

## **Influence of the 12-steps process on rehabilitation and recovery of alcoholics at Asumbi AA center of Kenya**

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### **Abstract :**

*The present study investigated the influence of the 12-steps process on rehabilitation and recovery of alcoholics at Asumbi AA center of Kenya. This study adopted the ex- post- facto design. The target population was 70 alcoholics admitted at Asumbi AA Centre, three administrative staffs, the manager and the six counselors at Asumbi Alcoholic Anonymous Centre. In order to determine the sample size of the alcoholics to be drawn from the 70 clients enrolled at Asumbi AA Centre, the study used Krejcie and Morgan (1970) table of determining sample size from a given population. For a population of seventy (70) according to the table we got a sample size of 59 clients. The instrument included an observation check list with five (5) items used to assess the availability of the facilities and the general structure of the institution. Two sets of questionnaires, one for the rehabilitation staffs with twenty (20) items and another set comprising nineteen (19) items to the sampled alcoholics to collect information on the efficacy of alcoholics in Asumbi AA Centre. To ensure content and face validity, the researcher piloted the instrument with 15 alcoholics, the manager and three counselors at the RAM Alcoholic Anonymous Centre. The study found out that, following the 12- step process by the client's significantly enhanced rehabilitation and recovery of alcoholics at the AA centers. The study recommended that, Counselors at the AA centers should be employed by the government to avoid compromising the quality of their training and poor remunerations.*

**Keywords:** 12-steps, process, rehabilitation, recovery of alcoholics

### **Introduction**

The WHO (2004) estimates that there are about two billion people worldwide consuming beverages and 76.3 million with diagnosed alcohol use disorders. From this perspective, the global burden related to alcohol consumption both in terms of morbidity and mortality is considerable in most parts of the world. A study by International Centre for Alcohol Policies (2008) showed that the consumption of illicit or noncommercial alcohol is widespread in many countries worldwide and contributes significantly to the global burden of disease. A new study from the Centre for Public Health (2008), Liverpool John Moors University has revealed that children who are unhappy at school or home are much more likely to turn to sex and alcohol.

Eschmann and Rehm (2002) outlined that in Europe, Alcoholics Anonymous support programmes offer a spirituality-based recovery option. That AA support has an effective foundation and many people

benefit from the programme. However, the study further outlined that not all people absorb the AA tenets and beliefs which results into altering the course of successful recovery. Herrem and Pitman (1993) found that alcohol abuse in the USA cost the country an estimated 10 billion in 1991 in terms of lost times, accidents, increased medical costs and other economic costs, a factor that required an immediate intervention. Alcoholics Anonymous (AA) was founded in 1935 by Dr. Robert Smith and Bill Wilson Alcoholics Anonymous World Services (1995). Sussman (2010) observed that AA has since become one of the widely disseminated self-help treatment groups where membership is estimated at more than 2 million. As AA was growing in the 1930s and 1940s definite guiding principles began to emerge as the Twelve Traditions, Bogenschutz *et al.* (2006). According to Withrodt *et al.* (2005) the twelve traditions provides guidelines for group governance and helps to resolve conflicts in the areas of publicity, religion and finances in rehabilitating the alcoholics.

From its humble beginning in Akron Ohio, AA has expanded to over 100,000 groups meeting in 150 countries Dawson *et al.* (2006). Workgroup on Substance Abuse Self Help Organization (2003) suggests that attendance to AA lives up to the “Anonymous” part of its title, members do not tell other members names to people outside AA and are also not ashamed of belonging to AA. According to Alcoholics Anonymous World Services (1972) members just want to encourage more alcoholics to come to AA for help.

