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WISDOM OF THE TWELVE STEPS: 2ND STEP

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ABOUT THE INSTRUCTOR

David Walton Earle, LPC combines his counseling skills with his twenty-plus-years of executive management experience into a powerful matrix called Business Coaching. Using this technique, Earle assist leaders to increase their leadership effectiveness through people skills. He is also a teacher, trainer, author, counselor, and alternative dispute professional.

Earle earned a Master's of Science in Counseling from Texas A&M and has held executive management positions in various fields including industrial construction, private investment banking, and corporate trouble shooting. He is now the president of the Earle Company, an organization dedicated to change.

Self-published six others books: What To Do While You Count To 10, Gilligan's Notes, Simple Communications for Complicated People, and Love is Not Enough. In addition there are three workbooks entitled The Wisdom of the Twelve Steps a separate book for each of the first three steps. Earle also wrote a three-book self-help poetry trilogy: Professor of Pain, Iron Mask, and Red Roses 'n Pinstripes.

Co-authored books on leadership: Leadership-Helping Others Succeed and Extreme Leadership.

Earle has been on the panel as a mediator and/or arbitrator for various organizations such as U.S. Federal Court-Middle District, Equal Employment Opportunity Commission (EEOC), Financial Industry Regulator Authority (FINRA), and the Louisiana Supreme Court. He was on the faculty of the University of Phoenix for over 10 years.

His trademarked motto is My Life Ill Change When I Change™; he enjoys tennis and he lives in Baton Rouge with his wife, Penny, and their dog, Fletcher.

The Second Step and the Recovery of Hope: Current Evidence on Belief, Spirituality, and Restoration

The Second Step framework this course provides, centered on coming to believe that a Power greater than oneself could restore one to sanity, addresses the emergence of hope, belief, and openness that follows the First Step's admission of powerlessness, and it engages the spiritual dimension of recovery that has been the subject of substantial recent research. Since this course was written, studies have clarified the role of hope in preventing relapse, the mechanisms through which spirituality operates in recovery, the process of surrender and its relationship to meaning, and the genuine restoration of cognitive and psychological functioning that recovery makes possible, together deepening the evidence base for the Second Step's central themes.

The effectiveness of the twelve-step approach within which the Second Step is practiced was established in a 2020 Cochrane review, distilled for clinicians by the review team, which analyzed 27 studies involving 10,565 participants and found that Alcoholics Anonymous and twelve-step facilitation interventions performed at least as well as established active comparison treatments including cognitive-behavioral therapy, while on continuous abstinence these interventions were superior, and while also reducing healthcare costs (Kelly et al., 2020). For the Second Step this course teaches, coming to believe that recovery is possible through a power beyond one's own failed willpower, this evidence establishes that the twelve-step process the Second Step advances is genuinely and substantially effective, so that the belief the step asks the person to develop is belief in an approach that the research confirms works.

The spiritual dimension that the Second Step introduces, through its reference to a Power greater than ourselves, was mapped in a 2024 scoping review of research on the psychological, biological, and cultural dimensions of spirituality in relation to substance use disorder. The review identified spirituality as a construct encompassing beliefs and pursuits related to life's meaning and purpose, and highlighted key areas of empirical importance including the attribution of substance use disorder to a spiritual outlook, the phenomenon of spiritual awakening, the relationship of spirituality to drug craving, and the role of spirituality in emerging treatments (Galanter et al., 2024). For the Second Step framework this course provides, this confirms that the spiritual dimension the step engages is a genuine subject of empirical study rather than a matter of belief beyond investigation, and that its role in recovery is real, multifaceted, and increasingly understood.

The relationship between spirituality and recovery outcomes, central to the Second Step's proposition, was examined in a 2024 longitudinal study of 262 adults, the large majority of whom were Black or African American, entering residential substance use treatment and followed over the year after treatment. The study found that greater spiritual well-being significantly predicted less frequent substance use during the early months of recovery, and that twelve-step involvement significantly predicted fewer substance use consequences, though these effects diminished over the following months and no significant effect of general social support emerged (Kane et al., 2024). For the Second Step this course teaches, this establishes that spiritual well-being, the sense of connection and meaning that the step's belief can foster, functions as a genuine mechanism of recovery, associated with reduced substance use in the vulnerable early period, and distinct from both twelve-step involvement and general social support.

The process of surrender that the Second Step's coming to believe involves, the letting go of the failed struggle for control and the openness to a power beyond oneself, was examined in a 2026 longitudinal study of 177 people in a Christian inpatient substance use treatment program, followed for a year after discharge. The study distinguished surrender assessed explicitly, through self-report, from surrender assessed implicitly, and found that implicit surrender to God predicted decreased odds of relapse over the course of the year, at an odds ratio of 0.371, while explicit surrender predicted lower relapse in the first month after treatment (Seesink et al., 2026). For the Second Step framework this course provides, this finding gives empirical support to the surrender that the step's coming to believe involves, indicating that a genuine, internalized surrender, more than a merely stated one, is associated with sustained protection against relapse over the long term.

The relationship of surrender to meaning, which the Second Step's belief begins to restore, was examined in a 2024 pilot study of 123 legally involved individuals in residential treatment, which found that the dimensions of treatment engagement, including treatment participation, counselor rapport, and peer support, were all positively associated with a state of surrender, and that this state of surrender statistically mediated the relationship between treatment engagement and the presence of meaning in life (Sease et al., 2024). For the Second Step this course teaches, this connects the surrender that coming to believe involves to the restoration of meaning that recovery brings, suggesting that surrender is a targetable process that orients the person toward what they find meaningful in life, which is part of the restoration to sanity the step envisions.

The role of hope, at the heart of the Second Step's coming to believe that restoration is possible, was examined in a 2020 study of 412 adults in recovery, which found a significant negative relationship between recovery progress and relapse risk and demonstrated that hope partially mediated this relationship, supporting hope as a mechanism linking recovery progress to reduced relapse risk (Gutierrez et al., 2020). For the Second Step framework this course provides, this establishes that hope, the belief that recovery is possible that the step asks the person to develop, is not merely an encouraging feeling but a genuine mechanism of recovery, one through which the person's progress translates into reduced risk of relapse, which grounds the Second Step's emphasis on coming to believe in the evidence that hope actually protects recovery.

The restoration of hope in the context of the demoralization that addiction produces was illuminated by a 2023 study of more than ten thousand people entering substance use treatment, which identified subgroups distinguished by their levels of demoralization and anhedonia and found that, compared with those low in both, all the subgroups with elevated demoralization or anhedonia were significantly more likely to discontinue treatment (Rabinowitz et al., 2023). For the Second Step this course teaches, this establishes that demoralization, the hopelessness and loss of meaning that addiction so often produces, is a genuine threat to recovery, associated with dropping out of treatment, which makes the Second Step's restoration of hope not merely uplifting but protective against the demoralization that drives people out of the recovery they have begun.

The restoration to sanity that the Second Step envisions, understood in part as the recovery of cognitive and psychological functioning, was documented by a 2024 systematic review of neuropsychological recovery following abstinence from alcohol, which examined sixteen longitudinal studies involving 783 people with alcohol use disorder and 390 controls and found that most cognitive functions, including subdomains of attention, executive function, perception, and memory, recovered with sustained abstinence, typically within six to twelve months, though the recovery of some

higher-order functions was less consistent (Powell et al., 2024). For the Second Step framework this course provides, this gives literal meaning to the restoration to sanity the step speaks of, establishing that the cognitive impairment that addiction produces genuinely recovers with sustained abstinence, so that the restoration the step envisions is not only spiritual and psychological but, in a measurable sense, neurological.

The positive psychological dimension of recovery, relevant to the hope and belief the Second Step cultivates, was evaluated in a 2025 systematic review and meta-analysis of 30 publications examining 36 positive psychological interventions for substance use and addiction recovery, which found the interventions feasible and acceptable but showed a small, nonsignificant effect on positive psychological outcomes, at a standardized effect of 0.23, and a very small, nonsignificant effect on substance use outcomes, at 0.11 (Carlon et al., 2025). For the Second Step this course teaches, where the coming to believe cultivates hope and positive expectation, this suggests that the positive psychological resources recovery aims to build are difficult to cultivate through discrete structured exercises and may emerge more naturally through the communal, narrative, and spiritual processes of step work than through standalone interventions.

Hope as the Heart of the Second Step

If the First Step is about the honest admission of powerlessness, the Second Step is fundamentally about the emergence of hope, the coming to believe that restoration is possible, and the counselor should understand hope not as a vague encouragement but as a genuine and measurable mechanism of recovery that the Second Step is designed to cultivate. The Second Step asks the person who has admitted the unmanageability of their life to come to believe that a power greater than themselves could restore them to sanity, and at the heart of that coming to believe is the birth of hope, the shift from the despair of the addiction to the belief that a different life is possible. Understanding hope's central role, and the evidence that it genuinely protects recovery, grounds the counselor's work in cultivating the hope that the Second Step embodies.

The evidence establishes hope as a real mechanism of recovery rather than merely a pleasant feeling. The finding that hope partially mediated the relationship between recovery progress and reduced relapse risk indicates that hope is part of how recovery protects against relapse, a genuine link in the causal chain from progress to sustained sobriety (Gutierrez et al., 2020). Hope, in the influential psychological understanding, consists of two components, agency, the belief in one's capacity to pursue one's goals, and pathways, the perception of viable routes to those goals, and both are relevant to the Second Step, in which the person comes to believe both that restoration is possible, the pathway, and that they can move toward it, the agency, through the power greater than themselves that the step invokes. Interventions that build hope have shown measurable effects, as a study of music therapy approaches for people with alcohol use disorder found significant improvements in state hope, including both its agency and pathways components, from even a single session (Silverman, 2025), demonstrating that hope can be deliberately cultivated.

For the practitioner, understanding hope as the heart of the Second Step guides the work of cultivating it. It means recognizing hope as a genuine mechanism of recovery, one through which recovery progress translates into reduced relapse risk, rather than as a mere encouraging feeling incidental to the real work. It means understanding the components of hope, the agency that believes in

one's capacity to pursue recovery and the pathways that perceive viable routes to it, and cultivating both in the client, helping them believe both that restoration is possible and that they can move toward it. It means recognizing that hope can be deliberately built, as the evidence on hope-building interventions shows, and working actively to cultivate it rather than waiting for it to emerge on its own. And it means understanding the Second Step as fundamentally about the birth of this hope, the coming to believe that restoration is possible, and supporting the client in that coming to believe as the central work of the step. The counselor who understands hope as the heart of the Second Step cultivates in clients the hope that the evidence shows genuinely protects recovery, helping them make the coming to believe that the step embodies.

The Restoration of Hope from Demoralization

The hope that the Second Step cultivates emerges against the background of the demoralization that addiction so often produces, and the counselor should understand demoralization as a genuine clinical threat that the Second Step's restoration of hope directly counters. Demoralization, the state of hopelessness, helplessness, and loss of meaning that so often accompanies addiction, is more than ordinary sadness; it is the collapse of the belief that one's situation can improve and that one's efforts matter, and it drives people out of recovery and deeper into the addiction that offers escape from its despair. The Second Step's coming to believe that restoration is possible is, in clinical terms, the reversal of demoralization, the restoration of the hope and meaning that demoralization has destroyed, and understanding this connection clarifies the step's therapeutic significance.

The evidence establishes demoralization as a genuine threat to recovery. A study of more than ten thousand people entering substance use treatment found that those with elevated demoralization, whether alone or combined with anhedonia, were significantly more likely to discontinue treatment than those low in both, establishing that demoralization drives people out of the recovery they have begun (Rabinowitz et al., 2023). This matters for the Second Step because it means the hopelessness that the step's coming to believe counters is not merely an uncomfortable feeling but a genuine risk factor for treatment dropout and, by extension, for continued addiction. The assessment of demoralization is itself worth attention, since the recognition of a client's hopelessness is the first step to addressing it, and clinical experience suggests that clinicians and clients may perceive demoralization differently, so that both the counselor's observation and the client's own report are valuable. The Second Step's restoration of hope, in this light, addresses a documented clinical threat, and the counselor who cultivates the step's hope is countering the demoralization that the evidence shows drives people out of recovery.

For the practitioner, understanding demoralization and its reversal guides the cultivation of the Second Step's hope. It means recognizing demoralization as a genuine clinical threat, the collapse of hope and meaning that drives people out of recovery, rather than dismissing a client's hopelessness as ordinary discouragement. It means assessing for demoralization, attending to the client's hopelessness and loss of meaning and recognizing them as risk factors for dropping out of recovery, and drawing on both clinical judgment and the client's own report to do so. It means understanding the Second Step's coming to believe as the reversal of demoralization, the restoration of the hope and meaning that demoralization has destroyed, and cultivating that restoration as a direct response to a documented threat. And it means recognizing that the hope the Second Step cultivates is protective against the treatment dropout that demoralization drives, so that the step's work is not merely uplifting but clinically consequential. The counselor who understands demoralization and its reversal cultivates the Second

Step's hope as a direct counter to the hopelessness that the evidence shows threatens recovery, addressing a genuine clinical danger through the restoration of hope that the step embodies.

Restored to Sanity: The Reality of Recovery

The Second Step speaks of being restored to sanity, and the counselor should understand this phrase in its full and encouraging meaning, because the restoration the step envisions is not merely metaphorical but corresponds to a genuine recovery of cognitive, psychological, and functional capacity that the evidence documents. The word sanity in the Second Step is not a clinical diagnosis of insanity but a description of the impaired thinking and functioning that active addiction produces, the distorted judgment, the compromised cognition, the loss of the capacity to function well, and the restoration to sanity the step envisions is the recovery of these capacities that sustained abstinence brings. Understanding that this restoration is real and documented allows the counselor to offer clients evidence-grounded hope for the recovery of the functioning that addiction has impaired.

The evidence on the recovery of functioning gives literal meaning to the restoration to sanity. A systematic review of neuropsychological recovery following abstinence from alcohol found that most cognitive functions recovered with sustained abstinence, typically within six to twelve months, including subdomains of attention, executive function, perception, and memory, establishing that the cognitive impairment addiction produces genuinely recovers (Powell et al., 2024). A scoping review of neurocognitive recovery in abstinent people with alcohol use disorder, undertaken because earlier studies had reported inconsistent results on the extent of recovery, found consistent evidence that certain factors, including smoking and brain-volume measures, were associated with the extent of recovery, while the amount of alcohol previously consumed and educational level were not (Staudt et al., 2023). These findings establish that the restoration to sanity the Second Step speaks of is, in a measurable sense, real: the brain and its cognitive functions recover with abstinence, and the impaired thinking of active addiction genuinely improves. This gives the counselor a powerful and evidence-based message of hope, that the client's compromised thinking and functioning can genuinely recover, which is precisely the restoration the Second Step envisions.

For the practitioner, understanding the reality of restoration grounds the Second Step's hope in documented evidence. It means understanding the restoration to sanity the step speaks of as the genuine recovery of the cognitive, psychological, and functional capacities that addiction impairs, rather than a merely metaphorical or spiritual notion. It means offering clients the evidence-based message that their compromised thinking and functioning can genuinely recover with sustained abstinence, typically within the first year, which is a powerful source of the hope the Second Step cultivates. It means holding realistic expectations about the recovery, recognizing that most functions recover within six to twelve months while some higher-order functions recover less consistently, and conveying this realistic picture to clients. And it means connecting the abstract language of restoration to sanity to the concrete reality of cognitive and functional recovery, helping clients understand that the restoration the step envisions is something that genuinely happens. The counselor who understands the reality of restoration offers clients the Second Step's hope grounded in the documented evidence that the functioning addiction has impaired can genuinely recover, giving the step's promise of restoration a concrete and credible foundation.

Coming to Believe: Open-Mindedness and Willingness

The Second Step is often summarized in the fellowship as being about open-mindedness and willingness, the willingness to believe that recovery is possible and the open-mindedness to consider a power greater than oneself, and the counselor should understand this process of coming to believe and how to support it in clients who may find belief difficult. The Second Step does not demand immediate or complete belief but describes a coming to believe, a process that unfolds over time as the person becomes open to the possibility of recovery and willing to consider that a power beyond their own failed willpower could help them. This gradual, permissive quality of the Second Step is important, because it means the step is accessible even to clients who begin without belief, asking only the open-mindedness and willingness to become open to belief rather than an immediate leap of faith.

The process of coming to believe connects to the broader question of readiness and willingness in recovery, which the research addresses. Readiness to change and willingness to engage recovery vary among people and develop over time, and the person who is not yet ready or willing can become so through the recovery process, so that the coming to believe of the Second Step is part of a larger development of readiness and willingness that treatment fosters. Research on motivation to change has examined the factors that shape it, including self-esteem and adverse childhood experiences (Benjiman et al., 2025), reflecting the complexity of the readiness that the Second Step's coming to believe involves. The key insight for the counselor is that the coming to believe is a process to be supported rather than a belief to be demanded, and that the client's initial lack of belief is a starting point from which the coming to believe can develop, not a disqualification from the step.

For the practitioner, supporting the coming to believe means fostering open-mindedness and willingness rather than demanding belief. It means understanding the Second Step as a gradual, permissive process of coming to believe rather than a demand for immediate or complete belief, and conveying this to clients so that those who begin without belief are not deterred. It means fostering the open-mindedness and willingness that the step asks, helping the client become open to the possibility of recovery and willing to consider a power beyond their own failed willpower, rather than pressing for an immediate leap of faith. It means understanding the coming to believe as part of the broader development of readiness and willingness that treatment fosters, and supporting that development over time. And it means treating the client's initial lack of belief as a starting point from which the coming to believe can develop, approaching it with patience rather than frustration. The counselor who supports the coming to believe fosters the open-mindedness and willingness that make the Second Step accessible even to the skeptical, helping clients move gradually toward the belief that the step describes rather than demanding a faith they cannot yet hold.

The Higher Power and the Spiritual Dimension

The Second Step's reference to a Power greater than ourselves introduces the spiritual dimension of recovery explicitly, and the counselor should understand this dimension, the evidence on how it operates, and how to help clients of varying beliefs engage with it. The higher power concept is among the most distinctive and, for some clients, most challenging aspects of twelve-step recovery, and understanding both its genuine role in recovery and its flexibility is essential to helping clients navigate the Second Step. The evidence increasingly clarifies that the spiritual dimension plays a real role in

recovery for many people, while also establishing that its role is variable and that the higher power concept is more flexible than clients often assume.

The evidence on the spiritual dimension reveals both its reality and its complexity. The scoping review of spirituality in substance use disorder confirmed that spirituality, encompassing beliefs and pursuits related to meaning and purpose, plays a genuine and multifaceted role in recovery, studied across psychological, biological, and cultural dimensions (Galanter et al., 2024). Yet the mechanisms research, discussed in relation to the broader twelve-step tradition, has found that the benefits of the program are carried predominantly by social, cognitive, and affective mechanisms rather than primarily by spiritual ones, with spirituality operating as a significant mechanism mainly for participants with high addiction severity (Kelly, 2017). This means the spiritual dimension the Second Step introduces is genuinely important for many, particularly those with severe addiction, while the program's benefits do not depend entirely or even primarily on spiritual transformation for most participants. The higher power concept, moreover, is deliberately flexible in the twelve-step tradition, allowing the person to understand the power greater than themselves in many ways, from a traditional conception of God to the fellowship itself, the group, or the process of recovery, which makes the Second Step accessible to clients across a wide range of beliefs.

For the practitioner, navigating the higher power and the spiritual dimension means helping clients of varying beliefs engage with the Second Step. It means understanding the spiritual dimension as genuinely important in recovery for many people, particularly those with severe addiction, while recognizing that the program's benefits also flow substantially through social, cognitive, and affective mechanisms that do not depend on spiritual belief. It means conveying to clients the flexibility of the higher power concept, helping those who struggle with a traditional conception understand that the power greater than themselves can be understood in many ways, including the fellowship, the group, or the process of recovery. It means helping clients for whom the spiritual dimension is a resource to engage with it, while helping those for whom it is a barrier to find an understanding of the Second Step they can accept. And it means holding the spiritual dimension realistically, as genuinely important for many and flexible enough to accommodate most, rather than as either a universal requirement or an irrelevance. The counselor who navigates the higher power and the spiritual dimension with this understanding helps clients across the range of beliefs engage with the Second Step, making its coming to believe accessible whether the client embraces a traditional spirituality or understands the power greater than themselves in other terms.

