

KIDS ARE

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TWELVE STEP

PROGRAMS

INTO A

90S SCENE

BY

MELINDA BLAU

FEVER

TONIGHT," MARY ANNOUNCES, "MY topic is what we mean by sharing our 'experience, strength, and hope.'"

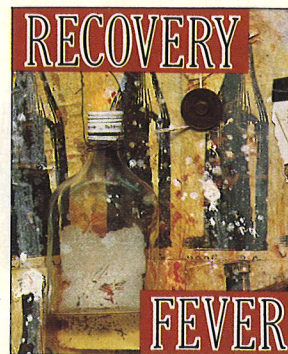
There are groans. Mary isn't surprised. This Alcoholics Anonymous meeting—in a church basement in East Hampton—is filled with vacationing Manhattanites, tanned, youthful-looking, dressed in weekend chic. Mary, who's leading the discussion, hadn't expected them to like the topic she'd chosen.

"What they really wanted to talk about was relationships," Mary laments after the meeting. "And that's *all* they want to talk about. This isn't what AA used to be!"

She should know: She's a 34-year veteran who joined AA in desperation in 1957, after awakening one pitch-black night in her car, which was wrapped around a fire hydrant. Mary had no idea how she'd got there.

And so—though she was convinced she was joining the "dregs of society"—she ventured into an AA meeting. She was, at 35, by far the youngest person in the room and one of the few women. "Some of the old-timers were skeptical about whether I could really be an alcoholic," she says. "They told me to take the cotton out of my ears and stuff it in my mouth!" Mary thinks some of the newer members she sees these days could do with a little of that old-time advice. She finds it hard to tolerate the way many of them stroll nonchalantly into meetings, acting as if they've just joined the latest social club—as if

Note: The names of all those identified by their first names only have been changed.



they're just there to meet people. "Today, we're getting that Me Generation in," she says disdainfully. "A lot of them come in saying they're alcoholics—because the rehabs tell them they are. They just want to belong to something! I wish they would just listen and shut up. It's a chance for them to experience some kind of recovery that isn't so self-centered."

There's no doubt that being "in the rooms" (attending meetings) bears far less stigma than it did in the fifties.

Mary is glad that people have lost their sense of shame about getting help and are coming into "the program" younger than they used to. (These days, almost half of the members are 21-to-40-year-olds, and a third of the members are women.)

But there's a downside. The baby-boomers and club kids flooding into the meetings can seem awfully self-involved. Whenever somebody who's been called on to "share" (respond to the speaker's story of his recovery or to the chosen topic) launches into the dread phrase "I've been going through some changes" or "I'm in a lot of pain today," AA veterans get that sinking feeling. They know they're probably in for a fuzzy monologue about the pills the speaker has popped, the cocaine he's snorted, the food she's binged on, arguments he's had with his lover, talk about her rotten childhood, his job anxieties, the Prozac she's been taking for depression, her co-dependency—everything but alcohol.

These maunderings can be plenty off-putting—and, to tentative first-timers, bewildering. "I must have been sober twenty years before I even heard about pain at an AA meeting," Mary snaps. "We used to talk about sober experience, which showed the strength of the program and gave the newcomer hope. Nowadays, 'experience' is whatever happened that day—from which I get neither strength nor hope!" Erin—a fifteen-year AA member—agrees. "These people have this incredible need to draw attention to themselves. They come up to a speaker during the break and say, 'I need to share—please call on me.' That was unheard of years ago! Why can't they just talk to that person then and there? They need the floor!"

ONE WONDERS IF EVEN THE VISIONARY BILL WILSON, who co-founded AA in the thirties, could have foreseen the recovery fever that has led so many into the program (membership has more than doubled in New York City since 1978)—and made them so open about it. It's likely he'd find even more amazing the alphabet soup of groups (see box, page 35) that have spun off from AA—everything from Anorexic Bulimics Anonymous, Batters Anonymous, Dual Disorders Anonymous, Families of Sex

WHEN THEY HEAR THE DREAD PHRASE "I'M IN A LOT OF

Offenders Anonymous, and Homosexuals Anonymous to Unwed Parents Anonymous, Workaholics Anonymous, Victims Anonymous, and Youth Emotions Anonymous. Last, and far from least, are the many "co-dependent" and "adult children of" groups set up for people whose lives are entwined with one or another of these sufferers.

