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Memoirs

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Are 12-Step Programs Applicable to Neurological Disorder Recovery?

It is a common stance in today's world that people can recover from various life circumstances. In this class, *Memoirs from Minds off the Neurotypical Path*, it has been a reoccurring theme to have authors tout their recovery from neurological differences. In this paper I will address the question if a 12-step program, the model used often for substance abuse/addiction recovery, should or could be used for mental disorders. This paper posits the 12-step model is effective for certain disorders, such as anorexia, but not appropriate for all.

The 12-step program is a step-by-step process that people use to pursue a life in recovery. These steps include the simplest steps, such as admitting you have a problem, to making amends with past relationships/situations ("Twelve Steps and Twelve Traditions"). By reviewing these steps it is clear to see the use they could have in aiding someone with neurological challenges. In Rachel Reiland's memoir *Get Me Out of Here* and Marya Hornbacher's memoir *Wasted* they both highlight the need for them both to accept they have a problem and really delve into solving it. The differences lie in whether or not they would benefit from a 12-step recovery program. This first step of admitting that something is not okay and that they need help is crucial to their recoveries, and is true for many mental health disorders.

In *Wasted* Hornbacher suffers from anorexia and bulimia. These disorders are addictions, much like alcoholism or drug abuse. People suffering from bulimia/anorexia are often

flooded with the desire to continue to binge/purge/self-harm against their will to survive. This means that for many of sufferers they know that what they are doing is bad for them, but they cannot stop the urge or act; it is possible to label an anorectic, bulimic, alcoholic or drug addict with these urges (Rodenberg). In reading about addiction to drugs versus addiction to purging the tales often tell the same story with different vices.

For anorexia and bulimia, the 12-step programs are often used and effective; Anorexia and Bulimia Anonymous (ABA) is based on the same principle 12-step program as AA but reframed to be eating disorder specific (Anorexics and Bulimics Anonymous). I believe this is effective due to the environmental onset of both addictions. It is becoming more understood that addiction is genetically rooted, but it is usually sparked and heightened by environmental triggers like alcoholism or drug addictions (Bevilacqua, Goldman). If a person is predisposed to having addiction issues and something traumatic or exposure to their addiction tendencies takes place most likely the addiction will ensue.

Anorexia and bulimia mirror many of the same experiences as other addictions. Hornbacher talks to this truth in her memoir by talking about her multiple relapses and battle to actually want to overcome her addiction (Hornbacher). This parallels many drug and alcohol addicts tale of the struggle to put down their substance; the pleasure and control that is often gained in using proves difficult for many people to overcome. “Never, never underestimate the power of desire. If you want to live badly enough, you can live. The great question, at least for me, was: How do I decide I want to live?” (Hornbacher). This quote from Hornbacher highlights the similarities with other addictions of choosing recovery.

The additional reason that a 12-step model is applicable to anorexia or bulimia is due to the comorbidity with alcoholism and anxiety; current research backs this claim showing that

people who have anorexia have a higher rate of alcoholism (Aldersey, Whitley). The comorbidity means that many times a person is seeking help for more than one thing for the same general reason, addiction. This research is the most valid reason as to why the 12-step program could work because it shows that the addictions often exist simultaneously. This would imply that the same treatment of working all 12 steps would help aide in the recovery from both anorexia and alcoholism.

Reiland's memoir, *Get Me Out of Here*, exposes her battle with recovery through a different lens (Reiland). This step one of the 12-step model of admitting a person has a problem is true also for mental illnesses such as the borderline personality disorder (BPD) Reiland suffered from. Reiland admits knowing throughout the memoir of her issues, but struggles to fight against them to recover from BPD. She says, "I was the one who was fighting for survival and I was also the murderer within" (Reiland). This battle with self and the genetic predisposition to BPD are a very large mountain for one to climb over while seeking recovery. There is a recent movement of BPDR support groups aiming to create an alternative to the 12-step model for recovery ("Happy, Healthy Living: BPD Recovery").

The importance of applying 12-step programs in context to the disorder helps facilitate the success. For Daniel Smith of Monkey Mind suffering from anxiety should not call for a 12-step program to admit he has a problem, seek treatment, make amends or surrender to God ("Twelve Steps and Twelve Traditions"). For anxiety Smith benefitted from therapy, but is very strongly opposed to believing in recovery. This aligns well with the 12-step mentality of never recovering but always being in recovery. Recovery today has been defined cohesively as "living a satisfying, hopeful, and contributing life, even when there are on-going limitations caused by mental health problems" (Aldersey, Whitley). This is the only commonality of Smith's

perspective and a 12-step program.