Spirituality and Religiousness: An Important Distinction

Within the spiritual dimension, the distinction between spirituality and religiousness matters for the Second Step, and the counselor should understand it because clients' relationships to religion and to spirituality differ and the evidence shows they relate to recovery differently. Spirituality, in the broad sense of connection to meaning, purpose, and something greater than oneself, is distinct from religiousness, the adherence to a particular religious tradition and its practices, and the Second Step's power greater than ourselves engages spirituality in the broad sense without requiring religiousness in the specific sense. Understanding this distinction helps the counselor navigate clients' varied and sometimes complicated relationships to religion while engaging the spirituality that the Second Step invokes.

The evidence establishes that spirituality and religiousness relate to recovery differently. A national study distinguishing the two found that people who had resolved an alcohol or drug problem reported that religion, specifically, had mostly not helped them overcome the problem, while spirituality showed a striking pattern of either not helping at all or making all the difference, and it found substantial differences by race and ethnicity, with Black Americans reporting more spiritual and religious engagement and more often finding it decisive (Kelly and Eddie, 2020). Qualitative research reflects the complexity of these relationships, as a study of Black Americans who misused opioids found that their religious and spiritual views shaped their beliefs about control over their substance use and recovery in varied ways (Jester et al., 2025). These findings establish that the Second Step's spiritual dimension operates differently for different people and communities, that spirituality in the broad sense may matter more than religiousness in the specific sense for many, and that the counselor must attend to each client's particular relationship to both.

For the practitioner, understanding the distinction between spirituality and religiousness guides the navigation of the Second Step's spiritual dimension. It means recognizing that spirituality, the broad connection to meaning and something greater than oneself, is distinct from religiousness, the adherence to a particular religious tradition, and that the Second Step engages the former without requiring the latter. It means understanding that spirituality and religiousness relate to recovery differently, with spirituality in the broad sense often mattering more than specific religiousness, and attending to each client's particular relationship to both. It means being sensitive to the variation across individuals and communities, including the greater role that spiritual and religious engagement plays for some, as the evidence on racial and ethnic differences shows, and meeting each client where they are. And it means helping clients engage the spirituality the Second Step invokes without imposing a religiousness they may not share, so that the step's coming to believe is accessible to clients of varied and complicated relationships to religion. The counselor who understands the distinction between spirituality and religiousness navigates the Second Step's spiritual dimension in a way attuned to each client's particular beliefs, engaging the broad spirituality the step invokes while respecting the varied relationships to religion that clients bring.

Surrender and Letting Go

The Second Step's coming to believe involves a surrender, the letting go of the failed struggle to control the addiction through willpower alone and the opening to a power greater than oneself, and the counselor should understand surrender as a genuine and evidence-supported process rather than a mere religious notion. Surrender in this context does not mean giving up or passive resignation but the active letting go of the illusion of control that has failed, and the opening to help, connection, and a different way of living that the letting go makes possible. This surrender is closely related to the acceptance that the First Step's admission of powerlessness begins, and it is central to the Second Step's coming to believe, since believing that a power greater than oneself could restore one requires letting go of the reliance on one's own failed power.

The evidence increasingly supports surrender as a genuine mechanism of recovery. A longitudinal study of people in a Christian inpatient treatment program found that surrender, particularly the implicit, internalized surrender assessed beyond mere self-report, predicted decreased odds of relapse over the year following treatment (Seesink et al., 2026), establishing that genuine surrender is associated with sustained recovery. A separate study found that a state of surrender, the willingness to accept without

resistance what is to come, mediated the relationship between treatment engagement and the presence of meaning in life, indicating that surrender orients the person toward meaning (Sease et al., 2024). These findings give empirical grounding to the surrender that the Second Step involves, establishing it as a genuine process associated with both reduced relapse and increased meaning, rather than a mere religious formula. The acceptance-based approaches in contemporary addiction treatment, which cultivate the willingness to experience difficult internal states without struggling against them, reflect a clinical convergence with the surrender the twelve-step tradition has long emphasized.

For the practitioner, understanding surrender guides how to support this dimension of the Second Step. It means understanding surrender not as giving up or passive resignation but as the active letting go of the failed illusion of control and the opening to help and a different way of living, and conveying this understanding to clients who may misunderstand surrender as defeat. It means recognizing surrender as a genuine, evidence-supported mechanism of recovery, associated with both reduced relapse and increased meaning, rather than a mere religious notion. It means helping clients let go of the reliance on their own failed willpower that the Second Step's coming to believe requires, supporting the surrender that opens them to the power greater than themselves. And it means drawing on the convergence between the twelve-step tradition's surrender and the acceptance-based approaches of contemporary treatment, using the clinical tools that cultivate the willingness and acceptance that surrender involves. The counselor who understands surrender helps clients make the letting go that the Second Step's coming to believe requires, supporting a process that the evidence establishes as genuinely associated with recovery and meaning rather than the defeat it can first appear.

Meaning and Purpose in Recovery

The restoration that the Second Step envisions includes the restoration of meaning and purpose, and the counselor should understand the central role that meaning plays in recovery and how the Second Step's coming to believe begins to restore it. Addiction hollows out meaning, narrowing life to the pursuit of the substance and stripping away the purposes, relationships, and values that give life significance, and recovery involves the rediscovery and rebuilding of meaning, the restoration of a life that matters. The Second Step's coming to believe that restoration is possible is, in part, the beginning of this restoration of meaning, the opening to the possibility that life can again have purpose and significance, and understanding the role of meaning grounds the counselor's support of this dimension of recovery.

The evidence establishes meaning as central to recovery. The finding that surrender mediated the relationship between treatment engagement and the presence of meaning in life connects the Second Step's surrender to the restoration of meaning (Sease et al., 2024), and qualitative research on recovery repeatedly identifies the rediscovery of meaning and purpose as central to the experience. A study of people recovering after long-term substance use disorder described recovery as a movement from merely existing to genuinely living, involving the discovery of value in ordinary things, the development of new coping and identity, and the reorientation toward a purposeful life, and argued that recovery is far broader than mere sobriety (Pettersen et al., 2023). A realist review of residential treatment found that the best-supported explanations for its effectiveness included the need to belong and meaning in life, establishing meaning as a genuine mechanism of recovery (De Salis et al., 2023). These findings confirm that meaning is not a peripheral benefit of recovery but central to it, and that the Second Step's restoration begins the rediscovery of the meaning that addiction has hollowed out.

For the practitioner, understanding the role of meaning guides the support of its restoration. It means recognizing that addiction hollows out meaning and that recovery involves its rediscovery and rebuilding, so that the restoration of meaning is central to recovery rather than a peripheral benefit. It means understanding the Second Step's coming to believe as the beginning of this restoration of meaning, the opening to the possibility that life can again have purpose and significance, and supporting that opening. It means helping clients rediscover and rebuild meaning, the purposes, relationships, and values that give life significance, recognizing from the evidence that recovery is far broader than mere sobriety and involves the movement from existing to living. And it means connecting the surrender and belief of the Second Step to the restoration of meaning, understanding that surrender orients the person toward meaning and that coming to believe opens the way to the purposeful life that recovery restores. The counselor who understands the role of meaning supports its restoration as central to recovery, helping clients begin, through the Second Step's coming to believe, the rediscovery of the meaning and purpose that addiction has hollowed out and that recovery restores.

Optimism and Positive Expectancy

Closely related to hope is optimism, the general expectation that things will turn out well, and the counselor should understand its role in recovery and its relationship to the Second Step's coming to believe that restoration is possible. Optimism differs from hope in being a more general disposition toward positive expectation rather than the specific belief in achievable goals, but the two are related, and both are relevant to the Second Step, in which the person comes to expect that recovery is possible and that their situation can improve. The evidence on optimism in recovery adds to the picture of how positive expectation, which the Second Step cultivates, supports the recovery process.

The evidence establishes optimism as associated with better recovery-relevant outcomes. A large study of more than four thousand people across residential substance use programs found that higher dispositional optimism was associated with substantially reduced craving, both the tonic craving present at baseline and the craving induced by cues, with the association reflected in meaningful reductions in craving severity, though the protective effect of optimism was attenuated with age (Hochheimer et al., 2024). This finding establishes that optimism, the positive expectation that the Second Step's coming to believe fosters, is associated with reduced craving, one of the central drivers of relapse, which connects the step's cultivation of positive expectation to a genuine mechanism of recovery. Optimism, like hope, is thus not merely a pleasant disposition but a factor associated with the reduced craving that supports sustained recovery, and the Second Step's fostering of positive expectation engages this genuine mechanism.

For the practitioner, understanding optimism guides the cultivation of the positive expectation the Second Step fosters. It means recognizing optimism, the general expectation that things will turn out well, as related to hope and relevant to the Second Step's coming to believe that recovery is possible. It means understanding the evidence that optimism is associated with reduced craving, one of the central drivers of relapse, so that the positive expectation the Second Step fosters engages a genuine mechanism of recovery. It means cultivating optimism and positive expectation in clients as part of the Second Step's coming to believe, helping them develop the expectation that their situation can improve and that recovery is possible. And it means recognizing that optimism, like hope, is not merely a pleasant disposition but a factor associated with the reduced craving that supports recovery, so that its cultivation is clinically meaningful. The counselor who understands optimism cultivates the positive expectation

that the Second Step fosters, helping clients develop the optimism that the evidence associates with reduced craving and sustained recovery, and grounding the step's coming to believe in the genuine benefits of positive expectation.

Belonging, Connection, and the Social Sources of Hope

The hope and belief the Second Step cultivates do not arise in isolation but are fostered substantially through connection to others, and the counselor should understand the social sources of hope and how belonging and connection support the coming to believe that the Second Step involves. The Second Step's power greater than oneself is, for many people, encountered first and most powerfully in the fellowship itself, the community of others in recovery whose presence, example, and support make the possibility of recovery believable. Coming to believe that restoration is possible is, for many, a matter of seeing it in others and being welcomed into a community that embodies it, so that belonging and connection are among the most powerful sources of the hope the Second Step cultivates.

The evidence establishes connection and belonging as central to recovery and to the hope it involves. A metasynthesis of qualitative research on social recovery, drawing on eighteen studies, found that connection to safe, non-stigmatizing communities enabled positive self-change, restored social dignity, and rebuilt the capacity for relationships, establishing the social dimension as central to the recovery process (Vigdal et al., 2022). The realist review of residential treatment identified the need to belong as among the best-supported explanations for its effectiveness (De Salis et al., 2023), and research on the social networks of people in recovery has examined how connection to recovery-supportive others shapes the recovery process (Hennessy et al., 2024). These findings establish that belonging and connection are not peripheral to recovery but central to it, and that the community of the fellowship is among the most powerful sources of the hope and belief the Second Step cultivates, since it is in the connection to others who have recovered that the possibility of one's own recovery becomes believable.

For the practitioner, understanding the social sources of hope guides how to foster the Second Step's coming to believe. It means recognizing that the hope and belief the Second Step cultivates arise substantially through connection to others, and that belonging to a community of recovery is among the most powerful sources of the coming to believe. It means understanding that for many people the power greater than oneself is encountered first in the fellowship, whose presence, example, and support make recovery believable, and helping clients connect to that community. It means fostering the client's belonging and connection to recovery-supportive others, recognizing from the evidence that connection is central to recovery and to the hope it involves. And it means understanding that coming to believe is often a matter of seeing recovery in others and being welcomed into a community that embodies it, so that fostering connection is fostering the Second Step's coming to believe. The counselor who understands the social sources of hope fosters the connection and belonging through which the Second Step's coming to believe most powerfully arises, helping clients encounter in the fellowship the living evidence that makes their own recovery believable.

Spiritual Well-Being as a Mechanism of Recovery

Beyond spirituality as a general dimension, the specific construct of spiritual well-being, the sense of connection, meaning, and peace that spirituality can provide, has been studied as a mechanism of recovery, and the counselor should understand its role because it bears directly on what the Second Step's coming to believe can foster. Spiritual well-being encompasses both a sense of connection to something greater than oneself and a sense of meaning and purpose in life, and it is precisely this sense that the Second Step's coming to believe in a power greater than oneself can foster. Understanding the evidence on spiritual well-being as a mechanism clarifies how the Second Step's spiritual dimension contributes to recovery.

The evidence establishes spiritual well-being as a genuine mechanism of recovery distinct from other factors. The longitudinal study of predominantly Black adults entering residential treatment found that greater spiritual well-being significantly predicted less frequent substance use during the early months of recovery, an effect distinct from twelve-step involvement, which predicted fewer consequences, and from general social support, which showed no significant effect over time (Kane et al., 2024). This finding is important because it establishes spiritual well-being as a mechanism of recovery in its own right, associated with reduced substance use in the vulnerable early period, and distinct from the social and program-involvement factors that also matter. The spiritual well-being that the Second Step's coming to believe can foster, the sense of connection and meaning that belief in a power greater than oneself provides, is thus a genuine contributor to recovery, particularly in the early months when the risk of return to use is highest. The finding that its effect diminished over the following months does not negate its value but locates it in the early period where support is most needed.

For the practitioner, understanding spiritual well-being as a mechanism clarifies the contribution of the Second Step's spiritual dimension. It means recognizing spiritual well-being, the sense of connection, meaning, and peace that spirituality provides, as a genuine mechanism of recovery distinct from program involvement and general social support. It means understanding that the Second Step's coming to believe in a power greater than oneself can foster this spiritual well-being, and that doing so contributes genuinely to recovery, particularly in the vulnerable early months. It means attending to the client's spiritual well-being as a genuine dimension of their recovery, helping those for whom it is accessible to develop the sense of connection and meaning that belief can provide. And it means locating the value of spiritual well-being realistically, in the early period of recovery where the evidence shows its effect, while recognizing that recovery is sustained over time by multiple factors of which spiritual well-being is one. The counselor who understands spiritual well-being as a mechanism recognizes the genuine contribution of the Second Step's spiritual dimension to recovery, helping clients for whom it is accessible develop the spiritual well-being that the evidence associates with reduced substance use in the crucial early months.

Gratitude, Wellbeing, and the Positive Dimension of Recovery

The Second Step's coming to believe opens onto the positive psychological dimension of recovery, the gratitude, wellbeing, and positive states that recovery can bring, and the counselor should understand this dimension and the evidence on its relationship to recovery outcomes. Gratitude in particular has a special place in the recovery tradition, and the positive states that the Second Step's hope and belief begin to foster, the gratitude for recovery, the sense of wellbeing, the satisfaction with the recovering life, are part of what makes recovery not merely the absence of addiction but the presence of a good life. Understanding the evidence on these positive states clarifies both their value and the realistic prospects for cultivating them.

The evidence on the positive dimension carries both promise and caution. A study of people in treatment for substance use disorder found that greater happiness with recovery predicted both abstinence and treatment retention, and that among the wellbeing indicators studied, this happiness with recovery was distinctively predictive of both outcomes (Krentzman et al., 2024), suggesting that the positive experience of recovery itself supports its continuation. Yet the meta-analysis of positive psychological interventions found that discrete structured interventions aimed at building positive states produced only small, nonsignificant effects on both positive psychological and substance use outcomes (Carlon et al., 2025), suggesting that these positive states are difficult to manufacture through standalone exercises. Together these findings suggest that the positive dimension of recovery is genuinely valuable, with happiness in recovery associated with better outcomes, but that it is better fostered through the organic processes of recovery, the connection, the meaning, the spiritual well-being, the coming to believe, than through discrete positive psychology techniques. The Second Step's coming to believe, which fosters hope and opens onto gratitude and wellbeing through the recovery it begins, may cultivate these positive states more naturally than structured interventions can.

For the practitioner, understanding the positive dimension guides its cultivation. It means recognizing the positive states that recovery can bring, the gratitude, wellbeing, and satisfaction, as genuinely valuable, with happiness in recovery associated with better outcomes including abstinence and retention. It means understanding that these positive states are better fostered through the organic processes of recovery, the connection, meaning, spiritual well-being, and coming to believe, than through discrete positive psychology exercises, which the evidence shows produce only small effects. It means cultivating the positive dimension through the Second Step's coming to believe and the recovery it begins, helping clients develop the hope, gratitude, and wellbeing that emerge naturally from genuine recovery rather than attempting to manufacture them through standalone techniques. And it means holding the positive dimension realistically, as a genuine and valuable part of recovery that is best fostered organically, rather than as either a peripheral nicety or a state to be engineered through exercises. The counselor who understands the positive dimension cultivates the gratitude, wellbeing, and hope of recovery through the organic processes that the Second Step's coming to believe sets in motion, fostering the positive states that make recovery a good life rather than merely the absence of addiction.

The Second Step for the Skeptic and the Nonbeliever

Not every client will readily embrace the Second Step's language of a power greater than oneself, and the counselor should understand how to help skeptical and nonbelieving clients engage with the step, because its coming to believe is more accessible and more flexible than such clients often assume. The Second Step is frequently the point at which clients uncomfortable with spirituality or religion balk, hearing in the power greater than ourselves a demand for religious belief they do not hold and cannot manufacture. Yet the twelve-step tradition itself, and the evidence on how the program works, both establish that the Second Step is accessible to the skeptic and the nonbeliever, and helping such clients find their way into it is an important part of the counselor's work.

The accessibility of the Second Step to the skeptic rests on several foundations. The tradition's flexibility in understanding the higher power, allowing it to be conceived as the fellowship, the group, the process of recovery, or simply something greater than the individual's own failed willpower, means that even the client who rejects a traditional conception of God can find a power greater than themselves they can accept. The evidence that the program works predominantly through social, cognitive, and affective mechanisms rather than primarily spiritual ones means that the skeptical client can benefit fully from the program through its human mechanisms without a spiritual transformation. And the gradual, permissive quality of the coming to believe means the skeptic need only be willing to be open, not to hold a belief they do not have. For many skeptical clients, the power greater than themselves that they come to believe in is, quite concretely, the fellowship and the process of recovery, the recognition that they cannot recover through their own willpower alone but can through connection to others and engagement with a program that works, which is a belief grounded in evidence rather than faith.

For the practitioner, helping skeptics and nonbelievers engage with the Second Step means conveying its accessibility and flexibility. It means understanding that the Second Step is more accessible and flexible than skeptical clients assume, and helping such clients see that its coming to believe does not demand a religious belief they cannot hold. It means conveying the flexibility of the higher power concept, helping the skeptic find a power greater than themselves they can accept, whether the fellowship, the process of recovery, or something greater than their own failed willpower. It means drawing on the evidence that the program works predominantly through human mechanisms that do not require spiritual belief, so that the skeptic can benefit fully through those mechanisms. And it means presenting the coming to believe as a gradual openness rather than a demanded faith, and often as the evidence-grounded recognition that recovery requires connection and a program beyond one's own willpower. The counselor who helps skeptics and nonbelievers engage with the Second Step conveys its genuine accessibility, helping the client who balks at its spiritual language find the power greater than themselves, whether spiritual or concrete, that makes the step's coming to believe possible for them.

Where the Second Step Leads

The Second Step, like the First, is part of a larger process, and the counselor should understand where the coming to believe leads, because the belief and hope the Second Step cultivates are the foundation for the action and change that the subsequent steps and the recovery involve. The Second Step follows the First Step's admission of powerlessness and precedes the Third Step's decision to turn one's will and life over to the care of the higher power, and it occupies a pivotal position in the

movement from the honest recognition of the problem, through the birth of hope and belief, toward the commitment to action that recovery requires. Understanding this trajectory helps the counselor convey that the coming to believe is not an end in itself but the foundation for what follows.

The Second Step's place in the larger process gives it its significance. Having admitted powerlessness in the First Step, the person needs the hope and belief that the Second Step provides in order to move forward, since without the belief that restoration is possible, the admission of powerlessness would lead only to despair. The Second Step thus transforms the First Step's admission from a potential dead end into the beginning of a hopeful movement toward recovery, providing the hope that makes the subsequent commitment and action possible. From the coming to believe, the process moves toward the decision and action of the later steps, the turning over of one's will, the moral inventory, the making of amends, and the ongoing practice of recovery, all of which rest on the foundation of hope and belief that the Second Step establishes. The evidence throughout, on hope, surrender, meaning, spiritual well-being, and connection, describes the mechanisms through which this hopeful movement produces recovery, and the Second Step's coming to believe is the pivot on which the movement turns from admission toward action.