Most of the spinoffs base their programs on the Twelve Steps that Wilson and his early colleagues devised to guide AA members into recovery. Step One involves admitting that you are powerless over alcohol. Members are told that their "disease" renders them out of control. Recovery is a matter not of weakness or lack of will but of willingness to "turn it over," which is where Step Two—accepting the notion that a Higher Power exists—comes in. Step Three asks you to rely on that entity—be it a deity, a spiritual force, or the collective power of the group—to guide you. ("Turning it over to a Higher Power" doesn't

mean abdicating responsibility: You may have a disease, but you are now responsible for your actions.) Steps Four through Nine encourage you to look at yourself, take an honest "inventory" of your faults, and "make amends" to anyone you've hurt. Finally, Steps Ten through Twelve are about continuing to be honest and open and extending yourself, which includes carrying the message to other alcoholics.

Has AA's popularity—and the development of all those spinoff groups—so watered down the program that it's no longer effective? Many acknowledge that some meetings have lost their focus. But, they say, AA still cleaves to Wilson's original tenets. Alcoholics who have tried years of psychotherapy, antidepressants, or simply trying to "will" themselves away from a drink still find in AA something that finally works. When they walk into a roomful of people like themselves, they find a supportive community that traditional one-on-one psychotherapy can't replicate. "These people are almost intractable by conventional methods," explains Dr. Donald Nathanson, senior attending psychiatrist at Institute of Pennsylvania Hospital in Philadelphia, "but if you group alcoholics together, they know each other's tricks, they begin talking about them, and they begin to heal each other."

Meetings also help people break through their isolation and learn how to trust again. "They talk about feelings," notes Dr. Jonathan Lampert, a psychiatrist at the Ackerman Institute for Family Therapy, who has had extensive clinical experience with alcoholics and addicts and has observed "hundreds" of other kinds of Twelve Step meetings. "It's very compelling to have someone begin speaking what is unspeakable, know what is unknowable. And they have a protocol to follow—the steps—and others with whom they can mitigate the shame. That's very powerful."

Through AA, millions have recovered, and will continue to recover, from the ravages of alcoholism. It boils down to support and identification—the idea of one drunk helping another.

TO FIND MEETINGS THEY LIKE, HOWEVER, TODAY'S newcomers may need perseverance as well as the patience to look beyond the confusing digressions and egotistic behavior of some members. Now that rehabs are pouring hundreds of newly sober people into these programs each week and countless others are coming in on their own, the balance between old-timers (who have stories of long-term recovery that can encourage others) and newcomers (who do not) has become skewed. It's harder than it used to be to find "powers of example"—people who have attained a sense of what serenity is all about and who are willing to extend themselves.

"You don't see people reaching out the way we used to," observes Kelly, a lover of Quaaludes and Jack Daniel's who joined AA ten years ago, when she was 28. "The other night, I heard a

woman tell someone that she couldn't pick her up to take her to a meeting [this kind of help for a newcomer was once a common practice]. The driver thought the newcomer lived too far out of her way. What was the woman supposed to do—drink?"

AA's primary purpose, as stated in its preamble, has always been to "stay sober and help other alcoholics to achieve sobriety." ("You learned how to not pick up that first drink—a day at a time," Mary says. "Then you reached out to others.") Though there are greeters at the door at some meetings, gone are the days when most people routinely introduced themselves to whoever sat next to them or made sure they approached a newcomer during a break. Maxi—a nice Jewish girl from the Five Towns whose heroin addiction landed her in jail, in an abandoned building on Ninth Avenue, and finally "in Times Square, turning tricks"—came into AA eleven years ago, when she was 37. "In those days," she says, "someone would announce, 'We're all going for coffee!' That's



how I learned to socialize when I came into the rooms. That happens a lot less now."