The Government of Kenya through the Ministry of Planning and National Development participated and endorsed the deliberations of 1990 Bucharest Population Conference. The conference underscored the importance of promoting AA centers to curb the menace of alcoholism if developing countries were to achieve industrialization by 2020. Brandsma (1980) however observed that the existing AA centers have gaps as quite a few people have benefited from them. In terms of percentages of those exposed to AA the number helped is small- about 55% remain in AA as long as a year. The AA spokes people (like the AA survey analysts) blame AA’s high drop-out rate on the large number of coerced (or at least involuntary referrals). Brandsma (1980/678) is quoted saying that, “I don’t actually think that retention in AA would be much higher even if all those who came to AA were volunteers”, his two randomized studies in which AA treatment was assigned found AA to yield worse outcomes than other forms of treatment- or no treatment at all.

Stanton (2001) argued that receiving treatment in the AA context requires one to be labeled a drug addict. Thus, everyone who enters such a programme is saddled with a dependence diagnosis, and counselled for addiction, even if they are merely recreational users. Trice and Roman (2009) suggests that social class and personality factors definitely indicate the AA program is not effective for all alcoholics. Earlier research by Gitlow (1980) also revealed that the 12-steps processes not only fail the drug users but they can also have a negative impact when the 12-steppers “fall of the wagon”, into binge use, rather, as a dieter will behave after starving himself for days or months. According to the federally sponsored National Treatment Center (2000), 93 percent of programs according to this survey endorse only abstinence. Henry and Maxwel (1995) as quoted by Gurion (2002) observed that a 5% success rate is nothing more than the rate of spontaneous remission in alcoholics. That is, out of any given group of alcoholics, approximately 5% per year will just wise up, and quit killing themselves. They just get sick and tired of being sick and of watching their friends die. They often quit with little or no official treatment or help. Milton and Maxwel (2005) further states that when you are at AA meeting, you are in a self selecting group. That one fails to see that they go to AA meetings because they want to quit drinking. The reason that they finally quit

drinking is because they strongly and really want to quit. The commonest reason for quitting is because people just get sick and tired of being sick and want to avoid death.

According to Wilsnack and Robert (1999) Alcoholic Anonymous centers are structured contexts designed for alcoholics to discover their alcoholic selves. Such discovery is a collective group process, thus the tendency to interpret treatment solely from the point of view of the recovering alcoholic must be avoided. Tonigan and Miller (2009) further indicate that those group processes encompass attempts to shatter previous emotional and relational patterns and produce solidarity among participants. This intern will establish the grounds for authentic role taking and shared experiences. Within these processes, the center defines alcohol to the patient as a chemical that has the effect of transforming the patient into an addict.

Kelly and Brown (2000) carried out research on the effectiveness of AA process in America and observed that the only possible mathematical explanation of the AA process is that AA process kills one patient for each one that it saves, thus making the effective success balance at zero. They further notes that AA in its process of rehabilitation uses fear, guilt and lies to manipulate alcoholics. The collective process operating in these centers according to Halasyamani and Bhattacharje (1997) tells everyone who will listen to them that it has the only treatment program for alcoholism. Rather than concede that the process might have some problems, the AA true believers just shore the process on every victim they can find, using therapists, counselors, judges and parole officers as their enforcers. Alcoholics' Anonymous centers avoid any and all scientific testing processes of the effectiveness of the twelve step process.

Elly and Hardy (1999) however holds that the chances of relapse when the Twelve steps process are followed are enormously high-roughly 70% and Denzin (1998) argues that only by rearranging one's group affiliations and forming new relationships to previous drinking situations in the rehabilitation process can the alcoholic have a chance at recovery. Beck and Sandra (2003) found out that AA exists at the center of one process of redefining the meaning and patterning of group affiliations. In contrast, Beck and Sandra (2003) asserts that too many things about AA process are irrationally crazy, so irrational that the AA believers even revere the teachings of madman, Wilson (2009), who openly outlined that the AA process abandon reason, logic and human intelligence and just embrace blind faith in his religious beliefs as the answer to all of their problems.