For the practitioner, understanding where the Second Step leads clarifies its role in the recovery process. It means recognizing the Second Step as a pivotal foundation rather than an end in itself, the birth of the hope and belief that make the subsequent commitment and action possible. It means understanding the step's place in the movement from the First Step's admission of powerlessness, through the Second Step's coming to believe, toward the later steps' commitment and action, and conveying this trajectory to clients. It means recognizing that the hope and belief the Second Step cultivates transform the admission of powerlessness from a potential dead end into the beginning of a hopeful movement toward recovery, and supporting the client in that transformation. And it means understanding the coming to believe as the pivot on which recovery turns from honest admission toward committed action, and helping the client make that turn. The counselor who understands where the Second Step leads helps clients see the coming to believe not as an isolated act of belief but as the pivotal foundation of hope on which the action and change of recovery rest, supporting the movement from admission through belief toward the committed recovery that the later steps advance.

The Counselor's Role with Belief and Hope

Working with the Second Step's belief and hope places the counselor in a particular position that the professional should understand clearly, because the cultivation of hope and the navigation of belief require a stance that is neither the imposition of the counselor's own beliefs nor an indifference to the client's spiritual life, but a facilitation of the client's own coming to believe and a genuine cultivation of realistic hope. The Second Step engages dimensions, belief, spirituality, hope, meaning, that are personal and sometimes sensitive, and the counselor must navigate them in a way that respects the client's autonomy and beliefs while genuinely fostering the hope and openness that the step and recovery require.

The appropriate stance draws on several principles. It means cultivating genuine, realistic hope in the client, grounded in the evidence that recovery is common and achievable and that the mechanisms the Second Step engages genuinely support it, rather than either a false optimism that overpromises or a clinical detachment that withholds hope. It means facilitating the client's own coming to believe rather

than imposing the counselor's beliefs, helping the client find their own understanding of the power greater than themselves and their own path into the step's hope and belief, whatever their spiritual orientation. It means respecting the client's autonomy and beliefs, meeting each client where they are in their relationship to spirituality and belief, and helping the skeptic and the believer alike engage with the step in a way authentic to them. And it means attending genuinely to the client's hope, meaning, and spiritual life as real dimensions of their recovery, neither dismissing them as outside the counselor's role nor imposing the counselor's own views upon them. This stance allows the counselor to foster the Second Step's hope and belief authentically, serving the client's own coming to believe rather than the counselor's agenda.

For the practitioner, occupying this role well is central to working with the Second Step. It means cultivating genuine, realistic hope grounded in the evidence, neither overpromising nor withholding, and offering clients the well-founded hope that recovery is achievable. It means facilitating the client's own coming to believe rather than imposing the counselor's beliefs, helping each client find their own understanding of the power greater than themselves and their own path into the step. It means respecting the client's autonomy and beliefs, meeting each where they are and helping the skeptic and believer alike engage authentically. And it means attending genuinely to the client's hope, meaning, and spiritual life as real dimensions of recovery, without either dismissing or imposing. The counselor who occupies this role well fosters the Second Step's hope and belief in a way that respects the client's autonomy and beliefs while genuinely cultivating the hope and openness that recovery requires, facilitating the client's own coming to believe rather than substituting the counselor's convictions for the client's.

Common Misconceptions and the Wisdom of the Second Step

The Second Step, like the higher power concept it introduces, is surrounded by misconceptions that can deter clients and mislead counselors, and the professional who understands and can correct them serves clients better. The misconceptions cluster around the spiritual language of the step and the nature of the belief it asks, and correcting them clears away the obstacles that keep clients from the hope the step offers. Understanding the wisdom of the Second Step, and conveying it accurately, requires distinguishing what the step actually asks from the misconceptions that surround it.

Several specific misconceptions deserve correction. The misconception that the Second Step requires religious belief is corrected by the flexibility of the higher power concept, which allows the power greater than oneself to be understood in many ways, and by the evidence that the program works predominantly through human mechanisms rather than requiring spiritual transformation. The misconception that coming to believe means an immediate leap of faith is corrected by the gradual, permissive nature of the step, which asks only open-mindedness and willingness rather than immediate belief. The misconception that the restoration to sanity is merely metaphorical is corrected by the evidence that cognitive and functional recovery genuinely occurs with abstinence. And the misconception that hope is merely a pleasant feeling irrelevant to real recovery is corrected by the evidence that hope is a genuine mechanism through which recovery progress reduces relapse risk. Correcting these misconceptions allows clients to approach the Second Step free of the distortions that might otherwise deter them, and allows the counselor to convey the step's genuine wisdom accurately.

For the practitioner, understanding and correcting the misconceptions is part of conveying the Second Step's wisdom. It means holding an accurate understanding of what the Second Step actually

asks, distinguishing it from the misconceptions that surround its spiritual language. It means being able to correct the specific misconceptions that deter clients, that the step requires religious belief, that coming to believe means an immediate leap of faith, that restoration to sanity is merely metaphorical, or that hope is irrelevant to real recovery, with the evidence and understanding that refute each. It means presenting the Second Step accurately to clients, as a gradual coming to believe that asks openness rather than faith, that engages a flexible spiritual dimension without requiring religious belief, and that cultivates a hope genuinely protective of recovery. And it means conveying the wisdom of the Second Step, the recognition that hope and belief in the possibility of restoration, and the surrender of reliance on one's own failed willpower, are the foundation of recovery, as an accurate and evidence-grounded understanding. The counselor who understands and corrects the misconceptions conveys the Second Step's genuine wisdom, helping clients approach the coming to believe free of the distortions that surround its language and open to the hope that the step genuinely offers.

Craving, Hope, and the Neurobiology of the Second Step

The Second Step's cultivation of hope and positive expectation connects, perhaps surprisingly, to the neurobiology of craving, one of the central drivers of relapse, and the counselor should understand this connection because it grounds the step's hope in a concrete mechanism of recovery. Craving, the intense desire for the substance that persists into recovery and drives return to use, is among the most difficult challenges of early recovery, and the evidence that hope and optimism are associated with reduced craving establishes that the psychological states the Second Step cultivates bear directly on this concrete and dangerous phenomenon. The connection between the seemingly abstract hope of the Second Step and the visceral experience of craving is one the counselor can convey to clients as evidence that coming to believe is not merely inspirational but protective.

The evidence linking positive psychological states to reduced craving is substantial. The study of optimism across residential substance use programs found that higher optimism was associated with substantially reduced craving, both the tonic craving present at rest and the craving induced by cues (Hochheimer et al., 2024), establishing that the positive expectation the Second Step fosters is associated with the reduced craving that protects recovery. This connection makes neurobiological sense, since craving and the psychological states of hope and optimism both involve the brain's motivational and reward systems, and the cultivation of hope and positive expectation may shift the balance of these systems away from the craving that drives relapse. The restoration to sanity that the Second Step envisions, understood as the recovery of the brain's functioning, includes the gradual normalization of the reward and motivational systems that craving reflects, so that the neurobiological recovery documented in the studies of cognitive restoration parallels the reduction in craving that the psychological states of recovery support.

For the practitioner, understanding the connection between hope and craving grounds the Second Step's cultivation of hope in a concrete mechanism. It means recognizing that the hope and optimism the Second Step fosters are associated with reduced craving, one of the central drivers of relapse, so that the step's coming to believe bears directly on a concrete and dangerous phenomenon. It means conveying to clients that coming to believe is not merely inspirational but protective, associated with the reduced craving that supports sustained recovery, which can make the step's hope more compelling to clients focused on their immediate struggle with craving. It means understanding the neurobiological parallel between the recovery of the brain's functioning and the reduction in craving, and connecting the Second

Step's restoration to sanity to the gradual normalization of the systems that craving reflects. And it means cultivating hope and optimism as part of the practical work of managing craving, drawing on the evidence that these states are associated with the reduced craving that protects recovery. The counselor who understands the connection between hope and craving grounds the Second Step's cultivation of hope in the concrete mechanism of craving reduction, helping clients see that the coming to believe the step involves bears directly on the visceral challenge of craving that they face.

Faith-Based Treatment and the Second Step

The Second Step's spiritual dimension makes it particularly relevant to faith-based treatment approaches, and the counselor should understand these approaches, their evidence, and how the Second Step operates within them, because many clients encounter recovery through faith-based programs. Faith-based treatment, which explicitly incorporates religious or spiritual elements into the recovery process, has a long history in addiction treatment, and the twelve-step tradition itself emerged from a spiritual foundation. Understanding how faith-based approaches operate, and how the Second Step's coming to believe functions within them, helps the counselor work with clients whose recovery is grounded in faith and appreciate both the strengths and the considerations of faith-based approaches.

The evidence on faith-based and spiritually oriented treatment reflects both its genuine mechanisms and its complexity. The realist review of residential treatment, which included faith-based programs, found that the best-supported explanations for the effectiveness of residential treatment included the need to belong and meaning in life (De Salis et al., 2023), mechanisms that faith-based programs can powerfully provide through their communities and their frameworks of meaning. The study of surrender to God in a Christian inpatient program found that genuine, internalized surrender predicted reduced relapse over the year following treatment (Seesink et al., 2026), providing evidence for a specifically faith-based mechanism of recovery. These findings suggest that faith-based approaches can genuinely support recovery, operating through the belonging, meaning, and surrender that they foster, while the broader evidence on spirituality's variable role indicates that faith-based approaches, like the spiritual dimension generally, matter greatly for some clients and less for others. The Second Step's coming to believe operates within faith-based approaches as an explicitly spiritual movement, while in secular settings it can be understood in the more flexible terms discussed earlier.

For the practitioner, understanding faith-based treatment and the Second Step's place within it guides work with clients whose recovery is grounded in faith. It means recognizing faith-based treatment as a genuine approach that can support recovery through the belonging, meaning, and surrender it fosters, and appreciating its strengths for clients for whom it fits. It means understanding how the Second Step's coming to believe operates within faith-based approaches as an explicitly spiritual movement, while recognizing its more flexible interpretation in secular settings. It means working respectfully with clients whose recovery is grounded in faith, supporting their engagement with the faith-based dimension that sustains them, while recognizing that faith-based approaches, like spirituality generally, fit some clients better than others. And it means holding the evidence realistically, recognizing that faith-based approaches genuinely support recovery for many while not being universally necessary or effective. The counselor who understands faith-based treatment and the Second Step's place within it works effectively with clients whose recovery is grounded in faith, appreciating the genuine mechanisms through which faith-based approaches support recovery while respecting the variation in how well they fit different clients.

Recovery Identity and Self-Transformation

The Second Step's coming to believe begins a transformation of the person's identity, from someone defined by addiction and its despair to someone who believes in the possibility of recovery and a different life, and the counselor should understand this identity transformation and its central role in recovery. Recovery is not merely the cessation of substance use but the transformation of the person, the development of a new identity and self-understanding in which addiction no longer defines the person and recovery becomes part of who they are. The Second Step's coming to believe is an early and crucial move in this transformation, the shift from the identity of the hopeless addict to the emerging identity of the person who believes recovery is possible for them, and understanding this identity dimension deepens the counselor's appreciation of the step.

The evidence establishes identity transformation as central to recovery. Qualitative research on recovery repeatedly identifies the development of a new identity as central to the experience, as the study describing recovery as a movement from existing to living found, with the development of a new identity among the purposeful aspects of the reorientation to a sober life (Pettersen et al., 2023). A study of young adults in recovery found that they described recovery as a matter of identity and growth beyond substance use, with the recognition that their lives were not defined by their substance use central to their recovery (Schoenberger et al., 2022). These findings establish that the transformation of identity is not a peripheral aspect of recovery but central to it, and that the Second Step's coming to believe, the shift from the identity of the hopeless addict to the emerging identity of the person who believes in recovery, is an early and crucial move in this transformation. The person who comes to believe that they can be restored is beginning to see themselves differently, and this shift in self-understanding is foundational to the recovery that follows.

For the practitioner, understanding recovery identity guides the support of its transformation. It means recognizing that recovery involves the transformation of identity, the development of a new self-understanding in which addiction no longer defines the person, and that this transformation is central to recovery rather than peripheral. It means understanding the Second Step's coming to believe as an early and crucial move in this transformation, the shift from the identity of the hopeless addict to the emerging identity of the person who believes in recovery, and supporting the client in that shift. It means helping clients develop the new identity that recovery involves, the self-understanding in which they are not defined by their substance use and in which recovery becomes part of who they are. And it means recognizing the Second Step's coming to believe as foundational to this identity transformation, since the person who comes to believe they can be restored is beginning to see themselves differently. The counselor who understands recovery identity supports the transformation of self that recovery involves, recognizing the Second Step's coming to believe as an early and crucial move in the shift from the identity of addiction to the identity of recovery.

The Sponsor and the Communication of Hope

The Second Step's coming to believe is powerfully supported by the relationship with a sponsor, and the counselor should understand the sponsor's role in communicating hope and modeling the belief that the Second Step involves. The sponsor, a more experienced member of the fellowship who guides a newer one through the steps, embodies the recovery that the Second Step asks the newcomer to believe is possible, and the sponsor's own recovery is living evidence that restoration is achievable. In the sponsor, the newcomer encounters not an abstract promise of recovery but a real person who has walked the path they are beginning, and this embodied hope is among the most powerful supports for the coming to believe that the Second Step involves.

The sponsor's role in communicating hope draws on the social sources of hope discussed earlier. The evidence that connection to others who have recovered is among the most powerful sources of the belief that recovery is possible applies directly to the sponsor relationship, in which the newcomer connects to a specific person whose recovery makes their own believable. The sponsor communicates hope not through exhortation but through their own example, their presence, and their guidance, showing the newcomer that the recovery the Second Step asks them to believe in is real by embodying it. The sponsor also guides the newcomer through the coming to believe itself, helping them understand and work the Second Step, addressing their doubts and reservations, and supporting their gradual development of the hope and belief the step involves. This individualized guidance and embodied hope make the sponsor relationship among the most valuable supports for the Second Step, and the counselor who encourages clients toward sponsorship is connecting them to a powerful source of the coming to believe.

For the practitioner, understanding the sponsor's role guides the encouragement of sponsorship as a support for the Second Step. It means recognizing the sponsor as an embodiment of the recovery the Second Step asks the newcomer to believe is possible, whose own recovery is living evidence that restoration is achievable. It means understanding that the sponsor communicates hope through their example, presence, and guidance rather than through exhortation, showing the newcomer that recovery is real by embodying it. It means encouraging clients toward sponsorship as a powerful support for the Second Step's coming to believe, connecting them to a specific person whose recovery makes their own believable and who can guide them through the step. And it means recognizing the sponsor's individualized guidance and embodied hope as among the most valuable supports for the coming to believe, and fostering the sponsor relationship accordingly. The counselor who understands the sponsor's role encourages clients toward the sponsorship that powerfully supports the Second Step, connecting them to the embodied hope and individualized guidance through which the coming to believe is most effectively fostered.

Prayer, Meditation, and Contemplative Practice

The Second Step opens toward the contemplative practices, prayer and meditation, that the later steps develop and that the twelve-step tradition incorporates, and the counselor should understand these practices and their evidence because they are among the concrete means through which the spiritual dimension of the Second Step is engaged. Prayer and meditation are the practices through which many people in twelve-step recovery cultivate their connection to the power greater than themselves and their

spiritual well-being, and while the Second Step itself is about coming to believe rather than about practice, it opens toward the contemplative practices that express and deepen that belief. Understanding these practices helps the counselor appreciate how the spiritual dimension of the Second Step is engaged in concrete terms.

The evidence on contemplative practices in recovery reflects their genuine role. Mindfulness meditation, in particular, has accumulated evidence as a support for recovery, cultivating the awareness, acceptance, and emotional regulation that support sustained sobriety, and its convergence with the acceptance and surrender that the twelve-step tradition emphasizes is notable. Prayer, for those who engage in it, is among the means through which the connection to a higher power and the spiritual well-being associated with recovery are cultivated, and the spiritual well-being that the evidence associates with reduced substance use in early recovery is fostered in part through such practices. These practices give concrete form to the spiritual dimension of the Second Step, providing the means through which the belief the step involves is expressed, deepened, and lived. For the counselor, understanding these practices allows the support of clients in engaging the spiritual dimension of the Second Step through concrete means, whether the prayer of the traditionally spiritual client or the meditation that clients across the spectrum of belief can engage.

For the practitioner, understanding contemplative practices guides the support of the Second Step's spiritual dimension in concrete terms. It means recognizing prayer and meditation as among the concrete means through which the spiritual dimension of the Second Step is engaged, expressing and deepening the belief the step involves. It means understanding the evidence on contemplative practices, particularly the accumulated support for mindfulness meditation and its convergence with the acceptance and surrender the twelve-step tradition emphasizes. It means supporting clients in engaging the spiritual dimension of the Second Step through concrete practices, whether the prayer of the traditionally spiritual client or the meditation accessible across the spectrum of belief. And it means recognizing that these practices foster the spiritual well-being that the evidence associates with recovery, giving concrete form to the belief the Second Step involves. The counselor who understands contemplative practices supports clients in engaging the spiritual dimension of the Second Step through the concrete means of prayer and meditation, helping them express and deepen the coming to believe through the practices that give it form.

The Second Step for Trauma Survivors

Many clients who approach the Second Step carry histories of trauma, and the counselor should understand how trauma bears on the coming to believe, because trauma can both complicate and be healed through the belief and hope the Second Step cultivates. Trauma, particularly the interpersonal trauma so common among people with substance use disorders, can profoundly affect a person's capacity for the belief, trust, and hope the Second Step involves, since trauma often shatters the person's sense that the world is safe and that others or a higher power can be trusted. At the same time, the belief, connection, and meaning the Second Step fosters can be part of the healing of trauma, so that the step's coming to believe bears on trauma in complex ways the counselor should understand.

The relationship between trauma and the Second Step's coming to believe runs in both directions. On one hand, trauma can complicate the coming to believe, since the person whose trust has been shattered by trauma may find it difficult to believe in a benevolent higher power or to trust the fellowship and the

process of recovery, and a client's difficulty with the Second Step may reflect trauma rather than mere skepticism. The spiritual dimension in particular can be complicated for trauma survivors, especially those whose trauma involved religious settings or figures, for whom the higher power concept may evoke harm rather than hope. On the other hand, the belief, connection, meaning, and spiritual well-being the Second Step fosters can be part of the healing of trauma, restoring the sense of safety, trust, and meaning that trauma has damaged, so that the coming to believe can be a step in recovery from trauma as well as from addiction. The counselor who understands both directions can help trauma survivors navigate the Second Step, attending to the ways trauma complicates the coming to believe while supporting the healing that the belief and connection can provide.

For the practitioner, understanding trauma's bearing on the Second Step guides work with the many clients who carry trauma histories. It means recognizing that trauma can complicate the coming to believe, affecting the person's capacity for the belief, trust, and hope the step involves, and understanding a client's difficulty with the step as potentially reflecting trauma rather than mere skepticism. It means being sensitive to the ways the spiritual dimension can be complicated for trauma survivors, particularly those whose trauma involved religious settings, and helping such clients find an understanding of the Second Step that does not evoke their harm. It means recognizing that the belief, connection, meaning, and spiritual well-being the Second Step fosters can be part of the healing of trauma, and supporting that healing through the client's engagement with the step. And it means holding both directions together, attending to the ways trauma complicates the coming to believe while supporting the healing the belief and connection can provide. The counselor who understands trauma's bearing on the Second Step helps trauma survivors navigate the coming to believe with sensitivity to how their trauma both complicates and can be healed through the belief and hope the step cultivates.

Coming to Believe After Relapse

Relapse is common in recovery, and the counselor should understand how the Second Step's coming to believe relates to relapse, because relapse can shake the belief and hope the step cultivates and the renewal of belief after relapse is an important part of sustained recovery. A person who has come to believe that recovery is possible, and who then relapses, may find their belief shaken, their hope diminished, and their sense that restoration is possible called into question, and the renewal of the Second Step's coming to believe after relapse is part of the return to recovery. Understanding how belief and hope relate to relapse helps the counselor support clients through the shaking of belief that relapse can produce.