Today, members are also less willing to "do service"—run a meeting, make coffee, stack chairs, put out program literature, or even be a sponsor (a person who welcomes phone calls and guides newcomers through the steps). Worse, some meetings are run by tightly knit cliques—groups of friends who came into the fellowship around the same time, got sober with one another, and socialize outside meetings as well. As friends embrace in the doorway or

was president." He is unconcerned about the criticism that there's not enough talk of alcohol in AA rooms. "If they listen closely, they'll hear it," he says. "They'll certainly hear about addiction and all the other problems that are common in early sobriety." Moreover, he says, newcomers not only keep the meetings going and growing, they add spice to his life. "I've learned more about relationships in these last ten years," he says. "And remember, I came from a closeted era. These young people say things to a roomful of 100 people that I wouldn't say to my parish priest!"

PAIN TODAY," AA VETERANS GET THAT SINKING FEELING.

shout at one another across the room, a newcomer is likely to feel left out. Many members admit that they don't ask strangers out for coffee as often; they don't use the ten-minute break to talk to someone who seems distressed or lonely; they are more clannish; they just don't take the time.

Georgeanne, in AA for the past ten years, admits she is overwhelmed by the new faces and less willing to give of herself than she was when she first came in. Her attitude sums up a pervasive thirtysomething mentality: "I don't really pay attention to them until they've been coming to meetings for 90 days—to see if they're serious. I've got a husband and a baby and a full-time job, and these newcomers can go on for hours!"

Despite these problems, some veteran AA members are amazed and heartened by the program's growth and the diversity of its membership. "The Woodstock generation has arrived—and I'm glad!" exclaims Steven, 65, who joined AA "when Eisenhower

SALVATION OR SELF-INDULGENCE?

THE TERM *recovery*, ONCE APPLIED SOLELY TO ALCOHOLICS and drug addicts, has expanded to include millions more who are afflicted with the maladies of modern living: the people who eat, work, smoke, shop, gamble, exercise, or love too much; the sufferers of certifiable behavioral syndromes; the sex addicts, incest perpetrators, and pedophiles and their victims—the "survivors" of rape, child abuse, molestation.

Messies Anonymous? Emotions Anonymous? Are these fellowships *necessary*? Don't groups with names like these diminish the seriousness of a program like AA, which was founded for people whose disease could cost them their lives?

"We seem to be turning everything into a pathology," com-



plains Daryl, who has been in AA for eleven years. She is puzzled by the proliferation of groups for "co-dependents," the people who coddle the addicted and afflicted. (If you believe the recovery gurus who are trying to sell their books, that's 95 percent of the population.) Daryl points out that women have been *socialized* to put others' feelings and needs above their own—and that's one of the hallmarks of co-dependency as it is defined today. (The term is an outgrowth of "co-alcoholic," someone who is *dependent* on the alcoholic. He has his arms around the bottle; she has her arms around him.) "Caring is a wonderful thing, even in a relationship with an addict, but when we care only about the *other* person, we get into trouble," Daryl believes. "Nor are

for many types of problems, the various Twelve Step offshoots can help people open up. "Many sophisticated people can't stop overeating, but they do it with OA [Overeaters Anonymous]."

Since the newer, less stable programs are works in progress, many of the more recent me-too programs do not have as much to offer as Twelve Step fellowships established prior to 1970—and certainly not as much as AA. They may not be very well defined; members often talk more about problems than about solutions. (When Lindsey, an avid programgoer, recently tried a meeting of Co-Dependents Anonymous—CODA, one of the more popular new additions to the city's menu—she says, "I didn't hear recovery; I heard weekly reports.") Some meetings in these fellow-

MESSIES ANONYMOUS? DO GROUPS LIKE THIS TRIVIALIZE

certain aspects of humanness—like emotions—a 'sickness.' "

"The Twelve Step principles are definitely being commodified," says Frank Riessman, director of the National Self-Help Clearinghouse (25 West 43rd Street, Room 620, 642-2944), which provides information on all kinds of self-help groups. Between 1978 and 1984 alone, the aggressive marketing of recovery treatment resulted in a 350 percent increase in private alcoholic-treatment facilities plus the establishment of rehabs that take in not only alcoholics and drug addicts but gamblers, overeaters, co-dependents, and adult children of any type of dysfunctional family. These inpatient facilities have become the "spas" of recovery.