A study by David (2006) states that AA gives newcomers a lot of bad advice and misinformation about their process of alcoholism rehabilitation and recovery. Their dogma is based on myths and superstitions about how human mind works, not facts. Giving people misinformation during rehabilitation process doesn't help clients remain sober. For example, informing clients to expect a spiritual experience makes them feel like failures when it doesn't happen, or it drives them to become delusional proclaiming that every intense emotion is a spiritual experience. Cheryl and Charpitel (2007) holds that people get tired with the AA process, they get run down, their energy and enthusiasm gets depleted, they can become depressed after they fail many times because God still hasn't taken away all of their defects of character, moral shortcomings, or the drinking problem. Some people will just give up, and resign themselves to drinking or relapsing forever.

Bufe (1991) suggests that story telling process in an AA institution is away to redefine in real terms one's relationship with alcohol and involves a life review in which relationships with parents , spouses, children, friends, bosses and lovers are re-examined and reconfigured through AA talk. However Emrick and Tonigan (1993) view this story telling process as a waste of time as many clients do not tell

truth of their real experiences. It was necessary therefore that the study tried to establish the efficacy of the 12-step process of rehabilitation and recovery based on the mentioned challenges.

In the course of their long and chronic disorder, alcoholics encounter many different kinds of interventions, often simultaneously. According to Mulgan (2008), there are numerous questions over the effectiveness of Alcoholics Anonymous (AA). In reality, the efficacy of AA is difficult to establish when compared to other treatments for alcohol abuse, though it is usually argued to fare no better or worse. Assessment is made harder by the fact that it keeps no membership and is a loose affiliation. Many of the people who resort to grave alcoholism have a myriad of complex issues surrounding their lives. People have become alcoholics as a result of: fear of the unknown, divorce or being jilted by a loved one, peer influence, poverty to mention but a few. Eschmann and Rehm (2002) assert that most recovery from alcoholism is not the result of treatment from the AA centers as only 20% of alcohol abusers are ever treated. This study therefore investigated the effectiveness of AA in the rehabilitation and recovery of alcoholics at Asumbi Alcoholic Anonymous.

### **Research methodology**

This study adopted the *ex- post- facto* design. This design is the most appropriate in a study where the independent variable cannot be directly manipulated since its manipulations have already occurred (Kerlinger, 2000). Further this design is appropriate in an after the fact analysis of an outcome or the dependent variable, as well as in comparative studies (Kathuri & Pals, 1993; Mugenda & Mugenda, 1999). This study investigated the effectiveness of alcoholic anonymous centre on rehabilitation and recovery of alcoholics at Asumbi AA centre. The target population was 70 alcoholics admitted at Asumbi AA centre, three administrative staffs, the manager and the six counselors at Asumbi Alcoholic Anonymous Centre. A sample size of 59 clients were obtained. Two sets of questionnaires, one for the rehabilitation staffs with twenty (20) items and another set comprising nineteen (19) items to the sampled alcoholics to collect information on the efficacy of alcoholics in Asumbi AA centre. Document analysis was also done by the researcher to collect other data related to the study. To ensure content and face validity, the researcher piloted the instrument with 15 alcoholics. Cronbach's Alpha of reliability co-efficient was used to determine internal consistency of the instruments. The data obtained was processed using the Statistical Package for Social Sciences (SPSS) version 17.0.

### **Findings and Discussion**

The results were expected to negate or confirm the influence of the 12-steps process on rehabilitation and recovery of alcoholics at Asumbi AA centre. The researcher found out that Asumbi AA centre followed well stipulated 12- steps process in rehabilitating the alcoholics. The twelve steps process towards rehabilitation and recovery of alcoholics at Asumbi AA centre was established by all the clients (100%) to be effective. The twelve step process participants had increased abstinence rate for the clients who attended a substantial number of meetings. Respondents' opinion showed that those clients who strictly followed the 12-steps process at the AA had higher rates of abstinence or drank less when they did relapse. On the first step, it was demonstrated that an addicts becomes sober only when they does that for themselves and themselves alone. Over 50% of the AA staffs agreed that there was no known cure for alcoholism. That once a person becomes an alcoholic, he is an alcoholic for life. So it is not only important that addicts admit that they were powerless over alcohol, but that they continue to bear in mind at all times that they were alcoholics. When alcoholics become open to teachings, their mind becomes prepared to receive instructions in the AA way of life. In the second step, it was established that when the day ends,

alcoholics thank God for the help He had given to them. On the next day, they followed the same programme and this was realized to be the first step in turning their will and lives to God as they understood Him.