The relationship between relapse and belief is important because relapse threatens the hope and belief that the Second Step cultivates and that recovery requires. A relapse can produce or deepen the demoralization that the evidence shows drives people out of recovery, shaking the belief that restoration is possible and threatening a descent into the hopelessness that the Second Step's coming to believe had countered. The renewal of belief and hope after relapse is thus crucial, the re-establishment of the coming to believe that restoration remains possible despite the setback, and this renewal draws on the same sources, the connection to others, the evidence of recovery, the meaning and spiritual well-being, that fostered the belief initially. The understanding of relapse as a common part of the recovery process, discussed in relation to the broader recovery journey, supports this renewal, since the person who understands that relapse is common and that sustained recovery often follows a path that includes setbacks can renew their belief that restoration remains possible despite the relapse. The counselor's role

is to support this renewal, helping the client who has relapsed renew the coming to believe rather than succumbing to the demoralization that relapse can produce.

For the practitioner, understanding the relationship between relapse and belief guides the support of clients through relapse. It means recognizing that relapse can shake the belief and hope the Second Step cultivates, producing or deepening the demoralization that threatens recovery, and attending to the shaking of belief that relapse can produce. It means understanding the renewal of the Second Step's coming to believe after relapse as crucial to the return to recovery, the re-establishment of the belief that restoration remains possible despite the setback. It means supporting this renewal through the same sources that fostered belief initially, the connection to others, the evidence of recovery, the meaning and spiritual well-being, and through the understanding that relapse is a common part of the recovery process from which sustained recovery can still follow. And it means helping the client who has relapsed renew their coming to believe rather than succumbing to the demoralization that relapse can produce. The counselor who understands the relationship between relapse and belief supports clients through the shaking of belief that relapse produces, helping them renew the Second Step's coming to believe and return to the recovery that the setback had interrupted.

Family, Relationships, and Shared Hope

The Second Step's hope and belief are shaped by and shared with the family and relationships that surround the person in recovery, and the counselor should understand how these relationships bear on the coming to believe. The family and loved ones of a person with addiction have often had their own hope shaken, worn down by the disappointments and betrayals that addiction produces, and the person's coming to believe in recovery occurs within a relational context in which hope may be scarce or damaged. At the same time, the renewal of hope in the family and the sharing of the belief that recovery is possible can support the person's own coming to believe, so that hope in recovery is often a shared and relational phenomenon rather than a purely individual one.

The relational dimension of hope bears on the Second Step in several ways. The family's hope, or its absence, affects the person in recovery, since a family that has lost hope in the person's recovery may communicate that hopelessness, while a family that maintains or renews hope can support the person's own coming to believe. The rebuilding of trust and hope in relationships damaged by addiction is part of the recovery process, and the person's coming to believe in their own recovery is often intertwined with the renewal of hope in their relationships. The evidence on connection and belonging as sources of hope applies to family relationships as well as to the fellowship, so that supportive relationships can be among the sources of the hope the Second Step cultivates. The counselor who attends to the relational dimension of hope can support both the person's coming to believe and the renewal of hope in their relationships, recognizing that hope in recovery is often shared and that the family's hope and the person's are intertwined.

For the practitioner, understanding the relational dimension of hope guides attention to the family and relationships surrounding the person in recovery. It means recognizing that the family and loved ones of a person with addiction have often had their own hope shaken, and that the person's coming to believe occurs within a relational context in which hope may be scarce or damaged. It means understanding that the renewal of hope in the family and the sharing of the belief that recovery is possible can support the person's own coming to believe, so that hope in recovery is often shared and

relational. It means attending to the rebuilding of trust and hope in relationships damaged by addiction as part of the recovery process, and recognizing its intertwining with the person's own coming to believe. And it means supporting both the person's coming to believe and the renewal of hope in their relationships, within the bounds of the counselor's role and the client's consent. The counselor who understands the relational dimension of hope attends to the family and relationships that shape the person's coming to believe, supporting the shared and relational hope through which the Second Step's belief is often fostered and sustained.

The Second Step and Co-Occurring Mental Illness

Many clients who approach the Second Step carry co-occurring mental illness, and the counselor should understand how mental illness bears on the coming to believe and how to support clients with both. Depression, in particular, directly attacks the hope and belief the Second Step cultivates, since hopelessness is a core feature of depression, and the person whose depression tells them that nothing will improve and that they are beyond help faces a particular obstacle to the coming to believe that restoration is possible. Other conditions, too, can complicate the coming to believe, and the counselor working with the many clients who carry co-occurring mental illness must attend to how their conditions bear on the Second Step.

The relationship between co-occurring mental illness and the Second Step's coming to believe requires careful attention. Depression's hopelessness directly opposes the hope the Second Step cultivates, so that the depressed client may find the coming to believe especially difficult, their depression telling them that recovery is impossible for them regardless of the evidence. This is not mere skepticism to be reasoned with but a symptom of an illness that requires treatment, and the counselor must recognize when a client's difficulty with the Second Step reflects depression or another treatable condition rather than a spiritual or motivational obstacle. At the same time, the hope and meaning the Second Step fosters can support recovery from co-occurring conditions as well as from addiction, so that the coming to believe can be part of the healing of the mental illness. The counselor's role is to ensure that co-occurring conditions receive appropriate treatment, including medication where needed, while supporting the client's engagement with the Second Step, recognizing that the treatment of the mental illness and the cultivation of the step's hope are complementary parts of the client's recovery.

For the practitioner, understanding co-occurring mental illness guides work with the many clients who carry it. It means recognizing that co-occurring mental illness, particularly depression with its core hopelessness, can directly oppose the hope and belief the Second Step cultivates, and that a client's difficulty with the step may reflect a treatable condition rather than a spiritual or motivational obstacle. It means ensuring that co-occurring conditions receive appropriate treatment, including medication where needed, rather than treating the difficulty with the Second Step as merely a matter of belief or motivation. It means recognizing that the hope and meaning the Second Step fosters can support recovery from co-occurring conditions as well as from addiction, so that the coming to believe can be part of the healing of the mental illness. And it means holding the treatment of the mental illness and the cultivation of the step's hope as complementary parts of the client's recovery. The counselor who understands co-occurring mental illness supports clients with both conditions, ensuring their mental illness receives appropriate treatment while recognizing how it bears on the Second Step's coming to believe and how the step's hope can support their whole recovery.

Willingness and the Overcoming of Resistance

The Second Step's coming to believe requires willingness, and the counselor should understand the willingness the step asks and how to help clients overcome the resistance that can block it. Willingness, the openness to consider and to try what the step proposes, is the disposition the Second Step most fundamentally requires, since the coming to believe cannot be forced but can only develop in a person willing to be open to it. Yet many clients approach the Second Step with resistance, whether to its spiritual language, to the vulnerability of hope, or to the surrender of the reliance on their own willpower, and helping clients overcome this resistance to reach the willingness the step requires is an important part of the counselor's work.

The resistance that blocks the Second Step's willingness takes several forms the counselor should recognize. Some clients resist the spiritual language, hearing in it a demand for belief they cannot hold, a resistance addressed by the flexibility of the higher power concept discussed earlier. Some resist the vulnerability of hope, having been disappointed so often that they protect themselves from hope's risk, a resistance that requires the gentle rebuilding of the capacity to hope. Some resist the surrender the step involves, clinging to the illusion of control that the First Step's admission of powerlessness was meant to relinquish, a resistance addressed through the understanding of surrender as liberation rather than defeat. And some resist out of the demoralization that tells them belief is pointless, a resistance that requires the treatment of the demoralization itself. Recognizing the particular form of a client's resistance allows the counselor to address it appropriately, helping the client move past the specific obstacle toward the willingness the Second Step requires.

For the practitioner, understanding willingness and resistance guides the support of the Second Step's coming to believe. It means recognizing willingness, the openness to consider and try what the step proposes, as the disposition the Second Step most fundamentally requires, and fostering it rather than demanding the belief that only willingness can develop into. It means recognizing the several forms of resistance that can block the step's willingness, whether to its spiritual language, to the vulnerability of hope, to the surrender it involves, or out of demoralization, and identifying the particular form of a client's resistance. It means addressing each form of resistance appropriately, through the flexibility of the higher power concept, the gentle rebuilding of the capacity to hope, the understanding of surrender as liberation, or the treatment of demoralization. And it means helping clients move past their specific resistance toward the willingness the Second Step requires, recognizing that the coming to believe cannot be forced but can develop in a person made willing to be open. The counselor who understands willingness and resistance helps clients overcome the obstacles that block the Second Step's willingness, fostering the openness through which the coming to believe can develop.

Wonder, Awe, and the Experience of the Transcendent

The Second Step's spiritual dimension connects to the human capacities for wonder and awe, and the counselor should understand these experiences and their potential role in the coming to believe, because for some clients the experience of something greater than themselves, whether in nature, in connection, or in a moment of transcendence, is a powerful support for the belief the step involves. Wonder and awe, the experiences of encountering something vast, beautiful, or profound that exceeds one's ordinary frame, are among the ways people come to sense a reality greater than themselves, and for some clients

such experiences are the concrete form that the Second Step's coming to believe takes. Understanding these experiences helps the counselor appreciate the varied ways clients may encounter the power greater than themselves that the step invokes.

The role of wonder and awe in the coming to believe is worth appreciating because it opens the Second Step to clients for whom traditional spiritual belief is inaccessible but for whom the experience of the transcendent is real. A client who cannot embrace a traditional conception of God may nonetheless experience awe in nature, wonder at the vastness of the world, or a sense of connection to something greater in the fellowship or in moments of profound experience, and these experiences can be the concrete form of their coming to believe in a power greater than themselves. The operational model of spirituality applied to twelve-step texts identified profound experience among the spiritual drives reflected in the recovery narrative (Thompson et al., 2026), locating such experience within the spiritual dimension that recovery engages. These experiences of wonder, awe, and the transcendent are among the ways the spiritual dimension of the Second Step is encountered, and they open the step to clients across a wide range of relationships to traditional belief.

For the practitioner, understanding wonder and awe guides the appreciation of the varied ways clients encounter the Second Step's power greater than themselves. It means recognizing wonder and awe, the experiences of encountering something vast, beautiful, or profound, as among the ways people come to sense a reality greater than themselves, and as potential supports for the Second Step's coming to believe. It means understanding that for some clients, particularly those for whom traditional spiritual belief is inaccessible, the experience of the transcendent in nature, connection, or profound moments is the concrete form of their coming to believe. It means helping clients recognize and draw on their experiences of wonder and awe as forms of the coming to believe, opening the Second Step to those for whom traditional belief is inaccessible but the experience of the transcendent is real. And it means appreciating the varied ways clients may encounter the power greater than themselves, from traditional spiritual belief to the experience of awe and wonder, and meeting each client in their own way of encountering it. The counselor who understands wonder and awe appreciates the varied ways clients encounter the Second Step's power greater than themselves, helping clients across the range of relationships to belief find, in their own experiences of the transcendent, the concrete form of their coming to believe.

Sustaining Belief Over the Long Arc of Recovery

The belief and hope the Second Step cultivates must be sustained over the long arc of recovery, and the counselor should understand how belief and hope are maintained over time, because recovery is a long process and the coming to believe must be renewed and sustained rather than achieved once and possessed. The Second Step's coming to believe is not a single event after which belief is permanently secured but the beginning of an ongoing relationship with hope and belief that must be sustained through the challenges, setbacks, and length of the recovery journey. Understanding how belief is sustained over time helps the counselor support clients not only in the initial coming to believe but in the maintenance of the hope and belief that recovery requires over its long course.

Sustaining belief and hope over the long arc of recovery draws on the same sources that foster them initially and requires ongoing attention. The connection to the fellowship and to others in recovery, which fosters the belief that recovery is possible, sustains it over time as the person continues to witness

recovery in others and to be supported in their own. The accumulating evidence of the person's own recovery, the growing time in sobriety, the restoration of functioning, the rebuilding of a life, provides ongoing grounds for the belief that recovery is possible and sustainable. The meaning and spiritual well-being that recovery fosters deepen over time, sustaining the hope and belief through the ongoing engagement with what gives life significance. And the practices of recovery, the meetings, the step work, the contemplative practices, maintain the connection to the sources of belief and hope. The counselor who understands these sources can help clients sustain their belief and hope over the long arc of recovery, attending not only to the initial coming to believe but to its maintenance through the challenges and length of the journey.

For the practitioner, understanding the sustaining of belief guides the support of clients over the long arc of recovery. It means recognizing that the belief and hope the Second Step cultivates must be sustained over time rather than achieved once and possessed, and attending to their maintenance through the long course of recovery. It means understanding the sources that sustain belief and hope, the connection to the fellowship, the accumulating evidence of the person's own recovery, the deepening meaning and spiritual well-being, and the practices of recovery, and helping clients draw on them over time. It means supporting clients not only in the initial coming to believe but in the renewal and maintenance of the hope and belief that recovery requires through its challenges, setbacks, and length. And it means recognizing that the coming to believe is the beginning of an ongoing relationship with hope and belief rather than a single secured achievement, and supporting that ongoing relationship over the long arc of recovery. The counselor who understands the sustaining of belief supports clients in maintaining the hope and belief the Second Step cultivates over the long course of recovery, attending to the ongoing renewal through which the coming to believe is sustained.

From Belief to Action: Behavioral Activation

The Second Step's coming to believe, while primarily about the emergence of hope and belief, opens toward action, and the counselor should understand the connection between belief and behavior because the belief the step cultivates gains its power partly through the action it enables. Belief that recovery is possible, if it remains purely internal, accomplishes little; its power lies in enabling the person to act, to engage with recovery, to take the steps that belief makes possible. The Second Step's coming to believe thus connects to the behavioral dimension of recovery, in which the person begins to do the things that recovery requires, and understanding this connection helps the counselor support the translation of the step's belief into the action that recovery involves.

The connection between belief and action is important because the two reinforce each other in recovery. Belief that recovery is possible enables the person to take the actions that recovery requires, to attend meetings, to engage with the fellowship, to work the steps, to build a sober life, while the actions in turn strengthen the belief, as the person witnesses their own progress and the evidence that recovery is real accumulates. This reciprocal relationship between belief and action means that the Second Step's coming to believe is not an end in itself but a spur to action, and that the action it enables strengthens the belief in a virtuous cycle. The behavioral activation that characterizes recovery, the gradual re-engagement with activity, relationships, and life that replaces the narrowed existence of active addiction, both flows from and reinforces the belief the Second Step cultivates. The counselor who understands this connection can support the translation of belief into action, helping the client move from the coming to believe toward the doing that recovery requires and that strengthens the belief in

turn.

For the practitioner, understanding the connection between belief and action guides the support of the Second Step's translation into behavior. It means recognizing that the belief the Second Step cultivates gains its power partly through the action it enables, so that the coming to believe is not an end in itself but a spur to action. It means understanding the reciprocal relationship between belief and action, in which belief enables the actions of recovery and the actions strengthen the belief, and supporting this virtuous cycle. It means helping clients translate the Second Step's coming to believe into the actions that recovery requires, the engagement with the fellowship, the working of the steps, the building of a sober life, recognizing that these actions strengthen the belief in turn. And it means supporting the behavioral activation that characterizes recovery, the re-engagement with activity, relationships, and life that both flows from and reinforces the step's belief. The counselor who understands the connection between belief and action supports the translation of the Second Step's coming to believe into the action that recovery involves, fostering the virtuous cycle in which belief enables action and action strengthens belief.

The Second Step for Adolescents and Young Adults

Adolescents and young adults form a distinct population in recovery, and the counselor should understand how the Second Step's coming to believe operates for younger clients, whose developmental stage, circumstances, and relationships to belief differ from those of older adults. Young people face recovery at a formative stage of identity development, often with different relationships to spirituality and belief than older adults, and with the particular developmental tasks and social contexts of youth shaping their recovery. Understanding these differences helps the counselor support the coming to believe for younger clients in a way attuned to their developmental stage and circumstances.

The evidence on younger people in recovery reflects both the applicability of recovery principles and the distinct features of youth. A study of young adults in recovery found that they described recovery as a matter of identity and growth beyond substance use, emphasizing that their lives were not defined by their substance use, and identified the need for integrated mental health and addiction care and the self-directed, lifelong nature of recovery (Schoenberger et al., 2022), reflecting the identity-focused, developmentally shaped character of young adult recovery. Research on the social networks of recovering adolescents found that connection to recovery-supportive peers, including through recovery-oriented settings, shaped their recovery (Hennessy et al., 2024), reflecting the particular importance of peer relationships in adolescent recovery. These findings suggest that for younger clients, the Second Step's coming to believe is bound up with the identity development, peer relationships, and developmental tasks of youth, and that supporting it requires attention to these developmentally distinct features. The higher power concept and the spiritual dimension may also operate differently for young people, whose relationships to spirituality are often still forming, requiring the flexibility discussed earlier applied to the developmental stage of youth.

For the practitioner, understanding the Second Step for younger clients guides work with adolescents and young adults. It means recognizing that young people face recovery at a formative developmental stage, with different relationships to spirituality and belief and with the particular tasks and social contexts of youth shaping their recovery. It means understanding the identity-focused character of young adult recovery, in which the coming to believe is bound up with the identity development of youth, and

supporting the emergence of a recovery identity in developmentally appropriate terms. It means attending to the particular importance of peer relationships in adolescent recovery, fostering the connection to recovery-supportive peers that shapes younger clients' recovery. And it means applying the flexibility of the higher power concept and the spiritual dimension to the developmental stage of youth, whose relationships to spirituality are often still forming. The counselor who understands the Second Step for younger clients supports the coming to believe in a way attuned to the developmental stage, identity development, and peer relationships that distinguish adolescent and young adult recovery.

Cultural and Community Dimensions of Belief

The Second Step's belief and spirituality are shaped by culture and community, and the counselor should understand these dimensions because clients' relationships to belief, spirituality, and hope are profoundly shaped by their cultural and community contexts. The higher power concept, the spiritual dimension, and the very experience of hope are understood and experienced differently across cultures and communities, and the counselor working with diverse clients must attend to how each client's cultural and community context shapes their relationship to the Second Step. Understanding these dimensions helps the counselor support the coming to believe in a way attuned to the client's cultural and community world.

The evidence reflects the significant cultural and community dimensions of belief in recovery. The study of pathways to recovery in a Black-majority city found that the recovery of Black Americans with alcohol use disorder was shaped by systemic challenges and by a lack of knowledge about recovery that led to the belief that recovery was not possible, pointing to the community and structural dimensions that shape the very possibility of the coming to believe (Vose-O'Neal et al., 2025). The study of Black Americans who misused opioids found that their religious and spiritual views, shaped by their cultural and community context, shaped their beliefs about control and recovery (Jester et al., 2025). The national study of spirituality found substantial differences by race and ethnicity in the role of spirituality and religiousness in recovery (Kelly and Eddie, 2020). These findings establish that the Second Step's belief and spirituality are profoundly shaped by culture and community, and that supporting the coming to believe requires attention to each client's cultural and community context, including the structural challenges that can make recovery seem impossible and the cultural and community resources that can support belief.

For the practitioner, understanding the cultural and community dimensions of belief guides work with diverse clients. It means recognizing that the higher power concept, the spiritual dimension, and the experience of hope are understood and experienced differently across cultures and communities, and attending to how each client's cultural and community context shapes their relationship to the Second Step. It means understanding the structural and community dimensions that can shape the very possibility of the coming to believe, including the systemic challenges and lack of knowledge that can lead to the belief that recovery is not possible. It means drawing on the cultural and community resources that can support belief, including the spiritual and religious traditions and community connections that foster hope for many. And it means supporting the coming to believe in a way attuned to each client's cultural and community world, respecting the diverse ways that belief, spirituality, and hope are understood and experienced. The counselor who understands the cultural and community dimensions of belief supports the coming to believe in a way attuned to the client's cultural and community context, recognizing both the structural challenges that can make recovery seem impossible

and the cultural and community resources that can foster the belief the Second Step involves.