The same lack of use for 12-step programs falls into many other disorders or neurological differences. It would be useless for someone with Down syndrome to admit they have a problem, because it speaks to something they can choose to alter in a situation where they cannot alter anything about their disorder. It would also be insulting them to be forced to make amends, or take personal inventory on their wrong doings. This type of 12-step program would not only be not useful, but also insulting to use on someone with a chromosomal disorder.

The inappropriateness of a 12-step program would also be true to Autism. The lack of cohesion to what the healing needs of the person are would impair the ability to help someone approach a life in recovery. The 12-step programs would be unfitting to the needs of a person with Autism. Though Temple Grandin states that she is recovered, it is was through an array of counseling, support, and self-reflection of how to interact with and handle the world (Rimland). It is the fact that she says she is recovered like Hornbacher undermines the 12-step program principle of perpetually being in recovery.

Though this perspective of being recovered can be empowering and realistic, it is not one that all people prescribe to. Research carried out at the National Empowerment Center has shown that people can fully recover from even the most severe forms of mental illness (“Recovery is Possible”). If this is true, then 12-step programs may not always be the best fit, as most prescribe to the idea that recovery is a lifetime process. By saying one can be fully recovered it undermines the process of working through the 12-steps.

I believe that though people can be recovered, it is a better mindset to constantly be in recovery. This thought is due to a multitude of reasons that are purely opinion based. In reading literature and doing research for this paper I read many articles speaking to the empowerment of

being recovered from something as believing in someone's ability to fully heal. Where I hear that is one person's truth, it is not my own. I have had a particularly hard time reading memoirs of people who said they recovered, like Temple Grandin's claim that she is recovered from autism (Grandin). This again happened with Hornbacher's claims of later saying she is fully recovered from anorexia and bulimia (Hornbacher).

I believe that saying someone recovered discounts the person's growth into a new human. Webster claims the definition of recover as a "return to a normal state of health, mind, or strength" ("Recover"). This definition implies that there is return to something that is idealized and nonexistent. It is implying normalcy as some blanket end goal that minimizes life experiences and seeks for uniformity in what it means to have a normal state of mind, health, or strength. This is not something I think is useful for people when there are so many different experiences out there.

Not only do I feel that being recovered aims to unify a normalcy that shames people's experiences, but it also erases their pasts. The difference in saying a person's recovered rather than saying they're in recovery discounts the daily story they hold. Regardless of if the cravings have subsided to binge, or the mood swings have remised, does not mean that the recovery process is not forever in motion. In recovery there is an air of knowing that the things learned during the process of overcoming, and the strength built from the experiences, are far from normal. It is quite extraordinary to hold the stories of someone in recovery and find a way to create a new, healthier version of life.

With the 12-step programs it is a person is constantly meant to be working the steps. It is promoted to finish the 12-steps and then start over accordingly. This idea is meant to help someone be able to constantly be in a state of self-awareness. This allows a person to be

collecting the data of their existence in a way that creates accountability to continuous growth. By constantly making a list of wrongdoings, making amends, consciously engaging in a higher power and giving back to the community, each person participating in a 12-step program is creating a lifetime healing process. This concept of a lifetime of healing transcends many models of healing.

The United States mental health initiative links people in recovery as being able to uphold four dimensions of life. The dimensions include health, home, purpose and community (“Recovery is Possible”). This links a long-term plan to recovery by building a life that creates things such as a stable home, emotional state, and community to grow with and be held accountable to. It is important for each person to create meaning and connection in their lives in order to truly connect to why it is important to stay on track. These recovery techniques are useful in holding steady on a path of constant recovery for a person experiencing any time of addiction.

The four dimensions of life model molds well with the 12-step programs by including many of the same principles. This furthers the goal of this paper in claiming the 12-step effectiveness in helping people live in recovery. The 12-step model creates a goal of accountability and amends that helps heal a person’s community and also helps create a stable environment that nurtures jobs and housing. Additionally, all 12-step programs use mentors and mentees to help offer service in helping other people through recovery while harvesting community of people in recovery (“Twelve Steps and Twelve Traditions”).

Though 12-step programs are not always the best option, they are a useful tool to apply in the right context. It is worthwhile to explore with people suffering from mental disorders, including addiction, to whether a 12-step program would appeal to them. For many seeking to

take inventory and evaluate their lives while restructuring their future these programs offer an outline that aides the process and builds stepping stones toward healing. These programs are vital to so many, and often include those with comorbid issues.

It is with this understanding that it is evident that 12-step programs would help a few, but not all of the people in the memoirs read during this class. People with anorexia/bulimia, personality disorders, and people with comorbid may find 12-step programs helpful and engaging. In cases such as people with Down syndrome, autism, schizophrenia, or anxiety these programs would not be applicable to their life experiences or what type of support they need. As with any type of therapy or intervention it is crucial to be mindful of the person's needs and wants in order to create a program that works with their healing process.

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