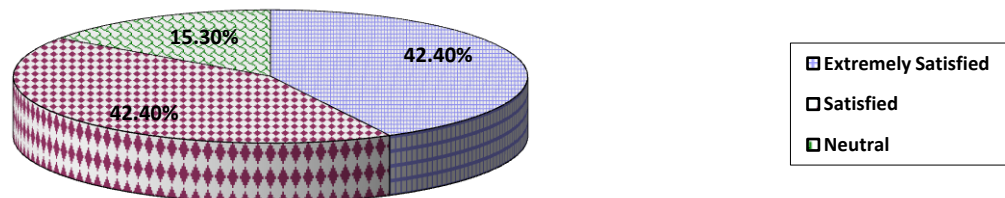
According to the respondents, the third step enabled them to believe there was power greater than themselves and that it was not difficult to return their lives to that power. During this process, the clients attested that they continued with the inventory and considered their physical selves, finding that health is impaired, memory is faulty, appearance is becoming more careless and slovenly, and finances were at low ebb. To this end, as put by (Okoth, 2010), no man in his right senses wants to continue in this manner when he finds out what is wrong with him. While step four required courage to fortified hurdles embodied in the past steps, most of the clients argued that this was the point that real sobriety began. Here the addicts began to feel a sense of belonging after they had stood in the public, leading their first meeting and then felt that they had a full- fledged member. The client's were taught that they can never bargain or make a joke with God to bring them out of this jam and promising never to get back to alcohol again, this became a serious and binding promise with God. Having analyzed themselves, alcoholics found that it made sense to do something toward righting what they had found wrong in their lives as alcoholics. At this point, they admitted their wrongs to another person. The AA member paved way by first telling his story then the new comer would be given courage to follow suit. It was noted that majority of the clients accepted that it is the consciousness of the need of a power greater than their own and a willingness to let that power control their lives. When the addicts brought themselves to this state, their recovery is well underway.

According to the respondents, the final steps demanded them to continue taking their personal inventory. Addicts were expected never to criticize other members' method of staying sober but instead admire them for doing fine job, whatever his method. The clients reiterated that at this point they meditated on new way of living and through this, they always at all times remembered that there is God above, guiding them through each successive day and night. At this point, most clients were finding it easy now to pray. They all applied the statement by (Rehm & Eschmann, 2002) that the harder you work, the more activities you get into, the easier will be your road to sobriety. Having had a spiritual experience as the result of the 12-steps, the clients tried to carry the message to other alcoholics and practiced these principles all over. A significant number of clients interviewed accepted that following the twelve steps at Asumbi AA centre had direct positive influence on their rehabilitation and recovery. Previous findings by Sussman (2010) had emphasized the role of twelve step process on rehabilitation and recovery of alcoholics at the AA centers. These had direct influence on clients' sobriety and abstinence. These finding reinforced the fact that the twelve step process had been well implemented at Asumbi AA centre and a conclusion made that the number of twelve step meetings attended and steps followed had direct positive influence on the rehabilitation and recovery of alcoholics at Asumbi alcoholics' anonymous centre.

As part of the 12-step process, group counseling process was equally used at the centre. Group counseling was regarded as critical forum for disclosure and feedback, and significant numbers of clients (16) were neutral on making decision on the application of Group counseling as a process at the centre. In rating the effectiveness of the AA process at the centre, 71.7% of the clients strongly agreed that the centre had group counseling process. The respondent revealed that during the group counseling sessions, clients developed a support network through each other, they no longer felt isolated by their condition and they progressively gained greater sense of normality. Through the groups, a significant number of clients noted that they found a forum of peer support, gaining strength as they shared their feelings and experiences with others who were facing the same obstacles as themselves. A number of clients confessed to have gained

strength in seeing the resourcefulness of those in the situation, while others renew their feelings of self-worth through assisting others.