Serenity, Peace, and Emotional Regulation

The Second Step's coming to believe opens toward the serenity and peace that recovery can bring, and the counselor should understand this emotional dimension because the peace that belief and surrender can foster is both a fruit of recovery and a support for it. The serenity that the twelve-step tradition famously invokes, the peace that comes from accepting what cannot be changed and finding the courage to change what can, is closely related to the Second Step's coming to believe and surrender, and it represents both an outcome of the recovery the step begins and a support for the emotional regulation that sustained recovery requires. Understanding this emotional dimension helps the counselor appreciate how the Second Step's belief and surrender foster the emotional peace that recovery involves.

The connection between belief, surrender, and emotional peace is worth understanding because emotional regulation is central to sustained recovery. The negative emotional states that drive relapse, the anxiety, anger, and distress that the person once used substances to escape, are countered by the serenity and peace that the Second Step's belief and surrender can foster, so that the emotional dimension of the step bears directly on the emotional regulation that recovery requires. The surrender the Second Step involves, the letting go of the futile struggle for control, is itself a source of peace, relieving the person of the exhausting effort to control what cannot be controlled, and the belief that a power greater than oneself can help fosters the trust and peace that counter the anxiety and distress of the struggle. The acceptance-based approaches in contemporary treatment, which cultivate the acceptance and willingness that foster emotional peace, converge with the serenity the twelve-step tradition emphasizes. The counselor who understands this emotional dimension can help clients find, through the Second Step's belief and surrender, the serenity and peace that both flow from and support recovery.

For the practitioner, understanding the emotional dimension guides the support of the serenity and peace the Second Step can foster. It means recognizing the serenity and peace that the Second Step's belief and surrender can foster as both a fruit of recovery and a support for the emotional regulation that sustained recovery requires. It means understanding that the negative emotional states that drive relapse are countered by the serenity that the step's belief and surrender foster, so that the emotional dimension of the step bears directly on the emotional regulation that recovery requires. It means helping clients find, through the surrender and belief of the Second Step, the peace that comes from letting go of the futile struggle for control and trusting in a power greater than themselves. And it means drawing on the convergence between the twelve-step tradition's serenity and the acceptance-based approaches of contemporary treatment, using the tools that foster the emotional peace that recovery involves. The counselor who understands the emotional dimension helps clients find, through the Second Step's belief and surrender, the serenity and peace that both flow from and support recovery, fostering the emotional regulation that sustained recovery requires.

Storytelling and the Narrative of Coming to Believe

The Second Step's coming to believe is fostered substantially through storytelling, the sharing of recovery narratives that is central to the twelve-step tradition, and the counselor should understand the role of narrative because the stories of others' recovery make the possibility of one's own believable. In the fellowship, members share their stories, the accounts of their addiction and their recovery, and these narratives are among the primary means through which the coming to believe is fostered, since hearing the stories of others who have recovered makes recovery believable in a way that abstract assurance cannot. Understanding the role of narrative helps the counselor appreciate how the Second Step's coming to believe is fostered through the sharing of stories.

The role of narrative in the coming to believe draws on the power of concrete example over abstract assurance. Hearing that recovery is possible in the abstract does little for the person who cannot imagine it for themselves, but hearing the specific story of a person who was where they are and who has recovered makes recovery believable in a concrete and powerful way. The recovery narratives shared in the fellowship provide this concrete evidence, the specific stories of specific people who have walked the path, and they foster the coming to believe by making recovery real and imaginable. The analysis of the spiritual drives reflected in the twelve-step recovery narrative, which found a movement from maladaptive coping toward acceptance and present-focused living (Thompson et al., 2026), reflects the transformative arc that recovery narratives embody and that hearing them can foster in the listener. The person's own developing narrative, too, the story they come to tell about their addiction and recovery, is part of the identity transformation that recovery involves, and the coming to believe is reflected in the shift in the person's own story from one of hopelessness to one of possibility. The counselor who understands the role of narrative can encourage clients to hear the stories of others and to develop their own, fostering the coming to believe through the narratives that make recovery believable.

For the practitioner, understanding the role of narrative guides the fostering of the Second Step's coming to believe through storytelling. It means recognizing that the coming to believe is fostered substantially through the recovery narratives shared in the fellowship, which make the possibility of one's own recovery believable through concrete example. It means understanding the power of the specific story of a person who has recovered over abstract assurance, and encouraging clients to hear the stories of others who have walked the path they are beginning. It means recognizing the person's own developing narrative as part of the identity transformation of recovery, and supporting the shift in the client's own story from one of hopelessness to one of possibility. And it means fostering the coming to believe through the narratives that make recovery believable, both the stories of others that the client hears and the client's own developing story. The counselor who understands the role of narrative fosters the Second Step's coming to believe through the storytelling that makes recovery believable, encouraging clients to hear the stories of others and to develop their own narratives of hope and possibility.

Patience and the Pace of Coming to Believe

The coming to believe unfolds at its own pace, and the counselor should understand the importance of patience because the belief and hope the Second Step cultivates cannot be rushed and develop gradually in each person according to their own circumstances and readiness. The Second Step describes a coming to believe, a process rather than an event, and this process unfolds at different paces for different people, quickly for some, slowly and haltingly for others, and the counselor who understands the importance of patience can support the client's coming to believe without imposing a pace the client cannot meet. Understanding the pace of the coming to believe helps the counselor support it patiently, meeting each client where they are and supporting their gradual development of belief.

The importance of patience in the coming to believe follows from its nature as a gradual process shaped by each person's circumstances. The person deeply demoralized, or profoundly skeptical, or shaped by trauma or circumstances that make belief difficult, may come to believe only slowly and with difficulty, and the counselor who expects a rapid coming to believe may pressure such a client in ways that provoke resistance rather than fostering belief. The gradual, permissive nature of the Second Step, which asks only openness and willingness rather than immediate belief, accommodates this variation in pace, and the counselor who honors it supports the client's coming to believe at the client's own pace rather than imposing an external timeline. This patience is not passivity but the active, supportive accompaniment of the client through the gradual development of belief, meeting them where they are, addressing the obstacles to their coming to believe, and supporting their movement toward belief without forcing it. The counselor who understands the pace of the coming to believe supports it patiently, recognizing that the belief and hope the Second Step cultivates develop gradually and cannot be rushed.

For the practitioner, understanding the pace of the coming to believe guides its patient support. It means recognizing that the coming to believe unfolds at its own pace, gradually and differently for different people, and that the belief and hope the Second Step cultivates cannot be rushed. It means honoring the gradual, permissive nature of the Second Step, which asks only openness and willingness, and supporting the client's coming to believe at the client's own pace rather than imposing an external timeline. It means understanding that the deeply demoralized, skeptical, or trauma-shaped client may come to believe only slowly, and approaching such clients with patience rather than pressure. And it means providing the active, supportive accompaniment that meets the client where they are, addresses the obstacles to their coming to believe, and supports their gradual movement toward belief without forcing it. The counselor who understands the pace of the coming to believe supports it patiently, honoring the gradual development of the belief and hope the Second Step cultivates and meeting each client at their own pace in the process of coming to believe.

The Counselor's Own Hope

The counselor's capacity to foster hope in clients depends significantly on the counselor's own hope, and the professional should understand and tend to their own hope because the communication of hope is difficult for a counselor who has lost it. Working with addiction, with its high rates of relapse and its many disappointments, can wear down the counselor's own hope, producing the cynicism and demoralization that undermine the capacity to foster the hope the Second Step requires. The counselor

who has lost hope in their clients' recovery cannot effectively foster the coming to believe, since hope is communicated as much through the counselor's genuine belief in the possibility of recovery as through any technique. Understanding the importance of the counselor's own hope, and tending to it, is thus part of the capacity to support the Second Step.

The counselor's own hope is both a professional resource and a vulnerability that requires attention. The counselor who maintains genuine, realistic hope in the possibility of their clients' recovery communicates that hope in a way that fosters the client's own coming to believe, since the client can sense the counselor's genuine belief and is supported by it. Conversely, the counselor whose hope has been worn down by the disappointments of the work may communicate, however unintentionally, a cynicism or resignation that undermines the client's coming to believe. The evidence throughout, that recovery is common and achievable, that the mechanisms the Second Step engages genuinely support it, that even challenging clients can recover, provides the grounds for the counselor's realistic hope, and the counselor who holds this evidence-grounded hope is better able to sustain it through the disappointments of the work. Tending to the counselor's own hope, through the support and perspective that sustain it and the evidence that grounds it, is thus part of maintaining the capacity to foster the hope the Second Step requires.

For the practitioner, understanding the importance of the counselor's own hope guides its cultivation and maintenance. It means recognizing that the capacity to foster hope in clients depends significantly on the counselor's own hope, and that the communication of hope is difficult for a counselor who has lost it. It means understanding that hope is communicated as much through the counselor's genuine belief in the possibility of recovery as through any technique, so that the counselor's own hope is a professional resource. It means tending to the counselor's own hope, recognizing that the disappointments of the work can wear it down, and drawing on the support, perspective, and evidence that sustain it. And it means grounding the counselor's hope in the evidence that recovery is common and achievable and that even challenging clients can recover, which provides realistic grounds for the hope that the work requires. The counselor who understands the importance of their own hope tends to it as part of maintaining the capacity to foster the hope the Second Step requires, sustaining through the support and evidence that ground it the genuine, realistic hope that the communication of hope to clients depends upon.

Assessing Hope, Belief, and Spiritual Growth

The dimensions the Second Step engages, hope, belief, spiritual well-being, and meaning, can be assessed, and the counselor should understand the value of assessing them because recognizing where a client stands in their hope and belief allows the counselor to support their development. While the Second Step's coming to believe is a personal and spiritual process rather than a clinical measure, the dimensions it involves have been studied and, in research, measured, and the counselor's attention to a client's hope, belief, meaning, and spiritual well-being, whether through formal assessment or clinical attention, allows the support of their development. Understanding the value of attending to these dimensions helps the counselor recognize and support the client's coming to believe.

Attending to the client's hope, belief, and spiritual growth serves several purposes in supporting the Second Step. It allows the counselor to recognize where the client stands, whether they are deeply demoralized and far from the coming to believe, or beginning to develop hope, or well along in their

belief, so that the counselor can meet them where they are and support their development. It allows the recognition of the demoralization that the evidence shows threatens recovery, so that the counselor can address the hopelessness that drives people out of recovery. And it allows the recognition of the client's progress in hope and belief, the incremental development of the coming to believe, which both informs the counselor's support and can be reflected back to the client to sustain their motivation. The research measures discussed throughout, of hope, spiritual well-being, meaning, and demoralization, reflect that these dimensions can be assessed, and while the counselor need not use formal measures, the clinical attention to these dimensions allows the recognition and support of the client's coming to believe. The counselor who attends to the client's hope, belief, and spiritual growth can support their development in a way informed by an accurate recognition of where the client stands.

For the practitioner, understanding the value of attending to hope and belief guides the recognition and support of the coming to believe. It means recognizing that the dimensions the Second Step engages, hope, belief, spiritual well-being, and meaning, can be assessed, and attending to them, whether through formal measures or clinical attention, to recognize where the client stands. It means using this attention to meet the client where they are, recognizing the demoralization that threatens recovery so it can be addressed, and recognizing the client's progress in hope and belief so it can be supported and reflected back. It means understanding that while the coming to believe is a personal and spiritual process, the counselor's attention to its dimensions allows the recognition and support of the client's development. And it means grounding the support of the Second Step in an accurate recognition of where the client stands in their hope and belief, meeting them there and supporting their movement forward. The counselor who attends to the client's hope, belief, and spiritual growth supports the coming to believe in a way informed by the recognition of where the client stands, meeting them where they are and supporting the development of the hope and belief the Second Step involves.

Gratitude and Its Cultivation

Gratitude holds a special place in the recovery tradition, and the counselor should understand its role in the Second Step's dimension of coming to believe because the gratitude that recovery fosters is both a fruit of the belief and hope the step cultivates and a support for sustained recovery. Gratitude, the recognition and appreciation of the good in one's life, grows naturally as recovery restores what addiction had taken and as the person comes to appreciate the recovery they are experiencing, and it is closely bound up with the hope and belief the Second Step cultivates, since the person who comes to believe in the possibility of restoration and then experiences it develops gratitude for the recovery they had come to believe in. Understanding the role of gratitude helps the counselor appreciate this dimension of recovery and support its cultivation.

The role of gratitude in recovery is worth understanding because it both flows from and supports the recovery the Second Step begins. Gratitude flows from recovery as the person comes to appreciate the restoration they are experiencing, the return of functioning, relationships, and meaning that addiction had taken, and it is bound up with the hope and belief the Second Step cultivates, since the coming to believe in restoration opens toward the gratitude for the restoration experienced. Gratitude also supports recovery, fostering the positive states and the appreciation of the recovering life that make recovery a good life worth sustaining, and countering the negative states that drive relapse. The evidence on the positive dimension of recovery, discussed earlier, indicates that these positive states, including gratitude, are genuinely valuable but better fostered through the organic processes of recovery than through

discrete exercises, so that the gratitude that recovery fosters is best cultivated through the genuine experience of recovery rather than manufactured through techniques. The counselor who understands the role of gratitude can support its cultivation through the client's genuine experience of the recovery the Second Step begins.

For the practitioner, understanding the role of gratitude guides its cultivation as a dimension of recovery. It means recognizing gratitude as both a fruit of the belief and hope the Second Step cultivates and a support for sustained recovery, growing naturally as recovery restores what addiction had taken. It means understanding that gratitude is bound up with the coming to believe, since the person who comes to believe in restoration and then experiences it develops gratitude for the recovery they had believed in. It means recognizing that gratitude supports recovery by fostering the positive states and appreciation that make recovery a good life, and countering the negative states that drive relapse. And it means supporting the cultivation of gratitude through the client's genuine experience of recovery rather than through manufactured exercises, consistent with the evidence that these positive states are best fostered organically. The counselor who understands the role of gratitude supports its cultivation as a genuine dimension of the recovery the Second Step begins, helping clients develop, through their genuine experience of restoration, the gratitude that both flows from and supports recovery.

The Second Step Within the Whole Program

The Second Step, while distinct in its focus on coming to believe, is part of the whole twelve-step program, and the counselor should understand its place within the whole because the step's belief and hope are sustained and developed through the entire program of recovery rather than the second step alone. The twelve steps form an integrated program, each building on the others, and the Second Step's coming to believe both rests on the First Step's admission of powerlessness and opens toward the subsequent steps' commitment and action, while the belief and hope it cultivates are sustained through the ongoing engagement with the whole program. Understanding the Second Step's place within the whole helps the counselor support it not in isolation but as part of the integrated program of recovery.

The Second Step's integration into the whole program shapes how it is best supported. The step's coming to believe is not a standalone achievement but part of the movement through the steps, resting on the First Step's foundation and opening toward the later steps' action, so that supporting the Second Step means supporting the client's movement through the program rather than fixating on the second step alone. The belief and hope the Second Step cultivates are sustained and deepened through the ongoing engagement with the whole program, the meetings, the step work, the fellowship, the practices, so that the maintenance of the step's belief depends on the client's continued engagement with the program as a whole. And the mechanisms the evidence identifies, the connection, the meaning, the spiritual well-being, the involvement, operate through the whole program rather than the second step alone, so that the client's benefit from the Second Step's coming to believe depends on their engagement with the integrated program that fosters these mechanisms. The counselor who understands the Second Step's place within the whole supports it as part of the integrated program of recovery, helping the client engage with the whole program through which the step's belief and hope are sustained and developed.

For the practitioner, understanding the Second Step's place within the whole program guides its support as part of the integrated program of recovery. It means recognizing that the Second Step is part of the whole twelve-step program, resting on the First Step's foundation and opening toward the later

steps' action, and supporting the client's movement through the program rather than fixating on the second step alone. It means understanding that the belief and hope the Second Step cultivates are sustained and deepened through the ongoing engagement with the whole program, and supporting the client's continued engagement with the program as a whole. It means recognizing that the mechanisms that foster recovery operate through the whole program rather than the second step alone, so that the client's benefit depends on their engagement with the integrated program. And it means supporting the Second Step as part of the integrated program of recovery, helping the client engage with the whole program through which the step's belief and hope are sustained and developed. The counselor who understands the Second Step's place within the whole supports it not in isolation but as part of the integrated program of recovery, recognizing that the step's belief and hope are sustained and developed through the client's engagement with the whole program of which the Second Step is one integral part.

The Convergence of Tradition and Evidence

A striking feature of the Second Step, like the twelve-step tradition generally, is how well its enduring wisdom about hope, belief, and surrender has been borne out by contemporary evidence, and the counselor should appreciate this convergence because it lends both credibility and depth to the teaching of the step. The Second Step's insights, developed through the lived experience of people recovering from addiction long before the modern research apparatus, might have been expected to prove folk belief unsupported by science, yet the evidence has substantially validated them, confirming that hope genuinely protects recovery, that surrender is associated with reduced relapse, that spiritual well-being supports early recovery, that meaning is central to the recovery process, and that the restoration the step envisions genuinely occurs. This convergence of tradition and evidence is a notable vindication of the wisdom the Second Step embodies.

The convergence deepens the teaching of the Second Step in several ways. It establishes that the step's central insight, that coming to believe in the possibility of restoration and in a power greater than one's own failed willpower is foundational to recovery, is borne out by the research on how recovery actually unfolds, in which hope, connection, surrender, meaning, and spiritual well-being all figure as genuine mechanisms. It confirms that the restoration to sanity the step speaks of is real, documented in the evidence of cognitive and functional recovery with abstinence. And it demonstrates that a tradition can accumulate genuine wisdom through lived experience that later research validates, which should give the counselor confidence in the Second Step's enduring insights even as they are enriched by the contemporary evidence. The wisdom and the evidence, in this light, are mutually reinforcing, with the evidence confirming and clarifying the wisdom the tradition accumulated about hope, belief, and the restoration that recovery brings.

For the practitioner, appreciating the convergence of tradition and evidence enriches the teaching of the Second Step. It means recognizing that the Second Step's enduring wisdom about hope, belief, and surrender has been substantially validated by contemporary evidence, which lends both credibility and depth to the teaching of the step. It means understanding the step's central insights as both traditional wisdom and evidence-supported findings, and conveying them to clients with the confidence that both the tradition's experience and the research support them. It means drawing on both the wisdom and the evidence in teaching the Second Step, enriching the traditional insights with the contemporary understanding of the mechanisms and outcomes that confirm them. And it means holding the tradition and the research as mutually reinforcing rather than in tension, appreciating that the evidence confirms

and clarifies the wisdom the tradition accumulated about hope, belief, and restoration. The counselor who appreciates the convergence of tradition and evidence teaches the Second Step with both the depth of the tradition and the credibility of the research, offering clients an understanding of hope, belief, and restoration that is at once time-tested and evidence-based.

Integration: The Second Step as the Doorway to Hope

The unifying lesson of the evidence assembled here is that the Second Step, the coming to believe that a power greater than oneself could restore one to sanity, is the doorway through which the person who has admitted powerlessness enters into the hope, belief, and openness that make recovery possible, and that the hope, spirituality, surrender, and meaning the step engages are genuine mechanisms of recovery that the research increasingly confirms. The Second Step transforms the First Step's admission of powerlessness from a potential dead end into the beginning of a hopeful movement toward recovery, providing the belief that restoration is possible without which the admission of powerlessness would lead only to despair.

The wisdom of the Second Step, which this course sets out to convey, is deepened by the evidence. The step's central insight, that recovery requires coming to believe in a power greater than one's own failed willpower, is borne out by the research showing that recovery is fostered through connection, hope, surrender, meaning, and spiritual well-being, all of which involve reliance on something beyond the individual's isolated willpower, whether the fellowship, the process of recovery, or the spiritual dimension the step invokes. The restoration to sanity the step envisions is confirmed by the evidence of genuine cognitive, psychological, and functional recovery with abstinence, and the hope the step cultivates is confirmed as a genuine mechanism protective of recovery. The counselor who teaches the Second Step well conveys this wisdom, helping clients make the coming to believe that opens the way from the admission of powerlessness to the hopeful pursuit of recovery.