Riessman reminds us not to forget why all these groups have sprung up. "Recovery therapy arose primarily because other methods were failing to reach large numbers of people," he says. Indeed, Jonathan Lampert maintains, many mental-health practitioners still aren't knowledgeable about addiction, and "they're often overwhelmed by the kinds of extreme behaviors addicts talk about and bring into the office." He believes that

ships are not orderly; some are run by the more dominant people in the room and susceptible to personal whims. (In AA, which is guided by its Twelve Traditions and better organized, "group conscience" guides decision-making.) Some groups, predictably, have already gone by the wayside, like Valium Anonymous. And there's at least one fellowship whose members couldn't be located for interviews—Isolators Anonymous.

That so many people are members of more than one program, even when they are newly sober, makes many veteran AA members suspicious. Maxi maintains, "If alcoholism is your primary disease, you have to get your foundation in AA. When you go to a lot of different fellowships, you may not have to focus on your problems—or on changing your behavior."

Longtime members of Al-Anon—AA's companion program and the oldest and most stable of the "-Anons" (fellowships for families and friends of addicts)—are also distressed. Spouses and other members of alcoholic families used to learn at Al-Anon meetings that they "enabled" the alcoholic by denying, rationalizing, or covering up his drinking, and the program taught them how to

change their own behavior. Now just about everybody is a "co-dependent" or worried about being one—and all flock to Al-Anon. "We used to talk about the alcoholics in our lives," says Lilly, an Al-Anon member whose mother is an alcoholic and who also tends to get romantically involved with alcoholics. "Now people in our meetings talk about relationships with their lovers whether they're alcoholic or not."

TWELVE STEPS FOR EVERYBODY?

THERE ARE MANY WHO ARGUE THAT WE DON'T NEED ALL the me-too programs out there. But it's important to resist the tendency to trivialize. The pain one hears in those "other" Twelve Step rooms is no different from the pain of an alcoholic resisting a drink. The woman who goes to an Overeaters Anonymous meeting and admits she hides cookies under her bed to feel safe but that nothing she eats ever makes her feel satisfied, or the man who attends a Gamblers Anonymous meeting because he is afraid he's going to blow a month's pay at Aqueduct, may be talking to someone about these problems and fears for the first time.

Likewise, at a meeting of Sexaholics Anonymous, you're bound to hear the agony of a man (males far outnumber females) who can't stop himself from going to the porn shops on Broadway, from cheating on his wife, or from picking up a prostitute—and that, these days, is as deadly as drug or alcohol addiction.

Dr. Robert DuPont, clinical professor of psychiatry at Georgetown University and a former director of the National Institute on Drug Abuse, applauds the fact that Twelve Step programs have splintered into smaller, very specialized groups whose "cultural specificity" allows people to identify with one another more readily. Some meetings cover particular topics, like incest and being HIV-positive, or serve certain groups—young people, homosexuals, handicapped members.

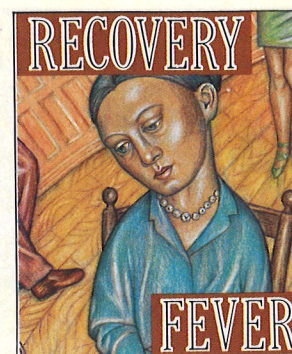
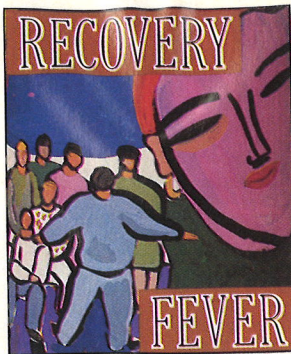
But does the AA prescription work for behavioral problems—like compulsive gambling or sex addiction? Can someone with a food disorder, for example, be helped by a program originally designed around complete abstinence? "I've watched people get well," Dr. DuPont insists. By affiliating themselves

alcoholic or that you resort to sex as an anodyne or do any of a number of types of behavior that are a detour from facing your own feelings."