As pointed out by Okoth (2010), it is rare if not impossible to find any treatment programme in Kenya that does not utilize Group counseling as a crucial component of its treatment regimen. Through the research observation, group support yielded the following advantages: Mutual identification with and acceptance from alcoholics going through similar problem as they learn they were not alone or unique as they struggle with their compulsive use of alcohol, Positive peer support with the abstinence or reduction of alcohol, Role modeling for abstinence or reduction of alcoholic as they have opportunity to better understand their own attitudes about alcohol use and their defenses in others, Affiliation, Cohesiveness, Social support while learning to identify and communicate feelings more directly, Structures, discipline and limit setting while permitting experiential learning and exchange of factual information about recovery and alcohol use and installation of hope, inspiration for the future and the pursuit of shared goals and idea. Story telling technique was used by the clients to share their experiences. Majority of the clients liked this session as they noted it to have provided insight about coping strategies. The counselors noted that story telling process is inclusive in the 12-step process and helped the clients dealt in their emotions by finding deeper meaning to these potentially triggering dreams that would not surface with any dream interpretation. According to the findings 75% of the respondents noted that story telling among them provided appropriate models for their behavior. These findings were very significant because they underlined the critical influence of the 12-step process of the AA centre as more than half of the clients were satisfied with the process at the centre as seen in Figure 5. Thus if the objective of rehabilitation and recovery of alcoholics were to be achieved at Asumbi AA centre then the 12-step processes must be strengthened.



**Figure 5.** Level of satisfaction with the Alcoholic Anonymous processes in Asumbi Alcoholic Anonymous centre by the clients

As pre-requisite of the 12-step processes, clients were expected by the management to constantly seek and read relevant rehabilitation materials from the AA resource centre. Almost half of the clients sought relevant alcoholic anonymous information from the resource centre. However, it was indicated by 45.8% of the clients that the resource centre was not adequately stocked with relevant literature, though only 28.8% of the clients quite often attend to AA resource centre; most clients who were interviewed believed that if well equipped by modern materials and literatures, the centre will be very useful to them. It was also discovered that 11.95% often attend while 6.8% fairly often attend and 23.7% rarely attend, and 18.6% clients never attended to AA resource centre at all as seen in Table 3.

**Table 3.** Attendance to AA resource centre by clients  
[www.ijasrjournal.org](http://www.ijasrjournal.org)

How often clients attend to resource centre	Frequency	Percentage
Very often	17	28.8
Fairly often	4	6.8
Often	7	11.9
Rarely	14	23.7
Never	11	18.6
None committal	6	10.2
<b>Total</b>	<b>59</b>	<b>100%</b>

Even though the research revealed inadequacy of resource materials at the centre, clients were given at least twenty minutes each day to visit the resource centre and read the books. The problem established was reluctance in making follow up by the counselors as some clients did not attend to the library. However, according to the research findings, majority of the clients (70%) had controlled their anxiety for alcohol consumption at the centre through reading of literatures from the resource centre and from the handouts given by the counselors in addition to other programmes attended to. In the pursuit of the research results, it was therefore very clear that availability and attendance to resource centre enhanced rehabilitation and recovery of alcoholics at Asumbi alcoholics' anonymous centre.

### Conclusion

The study concluded that following the 12- step process by the clients' significantly enhanced rehabilitation and recovery of alcoholics at the AA centers. The 12-steps process had been taken seriously by the AA management in rehabilitation and recovery of alcoholics at the AA centre. The study recommended that, Proper following of the 12-steps process at the AA leads to rehabilitation and recovery of alcoholics. Counselors at the AA centers should be employed by the government to avoid compromising the quality of their training and poor remunerations. Moreover, The AA centers need to put on proper mechanism to make a follow up to the already graduated alcoholics to avoid or reduce instances of relapse cases. In addition, Guidance and Counseling lessons on rehabilitation and recovery of alcoholics should be included in the Kenya Secondary Schools' curriculum so that the youths get adequate knowledge on the effects of alcoholism.

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