Ultimately, the work this course describes is the work of helping people come to believe that recovery is possible, that they can be restored, and that a power greater than their own failed willpower, whether understood spiritually or concretely as the fellowship and the process of recovery, can bring about that restoration. The counselor who understands the evidence on hope, spirituality, surrender, meaning, connection, and restoration, and who grasps and conveys the wisdom of the Second Step, brings to that work both the evidence that grounds it and the understanding that makes it effective. The competencies this course builds are the means of helping clients make the coming to believe that the Second Step embodies, and the counselor who masters them helps clients enter, through the doorway of hope that the Second Step opens, the recovery that the admission of powerlessness begins and the coming to believe makes possible.

Wisdom of the Twelve Steps

2nd Step Workbook

Door Knobs

David W. Earle, LPC
Laci Talley

Dedicated to all those who suffer

and

are in need of healing.

David Walton Earle, LPC

Books

- *What To Do While You Count To 10*
- *Professor of Pain*
- *Iron Mask*
- *Red Roses 'n Pinstripes*
- *Love is Not Enough*
- *Simple Communications for Complicated People*
- *Gilligan's Notes*
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- *You might Need a Therapist If…*
  Cliff Carle, John Carfi

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Table of Contents

The *Wisdom of the Twelve Steps* is a series of workbooks written to assist any person with an addiction to drugs, and/or alcohol. This workbook also helps people suffering from compulsive gambling, sex addiction, love and sex addiction, eating disorders, compulsive shopping, internet or electronic obsession, and anyone who loves someone with any of these debilitating problems. All of these maladaptive behaviors stem from the same dysfunctional coping skills - *an external solution for an internal problem*.

Wisdom of the Twelve Steps invites you to embark on a wonderful journey, your own Odyssey into the recovery waters of change. We promise days of bright sunshine, strong winds, and periods of smooth sailing. However, be forewarned, this is a stormy and demanding ocean; you will need all hands on deck to successfully pilot these waters. Fortunately for you, there are many who have already navigated these passages and know the way. There are also many eager sailors who will help you adjust your sails, mend your broken spars, and show you the stars for your steering.

You are not alone.

"Acceptance of what has happened is the first step to overcoming the consequences of any misfortune."
William James

This book has four main parts.

Part I – This story is an illustration of some of the principles and dynamics in this step. When a story surrounds a lesson, learning is better retained and faster. *Door Knobs* provides that structure.

Part II – This section contains basic tenets, lessons, and the discoveries required by all steps so they are included in all the Wisdom of The Steps workbook series.

Part III- This part focuses entirely on the 2nd Step with discussions, challenges, and provocative self-questions.

Part IV - Appendix

"The way to get started is to quit talking and begin doing."
Walt Disney

Part I

Door Knobs

"I don't care what you think," my rehab counselor said as she looked at me over the rim of her glasses. She stared at me intently, prolonging the uncomfortable silence between us. She continued, her cadence fast, edgy, challenging me like a disapproving aunt, "Honestly, I don't care what you believe. You can intellectualize all you want. Philosophy does not matter. Religion does not matter. Reality is the only thing that matters." She paused to take a breath.

I shifted in the hard little chair. My mind raced in defiance, in denial: *I shouldn't be here. I'm not an addict. I don't need rehab. These people can't teach me anything. 12 steps? Fuck that. Fuck this. Yeah, I used recreationally. Yeah, I got arrested, but I was just in the wrong place at the wrong time.*

"Right now, you are powerless. You have nothing. No home. No job. NOTHING," that last word hung in the air between us, silencing the rant in my mind. I had a job – a good job – before…

It was always about the "before"…before I met her (my addict girlfriend), before I started using, before I got arrested. BEFORE was when I had a job and a home, when I had people who believed in me, loved me , supported me. BEFORE the fall…BEFORE the track marks on my arm…BEFORE.

This was AFTER…after my addiction became public… AFTER the loss of my job, my home, and my freedom. AFTER was being locked up in jail waiting for something to happen, trading poems for cigarettes, learning to shit and shower with an audience, straining to see out of a dirty window trying to get a glimpse of the rain, pretending this life was normal. AFTER was getting out of jail to go to another locked down facility for treatment…after was sitting here listening to a counselor trying to get me to admit what I already knew.

"You don't want to admit you are powerless? I understand that. You got your pride. You got your education," she sneered a little, drawing out the syllables dismissively. "But you are…YOU are POWERLESS," she paused, as if she expected me to have an epiphany. She held my gaze, waiting for me to agree with

her. I stared back silently.

“You want to go back to jail? You were only released for treatment. Your charges are still pending. Your freedom depends on what you do in this facility,” she leaned back in her chair, again waiting for my response.

I knew she was right about my future. If I committed to working the program, if I did as I was told to do, the charges against me would be dropped. No felony charge. (I was in for possession of schedule III narcotics.) No more jail time. No probation. There was even the possibility that I could get my job back. I weighed my options, and my pride was heavy.

“Because if you don't start making a sincere attempt to work this program, that's where you are going. I'll ship your ass right back to jail. It's your decision...” she turned her attention to her notes but not letting me leave.

I didn't like her. When she admitted that she had never had any type of addiction, my mind began to challenge her words. My mind challenged everything. My thoughts were the last vestige of freedom I had, and it felt like even that was under attack. I was choking on the Big Book I was required to recite. Every prayer, every step, every story stuck in my throat, forced down by facilitators, counselors, other addicts who knew best. These were not my words. This was not my way.

I wasn’t committed to changing my life. In my mind, I was already “cured.” I just wanted to avoid a sentence, get my job back, and pretend like none of this ever happened. My addict brain kicked in: *You know what to do. You know what to say. Fuck pride and just do whatever you have to do to get out of this place. It’s just a big cult...take the Kool-Aid, just don’t swallow.*

She pursed her lips, trying to regain her composure, “I'm not trying to threaten you. I'm just trying to get you to listen. I've worked with people like you – you want to analyze everything. Make it distant, separate from yourself. Sobriety isn't an intellectual argument. If you want to find flaws in the program, you will find them. Nothing is perfect. You want to find flaws...look at yourself.

Look at your attitude."

I had nothing to say to her. This was my sixth day in rehab and my third private session with her. I thought I had been making progress. I played well with others. I cooperated in group. I listened. I participated. I shared my story. I was friendly and helpful. I followed the rules. What more could I do?

Clearly, she wasn't going to end our session until I gave her some sort of response. And I had enough of do-gooders preaching about my faults. She wanted my feelings, so I gave them to her. "What do you want me to do? I can't change who I am, what I believe. And right now, I don't believe in some mighty sky-wizard or some 12 steps, sanctifying higher power. I don't believe in your God. I don't believe in anything."

I felt the tears swell. It's easy to tell your story when you pretend it all happened to someone else. It's not so easy to be present in the pain, to reveal it sincerely to another. Prior to this, I lived by a simple slogan: "Disconnect and done." I ran as far and as fast away from the pain as possible. I shrouded it in rationalizations. I cloaked it with love (or sometimes righteous indignation). I ran and I ran until I forgot or found another distraction, another cause, another person, etc.

My mind begged to be released, to run, but I had nowhere to go – not literally, emotionally, or even spiritually. I was stuck…in this place…with myself. I was awake. I was present…and I was in pain. Being present meant actually having to feel the feelings I swore I didn't have. It meant allowing grief to surface…and regret…and shame…and fear. I had to let it come up…and stay in it. I had to move through it.

My counselor's voice softened as she spoke, "Exactly. You don't believe in anything, especially not yourself. You have to believe in something greater, something outside of yourself. If you want to find the faith to believe in yourself, you have to surrender and trust in something greater than you."

I knew this was her job. I knew she was trying to get through to me. I knew

she was right – well, not completely right. I still didn't believe in God. I still didn't believe in organized religion. I still thought I was cured. But…I needed to believe in myself. I was going to need that strength, that confidence, that faith to rebuild my life.

Our hour was finally over. "Go," she said, "and don't think. Just go…feel something, okay?" Her voice was brusque yet tender, as she pointed to the door.

She wanted me to go feel something. Feel? Feel something? I had enough anger to fuel the fires of hell and just as much despair as the poor souls stuck in it. I was tired of being angry though. I walked around the treatment center's grounds, enjoying what little freedom I had. I was lucky. But I wasn't grateful for being alive. I wasn't grateful for much of anything. I also knew that I had to complete this program. I didn't want to go back to jail; five months was enough. And this was my chance…maybe my only chance to escape the life that almost killed me, that made me wish I was dead.

The first day after session, when I wasn't busy with group activities, I sat outside, enjoying the air, and sunshine. I was fortunate to land in a rehab out in the country – lots of land, grass, trees, and fresh air. I tried not to think, like I usually did…I just wanted to feel. I wanted to let my feelings out – whatever they were, whatever was left. It was like opening Pandora's abandoned box because all I found was hope. With hope, I found peace. In those moments, I could breathe. I could almost forget.

The next day, I went back to the same spot, under the same tree, expecting to feel the same peace. But I didn't. It started to rain…and with the rain came a different set of emotions – no hope, no peace – just pain and complete, sudden recollection. I remembered everything and could distance myself from nothing. I hadn't been in the rain since I went to jail over 5 months ago, and I didn't realize how much I had missed it…how much I missed the freedom to stand in the rain, to dance in the rain. I threw my arms out, twirling in the rain, sobbing with joy and agony, awareness and gratitude. I was alive, and I was grateful. I had lost

everything to addiction, even the rain.

After two days of thinking, two days of searching for feelings, I could admit I was powerless. I could give her that much. She was right. Looking back at the time I had been using, yeah...dope had me. I was lost, dying to myself with every hit. In fact, the day before I was arrested, I had given myself three more days to live. I was going to kill myself. I couldn't take the pain of the addiction. I couldn't take getting clean. I couldn't take the guilt. I just couldn't take it. I was in the right place at the right time for cosmic intervention in the form of parish prison.

I would tell my rehab counselor all of this. Tell her I was powerless. Admit that she was right. Throw her a bone so she'd get off my back about this whole God thing. I wasn't going to be forced into believing something. I wasn't going to convert. I wasn't going to trade one drug for the God drug. Not in this lifetime (or so I thought). I would tell her about my rain-soaked epiphany. That was pretty close to having a higher power, right? I thought I could use that to circumvent this whole step.

I had taught on the college level for several years before addiction entered my life. I knew how to use words, and I planned for my next session very carefully. I delivered my lecture with all of the polish of a seasoned professor, including dramatic pauses and intended inflections. I knew how to sell poetry to a group of college students. If I could make teenagers lovingly quote Shakespeare, I could surely persuade my rehab counselor that I was a changed person. I had this...I thought. Professor brain? Addict brain? Maybe a bit of both brains, but my addict brain was definitely driving.

She leaned back and shook her head, clicking her teeth, like a disappointed mother, “You just don't get it. Look...I know you’re smart. I know you’re educated. You don't have to prove that. Prove to me that you are human. HUMAN.”

I looked at her, biting my tongue until it bled. She continued, “Humans are flawed. We make mistakes. We admit that there are things bigger than us, better

than us. More fortunate. Smarter." She paused, as if expecting me to take offense. "It's good that you at least understand the reality of your circumstances. But stop acting like I'm trying to brainwash you and make you go sell paper flowers at the airport…all I want you to do is find something in this world that you can respect as more powerful than you. Something you can believe in. Just something to work with…you know, fake it until you make it." She sighed, and suddenly it bothered me that I had been so difficult. She must have noticed the change because her tone lightened, "You see that doorknob? That doorknob has more power than you when you are using. It has more power than you right now because it has a purpose. I don't care if you make that your Higher Power. Let that doorknob be your HP. We all have to start with something…"

I laughed and said mockingly, "Oh great doorknob, I accept you as my lord and savior. Please fill my heart with your wisdom and with the word. Help me find the key to my sobriety."

"Just get out," she said, shaking her head, clearly not amused by my attempted humor.

I spent the next day or so examining doorknobs and pondering their role in the world. Sadly, they did seem to have more power than I did: Doorknobs had a purpose. They worked. People needed them.

I was devoid of purpose. I didn't work. People didn't need me like I was. I was inferior to a doorknob. The realization made me laugh at myself. I could laugh at my situation instead of curse my circumstance. Levity goes a long way in the healing process.

At that point, I started to shift, my resistance melting away as my heart warmed. My life had become absurd – unmanageable. All I had to do was turn a doorknob to remember. Yes, a doorknob restored me to sanity, or at least gave me a start.

After that, it became easier to feel positive emotions. I could see beauty in the world– in the flowers, in the sky, in the faces of the other addicts struggling

with me. Beauty, how I had missed beauty during my addiction...how I had missed love...how I had missed friendship...how I had missed myself. I came to recognize the inter-connectedness of the world, beauty, and pain weaving the tapestries of our lives together into one life – each strand dependent on the others.

I came to understand that it wasn't about a specific god or a specific religion. My Higher Power didn't have a name – I just called it "the Universe" – nor did it come with a book of directions, but it would talk to me if I listened, if I watched, if I kept my heart open. When I stopped thinking, I started feeling. When I started feeling, I started believing. When I started believing, I started to surrender. And through surrendering, each fear/problem/issue I turned over was exchanged for a little slice of sanity.

Namaste, Universe.

A very good friend wanted to share with the recovery community her experience, strength, and hope. Her story is so powerful it needed to be included in this book. After providing permission to include the *Door Knobs* story, she requested anonymity. Giving to others such as sharing her story is service work and goes a long way in reducing arrogance and increasing humility.

Namaste: *"Nama* means bow, *as* means I, and *te* means you. Therefore, *na-maste* literally means "bow me you" or "I bow to you." Yoga Journal

Part II

Before Beginning

The Introduction, the Word of Warning, and the section entitled Understanding *Wisdom of the Twelve Steps* are included in all twelve volumes of this series. These sections are vital to understanding when studying the different volumes in this series. Since readers may choose any workbook at any time, this common information is included in all books.

Maybe you have already used this workbook series for a different step or are familiar with several of these volumes; however, consider this thought. You are now different from before and may see things a little differently. Some parts of your life, thoughts, and levels of awareness have changed. Working the steps changes people, your recovery has already changed you, so give yourself permission to reread this section and again answer the same questions.

The answers you record for Exercise 1-14 doing the 1st Step will be very different from what you write when you work on the 12th Step. Even if you use this series multiple times, review your previous answers; compare your first responses to the new answers for this step and explore what has changed and what remains. This comparison allows for new insights and often provides additional understanding. By answering the same question at different times in your change process, you can measure your growth and maturity as you journey through the *Wisdom of the Twelve Steps*.

House Keeping Notes:

This series of workbooks is for all addictions, drug, and/or alcohol, also people suffering from compulsivity such as gambling, sex, sex/love, eating disorders, internet/electronic, codependency, and a host of other maladies, find this material helpful. For the purpose of simplicity, whatever your misery, in this book to decrease confusion, they are all called *addiction*.

In early recovery two strange thoughts are common, “I’m different,” and “I can do it my way.” When you hear one (or both) of these echoing in your head, this is your addict brain attempting to keep you from recovery. Your addiction is

"cunning, baffling, and powerful" and wants you to fail. If your addictive behavior worked for you, then you wouldn't need a Twelve Step Program. Be forewarned and guarded when these thoughts echo in your head. "I'm different" and "I can do it my way" are samples of addictive arrogant thoughts blocking recovery. Trust what has been successful for others. Trust the process.

Promise

Your pain and misery have screamed for a long time, telling you change is necessary. For many years, you successfully ignored their messages, but now you are responding to the pain you know so well and the desire to change your life. You want something better. You are now in recovery and have embarked upon the journey of the Twelve Steps. Congratulations!

The Twelve Step journey provides a deep exploration of yourself, allowing you to find and claim the gift that is you. Thinking of yourself as something valuable may be hard to accept for anyone beginning this process. Thinking of yourself as a gift might be stretching your self-definition to the maximum, perhaps even to the breaking point. Part of you wants to believe you are a gift, but another part is so entrenched in the shame of addiction that you want to reject something so alien. The level of your discomfort with this concept is directly proportional to the rocks blocking your road to recovery. Overcoming these obstacles requires you to utilize your sponsor, the fellowship, supportive friends and family, and the 12 Steps. These large stones seem insurmountable until you successfully navigate past them. After you have successfully reached the other side, you will see that they are not the giant reasons for failure you once thought, rather, they are small pebbles, merely fragments of the boulders you once feared.

Here is the promise: start your study of the Twelve Steps and, by using this book or another like it as your guide, work with your sponsor, be honest, and share what you learn with others. *This is all you have to do to chase away the darkness, stay sober, and find serenity*. This is not only the promise of this book,

but also an echo of many thousands of men and women who would also wish you well and attest to the success of the Twelve Steps. Many of these people could not see out of their own black hole. By working the program, they became successful despite the blackness of their past. They now are rewarded for their hard work, live in the light, and are happy they chose to continue. Follow their lead and you *will* be successful.

Remember: you are the tip of the change arrow, poised on the edge of discovery. You stand at a crossroads now. What you do will substantially affect the rest of your life and the lives of many others. Once begun, your recovery sends ripples of change through the universe, affecting not only your life but also the lives of those you love now, and for generations to come.

"Sometimes it takes a good fall to
really know where you stand"
Hayley Williams

Big Book - Promises

"If we are painstaking about this phase of our development, we will be amazed before we are halfway through. We are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and we will know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellow. Self-seeking will slip away. Our whole attitude and outlook upon life will change. Fear of people and economic insecurity will leave us. We will intuitively know how to handle situations which used to baffle us. We will suddenly realize that God is doing for us what we could not do for ourselves."

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The more work you do on the steps, the closer the promises become true for you. If this is what you want, you now have the path blazed by many others before you.

"Don't spend time beating on a wall,
hoping to transform it into a door."
Coco Chanel

Exercise 1

The second habit from the book, *7 Habits of Highly Effective People* by Steven Covey, is "Begin with the end in mind." Every time you pick up this workbook and begin your lesson, begin with the end in mind by reading the Big Book's promises. Once you define your goals, the chance of success is unlimited. Write what you want…begin this step's journey with your end in mind.

Where do you want your recovery to take you?

Exercise 2

At this very moment, what do you need out of your recovery?

Necessary Components

To make any change a person must have three components:

- **Desire to change**
- **Willingness**
- **Ability**

Exercise 3

What is motivating you to change?

Desire to Change

The desire to change has a wonderful ally, motivating humans toward change. What ally do you have? Pain can be your friend. What!

If you put your hand upon a hot stove, what is your reaction? Even before the emphatic expletives come out of your mouth, you remove it quickly. What motivated you to move your hand so quickly? *Pain*. If it were not for the pain you would not know your hand was burned until you smelled the burning flesh…*much too late*. Pain is a message carrier providing communication between different parts of the body. Emotional pain acts the same way by telling us change is necessary. How long has your emotional pain been telling you change is needed? How long have you ignored its message?

Often people in emotional pain have physical ramifications or consequences such as ulcers, stomach problems, depression, etc. A woman I know said she always knew which of her two children she was worried about depending upon the location of her pain: her neck pain for her daughter and her shoulder pain for her son. People in pain often enter recovery only after trying all sorts of other home remedies; often recovery is a desperate step when all else has failed. In despair, they enter the change environment of relief. Different people obtain different results; some people continue a lifetime of growth, while others immediately leave. Some, when the pain ceases and the crisis subsides, return to their old way of living…back to the previous status quo of unhappiness. Have you experienced this? You taste recovery, and marvel at the flavor, but then do not choose to enjoy the entire 12-step meal. Pain's motivation is gone. You have found relief so you think this is enough and you stop your growth, and miss the beautiful journey awaiting you. This happens because your *addict voice* is so cunning, powerful, and baffling; so great in fact, your inner-addict can talk you into or out of almost anything.

"Failure is the condiment
that gives success its flavor."
Truman Capote

Exercise 4

What tools do you plan to use to assist you in your recovery process? Example: In this discussion, A.A. is an example of a tool.

Exercise 5

What else do you need in order to be successful? How do you plan to fill these needs? Example: I need support of recovery people, or I need to make time to work a program, or I need someone to go home with me to help me clear out all of my drugs.

Note: Recovery allows the full expressions of all emotions, especially joy. To celebrate the freeing effect of happiness, several *smile* statements are included to lighten your burden. Although not designed to split your sides with uproarious laughter, in these jokes we see ourselves from a different point of view. When we can laugh, we spit in the eye of addiction with comic relief.