Motivation is all—and, according to Nathanson, "some of the people in these other programs haven't suffered as much as alcoholics or addicts. So they don't have as much need and don't go to as many meetings. One has to ask about their problem behavior, 'How long have they been doing it? How much of their world have they lost because of it? And how desperately do they want to change?'"

Psychologist Stan J. Katz, co-author of *The Codependency Conspiracy*—a thoughtful, albeit controversial, critique of the marketing of recovery—has less confidence in using the Twelve Steps for behavior problems. "It's like using penicillin for every disease. AA was developed specifically for alcohol. It is a fairly good program for alcoholics, and the program has a decent crossover for people addicted to drugs. But many people go to meetings for the social life, or because they have other problems that they're trying to cure on a free basis."

Katz maintains that you can't apply a program based on abstinence to food disorders or relationship issues, because you can't completely abstain from eating or being in relationships. Thus, he fears, "the people who need genuine intervention are not getting it—they're going to Twelve Step meetings instead."



Critics of the recovery movement also challenge the widespread use of the "disease model," originally applied only to alcoholism. The theory holds that alcoholics are not morally responsible for their behavior. They have an "allergy" to liquor: The first drink triggers a craving, and then they can't stop themselves any more than a diabetic can control the way his body reacts to sugar.

Labeling all these difficulties "diseases," regardless of their degree of severity, says Katz, is neither scientifically warranted nor helpful to the patient—although it does tend to drum up business for the recovery movement. Katz thinks these labels cause people to perceive themselves as victims, to use the label to excuse their behavior, and to become dependent on the program they're going to: They are eternally "recovering," never "recovered."

Dr. Marc Galanter, professor of psychiatry and director of the Division of Alcoholism and Drug Abuse at New York University Medical Center and director of the alcohol-and-drug-abuse program at Bellevue Hospital Center, has studied cults and religious groups as well as AA. He characterizes Twelve Step programs as part of a "zealous social movement." He maintains that at stressful times, some people are more susceptible to becoming dependent on the program: "The more you are vulnerable, the more you glom on to something that seems to offer more permanence."

You can usually spot the kind of people who "hide in the rooms." For them, getting sober becomes an end unto itself. But Mary stresses that it's not AA that causes this—it's the individual. "AA is a bridge back to life. It was never meant to be your life." Jonathan Lampert notes that the program-shoppers who go from room to room "use therapists the same way!" While he concedes that Twelve Step principles can sometimes be misinterpreted or even abused, he holds that the best starting point for talking about your problems is still a Twelve Step program.

DOES IT WORK IF YOU WORK IT?

A MAJOR STUMBLING BLOCK FOR SOME WHO TRY AA AND its spinoffs is swallowing the idea of a Higher Power. "People think of us as a bunch of religious nuts," admits Nan Robertson, an AA member for the past sixteen years and the author of *Getting Better: Inside Alcoholics Anonymous*. Many people have trouble with the "God part," she says. The word *God* appears in four of the Twelve Steps and is mentioned 132 times in *Alcoholics Anonymous* (better known as *The Big Book*).

Meetings in this city are particularly "New York" in tone—intense, sharp-edged, laced with psychological jargon. But, per-

haps because of New York's diverse population, some meetings here don't have the religious overtones one finds in other parts of the country; closing with the Lord's Prayer makes many non-Christian members uncomfortable. Instead, meetings often end with the nonsectarian Serenity Prayer: "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." Inevitably, that's followed by a rousing "Keep comin' back—it works if you work it!"

But the "God part" keeps some people from "working it." For them, Rational Recovery Systems (RR), a five-year-old organization that's close to 300 groups strong, hopes to provide an alternative. RR, which is based on psychologist Albert Ellis's rational-

emotive therapy, appeals to thinkers, not believers, according to RR's *Small Book*. In RR, the alcoholic's or addict's will and intelligence are called upon to help change his behavior. RR doesn't believe an alcoholic is powerless, nor must he be forever recovering. Alcoholics, RR says, can look within themselves for strength and use "reason to light the way."

Every RR meeting has a professional "adviser," a counselor, therapist, M.D., minister, or nurse who donates time and allegedly has a minor role. An adviser can "spot a problem—like symptoms of suicide," explains Vincent Fox, a member who also sits on the board of directors of RR. For the most part, however, the adviser takes a backseat to the "coordinator," an experienced member who "manages" the meetings. Twelve Step meetings allow no "cross talk" (no advising or answering one another during the meeting); RR is run more like group therapy.

Predictably, there is some AA-bashing at RR meetings, 90 percent of whose members are AA dropouts. And because the organization is so young, it seems to be suffering some of the same growing pains that also beleaguer younger AA offshoots—instability and a lack of long-term sobriety. "We're not at the final stage of our evolution," Fox admits. "Ten years from now, we'll evolve into something more polished, more mature."

A few inpatient institutions now offer RR, in addition to the usual Twelve Step fare, to the newly recovering. To help shore up its claims, RR is submitting to efficacy studies. For now, the jury is out on new groups like RR and Secular Organizations for Sobriety, another non-spiritual alternative.

But then, the flow of bodies into Twelve Step programs has not been inspired by evidence. The truth is, there's very little scientific proof that AA works. The "anonymous" nature of the program, a safeguard incorporated to protect people from the shame of declaring themselves alcoholics (that's a bit of an irony, these days), as well as AA's tradition of resisting professional involvement, has made it difficult to monitor.

Dr. Galanter's 1990 study is a noteworthy exception. Galanter and his team surveyed a group of 100 recovering alcoholic or dually addicted doctors who had received inpatient treatment in which AA affiliation was part of the program. They had been clean and sober an average of 33 months at the time of the study. "After all was said and done," Galanter reports, "they rated their AA experiences as the most influential aspect of their recovery." Though Galanter allows that this was a select and highly committed population, he believes that the findings can be generalized. "There are more than 1 million members nationwide. They wouldn't be going if they didn't think it helped. Certainly, in my experience with the patients I've treated, that's the case."

Robert DuPont adds that many program-bashers, especially his peers in the medical profession, are skeptical about AA and other Twelve Step programs because "it's a language that's alien to professionals. The Establishment sees it as a fringe approach—small, quirky, nonintellectual, cult-oriented, religious—that's the dominant view. They don't understand it."

THE TWELVE STEP PHILOSOPHY URGES SUFFERING PEOP

CLEARLY, TWELVE STEP PROGRAMS DON'T WORK FOR everyone—nor does any one type of treatment. Lampert and others call for an integrated approach, combining self-help with a thoughtful psychological assessment that factors in personality, family history, and the person's context today—his relationships, work situation, socioeconomic status, among other things.

As the AA saying goes, "Some are sicker than others." Some people need only the support of a fellowship and the education and guidance that a Twelve Step program provides. Others may want—or need—what Donald Nathanson calls "a thicker soup: something that allows them to deal with their own personal feelings more on a one-to-one basis."

Many of the criticisms of Twelve Step programs are well tak-

THE TWELVE STEP HIT PARADE

ALTHOUGH NOT ALL "ANONYMOUS" OR "-ANON" GROUPS ARE GUIDED BY AA'S TWELVE Steps, nearly 100 self-help groups are. Below is a partial listing of the more popular clone groups for various types of addicts and people affected by their behavior. The information comes from the 1990 edition of *The Self-Help Sourcebook* (\$10), available from the American Self-Help Clearinghouse, St. Clares—Riverside Medical Center, Denville, New Jersey 07834 (201-625-7101).