You might need recovery when…
there are twenty four hours in a day
and 24 beers in a case…
God must have wanted us to drink.

Willingness

A man building a child's playhouse swung a hammer, missed the nail, and caught the full impact of the hammer on his thumb. Now, those of you who have done something like this can readily appreciate the word "ouch," and whatever he said following that.

The bleeding under the nail became worse, causing him to get closer to his pain threshold. He held his thumb high in the air, attempting to lessen the amount of blood pressure to his aching thumb. All day long, he kept his thumb high above his head for as long as he had the strength. When he lowered his arm, his damaged thumb began to throb and hurt even more. Even copious amounts of ice couldn't reduce the swelling enough…it just hurt!

Everything he did for the rest of the day revolved around seeking relief from this ever-increasing pain. Finally, the pain was too much and he sought relief at the emergency room of the local hospital. Visiting the hospital became necessary after the pain battered down his natural resistance to parting with his money. Reaching this threshold, he rushed himself to the local emergency room seeking relief.

Until he finally obtained relief from this pain, he was totally *thumb-conscious*. Every thought, every action, and everything revolved around this pain. He was totally consumed by the throbbing, an aching reminder of his ill-aimed blow. It was not until the pain was so great that he chose to change by entering

the hospital emergency room to find relief. He had to become willing to allow pain to guide him in his quest of relief.

Exercise 6

List or describe the pains and pressures you experienced with your old life style.

You might need recovery when...
you keep burning the bridges
you need to cross and repairing
the burnt bridges needing destruction.

Ability

"Success is not final, failure is not fatal: it is the courage to continue that counts."
Winston Churchill

Ever hear words of wisdom for the first time, and know these words are true? There is great wisdom that others have already discovered, and it is available somewhere in the world's collective subconscious. All you have to do is have the *desire* to seek it and the *willingness* to change, then almost magically the wisdom appears. You have that ability right now!

If your doctor said, "You have to drastically change your lifestyle or die a horrible death," would you change? Most people would say, "Yes." Statistics tell a different story; people seldom change their lives to a healthier lifestyle! Alan Deutschman, author of the book *Change or Die*, explains that people who make life or death decisions involving drastic lifestyle changes face tremendous odds for failure—nine out of ten return to their old destructive behavior within two years! Heart attack, stroke, addiction, and cancer victims face shortened life spans unless they change their lives. Most vow to change but only a few succeed; how come? Why is change so hard?

Change is like the breaking of an egg for breakfast. The egg will never be the same. The cooking process transforms the egg, and upon eating the egg, the body changes this food into fuel. The shattering of the shell begins this chain reaction. Breaking eggs is always messy and so is the change process. Breaking out of your denial is cracking the egg of your change process. What keeps this process going? Why do some people experience success while others do not?

Your recovery involves changing from the old lifestyle, old friends, old ways of thinking and traditions. An often-unrecognized part of the recovery process is grieving your loss. For example, the alcoholic cannot drink like the "normal" person. It may not seem so, but this loss is really a grief issue. Intellectually, you know all you have to do is give up your addiction for 24 hours, and for this time, you have chosen abstinence. However, your old friends and drinking bud-

dies have not; you cannot associate with them if you want to achieve your goals. No matter what your addiction or compulsivity, many changes are required for success. Giving up destructive behaviors and friends - even when necessary for survival – represents loss. In order to progress, recovery people have to feel these losses. You must grieve to move forward.

In his book, *Man's Search for Meaning*, Victor Frankel, a Nazi concentration camp survivor, developed a theory that human beings can "…suffer any loss, make any change, and endure any hardship if the meaning is known…hopelessness of our struggle did not detract from its dignity and meaning…we would…suffer proudly—not miserably—knowing how to die." Until you can answer several questions, recovery will not belong to you.

- What is the reason for change?
- What meaning does this change have?
- Where am I going; what's in it for me?

Until you find your answers, progress will be slow and relapse is likely. Recovery requires psychological, emotional, and spiritual dimensions. The reason lifestyle changes have such a dismal record, Dr. Dean Ornish, founder of the Preventative Medicine Research Institute writes,"…**motivation by fear is not enough to sustain the change.**" He writes, "…**Death is too frightening to think about and denial is a trick our brain successfully plays unless the emotional component is solved.**" Part of the solution has to be an effective expression of emotions. Meetings are a wonderful place for you to be truthful, to express deep feelings such as fear, sadness, regret, and sorrow. These are the same feelings your addiction prevented you from expressing. What you ran from before, you now need to own and share.

Returning to Alan Deutschman's example, statistics prove another dynamic for those with a life-threatening change. With a support group, instead of the dismal 1 out of 10 failure rate, those rates radically change to a success rate of 9 out of 10. We in the recovery community prove this every day. Recovery requires the group process; to be fully present in the meetings by expressing your emo-

tions as well as your story. Give yourself permission to be honest and gain the release you seek from your addiction.

Most alcoholics do not quit drinking out of fear of imprisonment, death, or significant loss; their denial system is ingrained, protecting their addiction. “Telling people who are lonely and depressed that they’re going to live longer if they quit smoking or change their diet and lifestyle is not that motivating,” Ornish writes. “Who wants to live longer when you’re in chronic emotional pain? Who wants to give up alcohol, a cherished habit, if you come out of your denial and really feel miserable?”

People addressing their feelings in the 12-Step Program can begin to think differently; in this group setting, the expression of honest feelings reduces denial and the recovery process begins. In the protective folds of the recovery program, you discover coping skills that work much better than your addiction. Your *need* for something outside of yourself to make you feel okay shrinks and begins to melt away. Your strength now comes from a place of inner tranquility instead of the contents of the bottle, etc. Breathe easily - you have a support group. Because of the group, your chance of success has dramatically improved!

The Twelve Steps creates a pathway that allows natural wisdom to appear. Hear the words, experience the wisdom of others, accept what you intuitively know to be true and this change can be yours. You already have the ability once you realize the power is within you…*trust the process*.

Exercise 7

Go back and read the second paragraph in this section about people having to change their lifestyle. If you had to change your lifestyle or face a horrible death, would you do it? How successful do you think you would be without a support system?

Exercise 8

What are the reasons for your willingness to change? What brought you into recovery?

Exercise 9

What meaning, what value can you obtain from the suffering you experienced from your addiction? Note: Many people have trouble with this question, so if you find yourself stuck do not ignore this question, but rather wait awhile and allow this concept to filter through your consciousness as you continue this workbook. This question seems very strange, but its answer is an important part of your recovery journey. Give yourself permission to explore this question and come back to it from time to time.

Exercise 10

Where am I going with my recovery; what is in it for me?

Exercise 11

Are you able to express your emotions? (See the Mood Chart in the Appendix) Do you use these words in your significant relationships, with your sponsor? Most people do not. Observe the next meeting you attend, how many people actually use feeling words? How comfortable are you using these words in your significant relationships?

Emotions

What is the definition of *cool*? *Cool* means to not show emotions, not express deep feelings, and without the honesty afforded by full expression of your emotions, creates a high degree of dishonesty. When you drank, drugged, and/or controlled others, you successfully hid from your emotions. You were by this definition absolutely *cool!* Being in an altered state completely divorced you from your emotions, so you achieved the ultimate of *cool.* Did being *cool* work for you?

In her book, *Positivity,* Dr. Barbara Fredrickson describes emotions as sailing. Positive emotions are the winds in the sail. Negative emotions are different; they are the keel that extends down from the hull allowing the sailboat to tack against the wind. Without the wind, sailboats are becalmed and do not

move. Without the keel, the sailor could not follow the plotted course. Both types of emotions are necessary.

When hiding, ignoring, stuffing, or denying emotions, a person is helpless against the winds of this world. Using emotions correctly allows for progress in the direction the sailor desires. Are you going to continue to allow the chaotic winds to blow you all over the ocean or are you going to learn to sail?

Contrary to Dr. Fredickson, describing emotions as positive or negative is incorrect. Since you have emotions, and need those to navigate, how can they be positive or negative? Instead, your feelings just are. Consider this different terminology. The so-called negative emotions are really for *warning* and positive emotions are the *healing* feelings. May the *healing* emotions fill your sails and may the gift of *warning* protect you as you journey.

Using this chart and identifying your emotions is the opposite of your addiction; you now are able to manage and use what you formerly denied and were so terrified of experiencing. You are now able to be free.

You have two choices:
hide from your feelings
or
allow them to guide you.

Exercise 12

Prior to recovery, you probably used one or more of these addictions and/or compulsions: alcohol, drugs, food, sex, work, the lives of other people, etc. One description of addiction is "an external solution for an internal problem." Describe what you have used before (maybe still do) as an "...external solution(s) for internal problem(s)." How successful did this external solution fix your internal problem?

Sample - External solutions for an internal problem

Internal Problem	External Solution	Recovery Option
You lost the promotion at work.	You scream at your significant other.	Be honest a tell her of your disappointment.
You lost the promotion at work.	You drink.	Go to a meeting.
You lost the promotion at work.	You tell the boss to "stick it where the sun don't shine."	Explore your feelings (mood chart) get your center. If you still feel wronged express it a positive way.

I'm not happy so I buy a new car thinking this is what I need for happiness. No, that didn't work, then perhaps a new girlfriend, or a move to an exotic place, make a million dollars, win the jackpot, and/or taking a hit of that wonderful smelling joint will bring you the contentment you seek. Something has to fix this restlessness; you know you will be okay if you can just find it. Write about the external solutions that you use attempting to fix your internal problems.

"I've missed more than 9000 shots in my career.
I've lost almost 300 games. 26 times I've been
trusted to take the game winning shot and missed.
I've failed over and over and over again in my life.
And that is why I succeed."
Michael Jordan

Understanding Wisdom of the Twelve Steps

Wisdom of the Twelve Steps is a series of individual workbooks for recovering people to assist them in working the steps, one step at a time. The steps are a journey of change; they seem simple and straightforward - and they are - but at the same time, translating this simple wisdom into our complicated brains needs time, understanding, and the wisdom of others.

Wisdom of the Twelve Steps includes a recovery story related to each step. Following the story is information about how to work the step and each workbook concludes with a series of specific thought-provoking questions. These questions, when answered, provide understanding often overlooked without this process. If your goal is to have a happier and more productive life, then challenge yourself to find the answers to these difficult questions.

To gain the maximum benefit from your recovery process, attend 12-Step meetings, talk to your sponsor, and share with the recovering fellowship. Allow these wonderful parts of your program to be the catalyst for your change process. Without the energy and motivation offered by the recovering community, this workbook will sit on your shelf collecting dust...a sad reminder of the happiness you chose to give away to your addiction.

Think of your family on Christmas morning, when everyone gathers in their pajamas, drinking coffee or hot chocolate, and eating sticky buns. There is happiness all around, tension from the past is lessened, and there are many smiles of anticipation. We look at the Christmas tree and all the gifts arranged beneath its decorated branches. We are excited about seeing the people we care about opening their gifts as we anticipate tearing off the brightly colored paper from ours. What would Christmas morning be if we did not open the presents? Why would anyone not want to open his or her gifts? Excellent question, however, this is often what happens with people who attempt the 12-Step meetings but do not actively work the steps. They have the Christmas morning but without the gifts.

Christmas morning is similar to attending a 12-Step meeting. As wonderful and beneficial as these meetings are, we miss the presents under the recovery tree if we do not work the steps or choose to open the presents awaiting our joy. Are you ready to open your presents? The best way to use this book is to read it completely; allow yourself to dwell on what you read for a few days. Then start on the questions and take your time processing your answers. Like the steps, this book works best when processed slowly and carefully.

In a day or two, reread the section entitled: Understanding this Step, and write notes to yourself, underlining important concepts. Allow this description to spread through your consciousness. There will be areas you agree with, some you may not agree with, and hopefully much to challenge you. Remember you are okay as you are now and there may be areas where you may need to challenge your thinking. Not all your thoughts are wrong, misguided, or incorrect, but many are. Allow yourself permission to examine *all* your thoughts - what is working for you and what is not. Get input from those who you respect, ask questions in the meetings - be open-minded -*challenge yourself*.

After this section, there is a specific series of questions for each individual step with space to answer each. Spend the necessary time digging deep for understanding. It may help to read your answers to your sponsor, providing a

wonderful place for additional learning. These questions and your answers will inspire you as you share with others.

Someone once said working the steps is like a healthy pregnancy; it takes at least nine months to work them all (if it takes longer, do not worry; work at your pace and in your own time). Congratulations, you are now ready to begin working another step. Join the many people over the years that have changed using the 12 Steps.

Exercise 13

Are you fully using the program, making meetings, working with a sponsor, and reading the Big Book? Do you ask your higher power to keep you sober in the morning? Are you thankful at night? Are you working the steps? Where does your program need improvement as of this moment?

Exercise 14

More importantly, think about the unmanageability of your life. Is it something worth returning to? Of course not, so before you again allow your "self-will to run riot," recognize that to be successful, you desperately need discipline and structure to help see you through recovery. If you do not have your recovery, what do you have? Your future requires you getting you back. Putting your program first keeps self-will at bay.

Working the steps involves time, energy, commitment, desire, and willingness. Are you ready to put this into your change process? If so, then declare to yourself:

- I have the *desire* to complete this step.
- I have the *willingness*.
- With my recovery program and my higher power's help, I have the *ability to* complete this step.

Word of Warning

"If there is no struggle,
there is no progress."
Frederick Douglass

Others who are close to you may like the changes they see you making, but since you have hurt many or all of them in the past, they may not trust any positive change you make. You may be surprised to see doubt on their faces, disbelief in their eyes, and fear in their hearts as they await the other shoe to drop or for you to return to who you were before recovery. They have so long walked on eggshells around you; they no longer know how to walk differently. They may not acknowledge the changes in you because addiction is a family disease - affecting everyone. Allow others to believe in you again, in their own time – not your time. Change your behavior, get your happiness back, and eventually they will be able to accept the new you. Do not allow others to deter you from your appointed date with recovery as your life may depend upon it.

Self-improvement promises to be difficult, challenging, scary, and painful, but at the same time wonderful, fulfilling, empowering, and joyful. You will not regret the time you spend on making a lifetime of changes. After this process, you will have an improved zest for life, increased ability to love, and more self-esteem.

Many of the old time A.A. members say, "My program is the most important thing in my life." This is wise council; your addiction does not want you to know this truth. Putting your recovery before your family, work, and even God seems selfish, mean-spirited, and heading in the wrong direction, but before you reject this sage advice, think about what you were before recovery. Did you really have your family, work, and a close connection with your higher power? Before recovery, didn't you experience a lack of connection with yourself and others? Did you feel close to your creator?

Connecting with yourself is the cornerstone of a happy life; the greater the self-connection, the more you can connect with others. Make a decision to

become an internal millionaire. In this enviable state, no one can take away your wealth or steal it, the IRS cannot tax it, and the people you love will receive your living inheritance. More importantly, think about the unmanageability of your life. Is your old life-style something worth returning to? Of course not, so before you again allow your "self-will to run riot," you desperately need discipline and structure to help see you through recovery. If you do not have your recovery, you have nothing - your future requires you getting you back. Put your program first and await the results.

A successful recovery program requires structure in order to change. Structure includes attending meetings, reading the Big Book, and working with your sponsor. Working the steps with others is a wonderful structure. The slogans are another form of simple discipline your wounded soul needs to hear. This book, the Big Book, and many others like it are a form of structure. Allow yourself to use the structure, the tools, and the thousands of other people already in the recovery community. These gifts are available to you and help you achieve your goals.

Working the First Three Steps

The first three steps are often the hardest for several reasons. The first rock in the road is the lack of recovery maturity. Most people who begin to work the steps are new to the program and may be uncertain about recovery. If this is you, you do not know if recovery is going to work or if this is the *way* you want to go, *need* to go, or even *if* you can achieve the success you see in others. This awareness can be very unsettling.

Working the steps requires change and for most, this is another boulder blocking serenity. Change is hard. Having started this learning exercise of the Twelve Steps, you recognize you must change in order to achieve the peace you want in your life. Tighten your seat belt, breathe deeply, relax, and allow yourself

the comfort of knowing…*change is hard, change is difficult,* but most importantly, *you are not alone*.

The third reason, your old behavior is a habit. It may be something you wish to change, need to change, but habits – even destructive habits - you know well and to replace them with something unknown, demands considerable awareness, energy, and support from others. It also demands trust. Is your new life in recovery going to be better than the old?

What is recovery going to cost you?

A summarization of the first three steps is:

I can't.

He can.

I think I'll let him.

1st Step - *I can't.*

The specific problem the first step often creates is the concept of powerlessness. Do you want to be powerless? No, of course not, but this step requires a unique understanding of power and powerlessness. After working this step, you will understand how you get power from the recognition of your powerlessness.

Your addiction tells you two strange thoughts (although you think yourself unique when they tickle your consciousness) that are common to most in early recovery:

"You can do this on your own." And "You are different."

Warning: When you hear one (or both) of these echoing in your head, this is your addict brain attempting to keep you from recovery. Your addiction is "cunning, baffling, and powerful" and wants you to fail. With messages like this, your addiction is trying to get you to quit your program and return to the "fun-times" you had before recovery. It is setting you up for failure. When you hear, "you can do this on your own" and that "you are different," challenge that voice.

Is this your rational brain speaking wisdom or is it your addiction trying to set you up for failure?

However, you can turn the tables on your demons by just agreeing. Say to yourself, “You know, dear addiction, you are right. I am special, different, and unique.” And, “Yes, I can do this on my own; in fact, no one will do it for me. I am the one who ultimately determines my success or failure. And with you or without, my addiction, I am going to work a recovery program.” Changing your thinking and speaking aloud like this reframes your thinking and allows you to take back the power you previously gave away to your addiction.

If your addictive behavior worked for you in the past, then you would not need a Twelve Step Program. So be guarded when these thoughts come, because it may be the spider inviting you back into the web, an engraved invitation from your addiction. To be successful, consider exploring the path blazed by many before you. If you could achieve contented sobriety on your own, why has it been so illusive? Think about the many times you promised yourself something different. How many times have you succeeded without the loving support of the Recovery Tribe?

All people attending meetings can speak of their brokenness, their unmanageability. One member described himself, “I am a glow stick.” Everyone looked at him in wonder until he explained, “It was only after I was broken could my light shine.”

2nd Step - He can.

Is God keeping you from Recovery?

We understand if your idea of God or someone else's definition may make you uncomfortable. Even the thought may make you want to flee recovery. Yet, you may yearn for the acceptance and understanding of others available from the fellowship. You may want to change and have a happy life but do not know how.

Welcome to Recovery.
Welcome home.

The second step often is the reason people do not go into recovery in the first place or ultimately leave the fellowship. Even if you already have a relationship with a creative force, the concept of a higher power can be difficult. The second and third steps ask you to let go of what you already know and explore new insights specifically available in your own personal journey of discovery, your inward journey using honesty to explore who you really are.

The difficulty often encountered with the Second and Third Steps is the concept of *higher power* and more specifically the word *God*. If this describes you, ask yourself this difficult question. Is your reluctance to acknowledge a "…power greater than yourself" about a true conviction of yours or – this is hard to hear - is this your addiction manipulating you again?

Here in this step, we have to consider the possibility of having a "He" or maybe your definition could be a "She." The Second Step encourages us to accept that there is something or someone who is more powerful than you are. Give yourself permission not to reject this possibility. Maybe you too can connect to something more powerful than you are. Your addiction was more powerful than you were so maybe – just maybe - there is something positive that you may acknowledge as greater than you.

This will be discussed in detail later in the Second and then again in the Third Step Workbooks. If the "He" in this statement threatens your recovery, here is a suggestion. Consider trying this: ask every morning…just say, "Please."

And every evening just say, “Thank you.” As you work these steps use this *Please-Thank You* to be your temporary higher power.

Good luck.

Part III

Two Word Trip-Wire

A trip wire sets off a land mine. In order to be forewarned and forearmed, it would be advisable to bring these two hazards--two trip wires--out of the shadows to explore. Both of these are doubled-edged swords. One side will work for positive change and the other limits progress.

The first trip wire is *arrogance,* and the second is *doubt*.

Arrogance

A large part of your addiction is arrogance - your arrogance. Here you might say, "I'm not arrogant." Perhaps this is true. However, ponder this question and allow space for self-exploration, perhaps even discovery.