- 1935 **Alcoholics Anonymous**—alcoholics
- 1951 **Al-Anon**—families and friends of alcoholics
- 1953 **Narcotics Anonymous**—addicts
- 1957 **Alateen**—twelve- to eighteen-year-olds who have alcoholics in their lives
- 1957 **Gamblers Anonymous**—compulsive gamblers
- 1960 **Gam-Anon**—families and friends of compulsive gamblers
- 1960 **Overeaters Anonymous**—people with compulsive-eating disorders
- 1967 **Nar-Anon**—families and friends of addicts
- 1970 **Emotional Health Anonymous**—people with mental-health problems
- 1971 **Emotions Anonymous**—people who want to gain better emotional health
- 1971 **Families Anonymous**—relatives and friends of drug or alcohol abusers or of people with behavioral problems
- 1975 **O-Anon**—friends and relatives of people with compulsive-eating disorders
- 1976 **Debtors Anonymous**—credit-card abusers, under-earners, and overspenders
- 1976 **Augustine Fellowship, Sex and Love Addicts Anonymous**—people with obsessive/compulsive sexual behavior or emotional attachment
- 1977 **Sex Addicts Anonymous**—compulsive-sex addicts
- 1978 **Drugs Anonymous** (formerly Pills Anonymous)—chemical addicts
- 1979 **Pill Addicts Anonymous**—those addicted to mood-changing pills and drugs
- 1979 **Sexaholics Anonymous**—people with sexually destructive thinking and behavior
- 1980 **Incest Survivors Anonymous**—incest survivors
- 1982 **Cocaine Anonymous**—cocaine addicts
- 1982 **Survivors of Incest Anonymous**—victims of childhood sexual abuse
- 1984 **Adult Children of Alcoholics**—now interpreted to include adult children of people with other problems
- 1984 **S-Anon**—relatives and friends of sex addicts
- 1985 **Nicotine Anonymous** (formerly Smokers Anonymous)—nicotine addicts
- 1986 **Co-Dependents Anonymous** (CODA)—people who grew up in dysfunctional families and have trouble with relationships

THE AA CONCEPT?

with these programs, he says, "people are not only saying, 'That's me,' they're finding better ways to live."

Donald Nathanson is more cautious, especially when it comes to programs like Adult Children of Alcoholics and Sex and Love Addicts Anonymous, where the tendency is to point a finger at someone else. "The major focus is not on a person's responsibility for his own behavior but on the inevitability that he behaves a certain way because others made him this way."

Still, Nathanson thinks these programs can work—if the person is willing to expend some effort. "If you can think about your inner life once a day, you're doing pretty well," he says. "You reinforce the fact that you're an



en. People going to these meetings might want to ponder whether they have isolated themselves there, doing only Twelve Step activities with Twelve Step friends. If they feel “stuck” or like victims, or if their conversations repeatedly center on the past or on other people’s behavior, it may mean they are dealing with issues that warrant professional treatment. People who are members of more than one fellowship should think about whether they’re really getting something different from each one—or whether program-hopping helps them avoid taking responsibility for their lives.

comfortable at a meeting and find a group you like. Find a “home group,” Mary advises. “If you don’t belong to a group, you don’t become part of the structure of the program.”

A newcomer would be wise to adopt an attitude of cautious optimism. At some meetings—certainly not all—there is considerable whining; some sponsors are controlling; and there are “thirteen-steppers” out there: members who try to get vulnerable newcomers into bed. The point is, one can’t assume that all people in Twelve Step programs are virtuous. As one member put it, “We’re

LE TO GIVE TO OTHERS—TO GET OUT OF THEMSELVES.

TO PROSPECTIVE AND NEOPHYTE TWELVE STEPPERS, ED Madara, director of the American Self-Help Clearinghouse (see box, page 35), which publishes *The Self-Help Sourcebook*, says, “Twelve Step programs constitute the majority of all self-help programs. And people are getting help.” But look out, he says. Not all “anonymous” programs are necessarily built on the Twelve Steps. In fact, some groups masquerade as self-help, and some are commercial enterprises. (One doctor, for instance, wrote a book on pathological jealousy and called Madara to network a group called Jealousy Anonymous.)

In the past, it was suggested that you try six meetings of the fellowship you’re interested in joining. Most veterans suggest doubling that figure, because nowadays it may take a while to feel

sick people getting better, not bad people getting good.”

At the same time, the ever-increasing acceptance of the Twelve Step philosophy, which places a premium on “honesty, openness, and willingness,” offers suffering people a place to turn. The AA program (and its copies) urges people to be tolerant and to give to others—in essence, to get out of themselves. This is precisely the kind of “moral jogging”—a way to practice selflessness—that psychologist Martin Seligman, author of *Learned Optimism*, prescribes to combat the depression that comes from “overcommitment to the self and undercommitment to the common good.” Unfortunately, as Seligman puts it, “giving to others and spending serious time, money, and effort enhancing the common good does not come naturally to the present generation.”