Here are some sample places others have hidden from change. In the depths of your darkness, when you're all alone, see what may fit you.

- My way is better than yours.
- I am right and you are wrong.
- I am too wonderful to change.
- I have the answer and you do not.
- I am too intelligent to change.
- I am too powerful to change.
- I am too strong to change.
- I am too afraid to change.
- I am too weak to change.
- I am too different to change.
- My denial works better than reality.
- This is a bunch of bull.
- My God is better than yours.
- Nobody has it harder than I.
- Everyone wants me; I am so special.
- Nobody wants me.
- Nobody understands me.
- Nobody can love me.
- Nobody loves me.
- I am okay, and you are not.
- My parents did not listen to me.
- My parents abused me.
- My parents abandoned me.
- My parents controlled me.
- My parents did not have boundaries.
- My parents were too rigid.

Any of the above listed attitudes/beliefs are examples of your addiction trying to protect itself. Your addiction tries to keep you in the chaos you have grown so accustomed to and keeps you from the peace you desire and deserve.

The healthy side of arrogance is the pride we feel when overcoming a limitation. There are many roadblocks in recovery. When you successfully deal with one – go ahead - pat yourself on the back and enjoy some healthy pride.

Exercise 15

Questioning your own arrogance may be hard, but it is very necessary, similar to a dentist performing a root canal; necessary for healthy teeth but quite discomforting. For this question, write about your arrogance.

Exercise 16

One recovery person said, “I did not drink nearly the amount most in this room drank, but I can match my arrogance with the best of you.” How has your arrogance affected your recovery? How has your arrogance affected your relationships?

Doubt

When using this workbook, separate your religion or lack thereof from this discussion. Spirituality is different. **Spirituality is the inward search to find and claim the gift of self-love.**

Using this definition of Spirituality helps to suspend a person from their faith or non-faith. You may return to your previous beliefs at any time as nothing in this series wants you to discard cherished beliefs or non-beliefs. These are yours and represent your best thinking to date. This exercise only seeks to allow a broadening of awareness, allowing for exploration into previously hidden parts of your being. Join this Explorers Club and in this search you can add to what you already know.

1st Step Doubt

Before you walked through the door of your first meeting, part of you had hope. You hoped for something better than what you experienced in the past. However:

- You *doubt* this program will work at all.
- You *doubt* – since you are so different – if recovery will work for you.
- You *doubt* if you really want to give up your addiction
- You *doubt* you are willing to pay the price of change.
- You *doubt* how being powerless will lead you to power.

2nd Step Doubt

After working the 1st Step, you now understand that, once a person lets go over that which they have no control, something happens. Energy you once wasted is now yours to spend on what you can control – mainly you. In order to accomplish that step you had to overcome many doubts. Use that success for tackling the difficult task of "…being restored to sanity."

- In the midst of your misery, you *doubted* that "…anything could or would…" help you overcome your pain and suffering.
- You *doubted* if an unseen entity - some call God - could help, after all, how many of your prayers went unanswered?

- How many times did you curse God for your pain, and now you *doubt* recovery is the answer to your tirade.
- If you did not already believe in God, you sincerely *doubted* you could ever change your firm belief or *doubted* if you would want to trust anything outside of yourself ever again.
- Having been disappointed so many times in the past by anything of the spirit, you *doubted* that anything outside of a miracle of medical science could relieve you from your addiction.
- You *doubted* if you were ever "insane" but knew many others that were.

Healthy Doubt

Note: The healthy side of doubt is realizing the chasm is ten feet wide and your best leap is only eight feet. Your doubt keeps you from testing certainty with stupidity. Perhaps your doubt will turn out to be true, keeping you from falling into the abyss – "I don't think I can jump that far." Listen to your healthy doubt and assess the risk by asking others and doing the necessary research to decide if you can accomplish the task and determine if you are willing to pay the associated costs.

You might need recovery when...
your mother is the
travel agent for guilt trips.

The Twelve Steps

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Note: Alcoholics Anonymous has not sanctioned this workbook; the author is responsible for its contents. There are as many ways to work the steps as there are sponsors. *Wisdom of the Twelve Steps* seeks to provide the recovering community another method.

Understanding the 2nd Step

Came to believe that a Power greater than ourselves could restore us to sanity.

The four parts of the 2nd Step are "*came,*" "*sanity,*" "*came to believe*," and "*power greater than ourselves*."

The "*came*" part is what you have been doing ever since you first walked through the doors of recovery. Your physical presence allowed the changes you now experience; if you had never attended, nothing would have happened. Even in the unlikely event you gained nothing from a meeting, your attendance validates your desire for a better and more peaceful life; this represents the "*came*" part of this step. Your recovery needs your physical presence. Bring the body and the spirit will follow. Many people have been court-ordered to attend A.A. or similar programs and because their body was there, the spirit decided to stay.

Prior to recovery, your life may have seemed chaotic and others may have even labeled you insane; maybe you even thought this about yourself. Only a small fraction of those in recovery are actually insane as defined by the mental health community, and this label only fits if they experience an altered state of reality when not on drugs or alcohol. In this step, the use of the word, "*sanity*" is not a medical term and is only included to illustrate how disruptive your life was prior to recovery and how the fellowship has already helped you to improve. Even most people classified as insane by the medical community have the ability for recovery, if, as the Big Book states, they have the, "*...capacity to be honest...*" Do you have the capacity to be honest? As difficult as honesty may be, the harder question is...are you *willing* to be honest? If your answer is *yes* to these two questions, the word "*sanity*" holds no barriers for you.

"...Came to believe..." is more difficult, for it involves a decision. Even if believing is uncomfortable for you, it is your choice. You chose to enter recovery even though many parts of you were resisting and still may be rebelling as you

read this book. Instead of allowing your head committee to control you as so many times in the past, you entered recovery. Despite your committee's protests for you to leave…instead you chose to stay.

Many people leave or would never darken the doors of recovery in the first place because of the barrier they perceive from their lack of belief in a higher power. For them even the word, *god,* is fingernails scraping across a black board, something that rubs them in the wrong direction and greatly angers them. With this one word, they experience the judgment of those who would knock on their door, hand out religious tracts, find their behavior unacceptable, and then shame them for their non-belief. If this word causes you problems, consider this possibility: (this may be hard to hear) sometimes your thought process is really **your addiction talking**.

Remember your addiction is cunning, baffling, and powerful and will use your greatest strengths against you. If your addiction wants you to fail, it could turn your great faith or non-faith into a reason to leave recovery. This mindset creates a wonderful (convenient) reason to justify your refusing to change and return to your addiction. If this *god-thing,* this spirituality makes you want to flee recovery ask yourself this difficult question: does my discomfort come from a deep violation of my core beliefs ***or*** is it something whose answer I can hold until further investigation? Is it my truth or is my *addiction manipulating me again*?

The spiritual part of this program often causes many people difficulty. When beat down by life, believing in anything is difficult for some and almost impossible for others. You will discover, *"Came to believe…"* is much easier to accept if previous knowledge about spiritual belief is temporarily suspended. Leave your prior beliefs in suspension and let go.

Picture a river and allow it to symbolize your recovery program. Instead of swimming across the river or against the current, stop, relax, and allow yourself to float down the river with your head in the direction you are going. Once you allow yourself to float on this river, *you are not in control*, the river is. You get to

choose if you want to float or swim back to the shore. Floating down this river, you can only see back where you came from. In this analogy, the river is the spiritual force we've resisted for so long and have trouble trusting. To float down-stream with the current requires trusting the river; this is your choice to believe. This illustration has to be excessively difficult for those who cannot swim and for those who have not yet learned to trust.

In recovery, the word "Higher Power" is used and again many people reject the concept due to having nothing in their lives representing a "higher power." One man shared that his counselor said, "You are living only in your head, you need to go inside," as he pointed to the man's chest, "and find your higher power here in your heart." The man explained how terrifying his counselor's comments were to him for where the counselor pointed, he was sure nothing was there.

When reviewing the first step we accept the fact that our addiction is more powerful and from this awareness, our drug of choice is an example of a higher power. This puts many in a double bind; on one hand, they finally realize their drug of choice, their addiction is more powerful than they are, but to believe a "...power greater than ourselves..." something, someone, an "it" they do not understand, feel close to, or even trust is a quantum leap. This is often a very difficult to reach. **Welcome to the 2nd Step.**

The agnostic and atheist have especially difficult times with the concept of a "...Power greater than yourself..." for it implies a God; this "god-thing" is a struggle for many. If you struggle, maybe thinking of God with a small "g" as in *god* instead of God would help. There, that is a little better, right?

What most people have difficulty with is not spirituality, but religion. Religion is a set of beliefs and principles taught as truth, whose members are expected to believe and pledge in creeds. Even if you cannot believe in the mystic vision of god, here are some things more powerful than you: How about gravity, sunlight, cosmic dust, sun burst, speed of light, your addiction, physical laws,

ocean currents, string theory, the fellowship of A.A., or your mother-in-law, to name a few? Choose one of these or make one up suitable to your liking and understanding. Some may even choose a black hole or the great nothingness of space. One member chose Mighty Mouse. You can even choose the null hypothesis as a "*…Power greater than ourselves…*" How about the river you just started your journey floating downstream. This river is more powerful than you are; could this be your higher power? Choose one, for it matters not.

Both the atheist and the theist have a definite set of beliefs; one believes *there is* and one believes *there is not*. Both are convinced they are right and both can have a difficult time wrapping their minds around this step. This step and the next provide both these extreme points of belief an opportunity to examine what they actually believe. This challenge can be frightening and for this reason absolute believers have trouble with this step.

The fellowship asked everyone to respect one another's definition. This was difficult for those with absolute belief, whether they adopted their parent's religion or came to accept their beliefs on their own; they have come to the unshakable conclusion…that what they believe is accurate and true. This rigidity of thought causes inflexibility in new ideas and makes acceptance difficult. Set-in-stone beliefs create a flat world where any other possibility must revolve around this truth with its firmness becoming the center of the universe. This egocentric attitude of, "I'm right and you are not," is the arrogance feeding a person's addictions – the more a person is set in his/her ways, the more their addiction thrives. When we think we have all the answers, learning stops!

This concept is not about your being wrong. In fact, do not discard a single belief of yours. Just allow for the possibility that your long held truths are not a destination, but rather a signpost pointing towards newer and greater truths. Allow yourself the comfort of floating down this spiritual river toward an unknown destination and be willing to be open to a new awareness trusting the river's direction and destination.

This is not easy to do and the **more entrenched the belief system the greater the difficulty in letting go and entering recovery's classroom**.

2nd Step Prayer

Allow me the strength to suspend my current beliefs (temporarily), to accept that the destination is not in my control, and the joy of my inward journey.

Open in Case of Emergency

When all else fails and the *god-thing* threatens your recovery, do not be discouraged. When you tried the suggestions in this book, tried what others have told you, have read other inspiring literature, and in the quiet of your own meditation have yet to find a comfortable place for your awakening spirit…then it is time for the final insight.

You would not be reading this book, working the steps, going to meetings, and working with your sponsor if you were not serious about wanting a better life. The fact that you are honest about your difficulty with this *god-thing* shows you have the capacity of being honest. This strength will serve you well.

So here is a simple suggestion:

Continue your work on the steps. Keep up with your meetings, talking with your sponsor, reading the Big Book, and sharing with your sober friends. Stop your focus on this *god-thing* …let go, stop worrying. Whatever your relationship is going to be or is not going to be will come to you-all in your own time.

Instead of wishing or praying for some mystical divine puff of spiritual smoke to provide you the solution to your quest…instead…meditate; practice being quiet. At the end of the meetings, when everyone holds hands and says the Lord's Prayer, do not repeat anything you are uncomfortable saying. Instead of closing your eyes, keep them open, looking at everyone in the circle, one person at a time. Practice sending love or warm regards to each in the circle, connecting

with them in the power of silence. Let this connection become your higher power.

The more you reconnect to yourself, others, and the world, the more your awareness increases. The deeper you go into yourself to find and claim the gift of who you are, the greater the joy you will experience. Your addiction creates walls-barriers between you and other people. Even more importantly, walls between you and yourself. This feeling of disconnection is what causes your addiction to thrive. Finding a connection to life allows your recovery to become real and your addiction to fade into the past as just a painful memory.

Many find difficulty with the word *spiritual,* thinking it denotes some religious belief or another. Think instead of "spiritual" as the inner journey. The Greek word for breath is spirit and, as we take in a breath (spirit), it travels inward. This is the direction we must travel to connect with something more than we are. The spiritual awakening required for successful recovery is the elimination of these unnatural barriers. Once removed, you increase the connection with youself, then to other people, and finally the physical world. This connection is the spiritual journey required for recovery.

You cannot force these connections; they just come with a way of life requiring honesty and introspection. Stay open and loving towards yourself and others. While you work toward connection, your *uniquely personalized* invitation to solving this *god-thing* is already in the mail, and you will find comfort in whatever develops for you… eventually.

Go out some night and stand in an open area. Look up at the sky and just say, "Here I am." Do not expect anything, do not say anything else, just be present.

Trust the process.

You might need recovery when…
some learn by reading, some by observation,
but you have to touch the fire to know it's hot.

Four Part Questions

The four parts of this step are "*came,*" "*sanity,*" "*came to believe*," and "*power greater than ourselves*."

Part A - *Came*

Exercise 17

Being objective about your program, where are you physically putting yourself in places of healing? List places like meetings, visits with your sponsor, or coffee with sober friends.

Exercise 18

How well are you doing in making contacts at the meetings, sharing after/before, using the telephone, and generally making yourself available for the fellowship to connect with you?

Exercise 19

How can you increase this connection? How can you become more a part of the program?

Part B - *Sanity*

Exercise 20

Because of your past behavior, have you ever thought you were insane? How have these thoughts affected your life?

You might need recovery when...
the only way you know how to keep
the dream alive is by hitting
the snooze button.

Exercise 21

What coping skills can you use during periods of high intensity where you may feel you are losing it?

Part C – *Came to Believe*

Exercise 22

In your deepest, darkest days, did you not ask for help? When you made that request to the heavens or to somebody for help, part of you knew your life was not working and your best thinking was making it worse. Was not that simple act of asking for help your recognition of something more powerful than you are? By asking, was this your hope that there was help out there, somewhere, and in some form?

Write about your asking for help.

Exercise 22 - continued

Can this-whatever you asked to help-be your higher power? What is keeping you from making that declaration?

Exercise 23

What are the roadblocks you encounter that limit your willingness to follow through with "*...came to believe?*"

Exercise 24

Will you open yourself to the possibility that even you may find a *power greater than you are?* What would happen if you allowed yourself that possibility? What would this decision cost you?

Exercise 25

Write about the power your *head committee* has over you.

You might need recovery when...
you know, just because alcohol dissolved your marriage, your family, and got you fired doesn't mean alcohol isn't the perfect solvent.

Exercise 26

How has the *head committee* dictated your life and caused you problems?

Exercise 27

What will it take to regain your life back from the head committee?

You might need recovery when...
your drinking team has a bowling problem.

Part D - *Power Greater than Ourselves*

Exercise 28

Do not discard your current beliefs, **but trust** you are strong enough to suspend them. Suspending strong beliefs allows your creator to add new learning and insights unavailable when current beliefs do not allow for exploration. Look on the Mood chart on page 66. What feelings do you have about suspending your beliefs and trusting something other than yourself to provide new insights?

Exercise 29

Write about the obstacles standing in your way to suspend your current beliefs, at least temporarily, and explore the unknown.

Exercise 30

At this moment, describe your relationship (or non-relationship) with a power greater than you are.

Exercise 31

In your addiction, to protect your low self-esteem, did you under promise in order to leave yourself room to outperform your lowest expectations? Now in recovery, what is keeping you from making large goals and then striving to complete them? Do you fear success?

Exercise 32

Create a visual image of what your addiction has cost you. It may be a picture, a word, a symbol, anything you wish to represent what you now face and struggle to overcome.

You might need recovery when...
you wake up feeling guilty even before you remember what you need to feel guilty about.

Part IV

Mood Chart

MAD	GLAD	SAD	FEAR	HURT
Agitation	Admiration	Abandoned	Alarm	Aloof
Angry	Affection	Agonized	Anxious	Ashamed
Annoyed	Confident	Bored	Apprehension	Belittled
Antagonism	Cordiality	Crushed	Bashful	Burdened
Arrogant	Curiosity	Deflated	Bewildered	Cheated
Bitter	Delight	Depressed	Cautious	Denied
Contempt	Desire	Disconnected	Confused	Deserted
Defiant	Devotion	Disparaged	Distraction	Disappointed
Disapproving	Ecstasy	Distant	Dread	Dismay
Disdain	Ecstatic	Distraught	Embarrassed	Exhausted
Disgust	Elation	Distressed	Envious	Guilty
Enraged	Enthusiasm	Downcast	Evasive	Humiliated
Frustrated	Excitement	Gloomy	Fearful	Insulted
Furious	Fervor	Grieving	Fluster	Lonely
Hostile	Flush	Helpless	Frightened	Pain
Indignant	Generosity	Hopeless	Horrified	Pained
Irritated	Happy	Ignored	Hysterical	Regret
Livid	Hope	Isolated	Inadequate	Shame
Mischievous	Hopeful	Jealous	Insecure	Suffering
Rage	Inspiration	Melancholy	Overwhelmed	Shocked
Resentful	Passion	Miserable	Panic	

About the Author

David W. Earle, LPC is a mental health counselor, helping clients with anger management, substance abuse, compulsive gambling, eating disorders, anxiety, depression, and relationships. When he combines his Licensed Professional Counselor skills with his twenty-plus-years of executive management, he utilizes business coaching as a powerful matrix for transferring leadership skills. He is also a teacher, trainer, author, coach, and alternative dispute professional.

Earle earned a Master's of Science from Texas A&M and has held executive management positions in various fields including industrial construction, private investment banking, and corporate trouble shooting. He is now the president of the Earle Company, an organization dedicated to change.

Earle has been on the panel as a mediator and/or arbitrator for various organizations such as U.S. Federal Court-Middle District, Equal Employment Opportunity Commission (EEOC), Financial Industry Regulator Authority (FINRA), and the Louisiana Supreme Court. He was on the faculty of the University of Phoenix for over 10 years.

His trademarked motto is *My Life Will Change… When I Change*™. He enjoys tennis and lives in Baton Rouge with his wife, Penny, their dog, Fletcher and cat, Hobbes.

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"Owning our story and loving ourselves
through that process is the bravest
thing we will ever do."
Anonymous

Notes

Notes

You might need recovery when...
You and your husband are
sitting on your back yard swing,
enjoying the night, and drinking wine.
He says, “I love you and
I cannot live without you.”
You smile and ask,
“Dear, is that what you really mean
or is that the wine talking?”
He answers, “I am talking to the wine.”

REFERENCES

Benjiman, L. E., Wahab, S., & Manaf, M. R. A. (2025). Adverse childhood experiences and level of self-esteem as predictors for motivation to change among adults with methamphetamine use residing in rehabilitation centers. BMC Psychology, 13, 712. https://doi.org/10.1186/s40359-025-02997-2 (PMID: 40598656)

Carlon, H. A., Hurlocker, M. C., Hoeppner, B. B., & Witkiewitz, K. (2025). Positive psychological interventions for substance use, addiction and recovery: An updated systematic review and meta-analysis. Addiction, 120(7), 1295-1324. https://doi.org/10.1111/add.70019 (PMID: 40041964)

De Salis, H. F., Martin, R., Mansoor, Z., Newton-Howes, G., & Bell, E. (2023). A realist review of residential treatment for adults with substance use disorder. Drug and Alcohol Review, 42(4), 827-842. https://doi.org/10.1111/dar.13615 (PMID: 36747370)

Galanter, M., White, W. L., Khalsa, J., & Hansen, H. (2024). A scoping review of spirituality in relation to substance use disorder. Journal of Addictive Diseases, 42(3), 210-218. https://doi.org/10.1080/10550887.2023.2174785 (PMID: 36772834)

Gutierrez, D., Dorais, S., & Goshorn, J. R. (2020). Recovery as life transformation: Examining the relationships between recovery, hope, and relapse. Substance Use & Misuse, 55(12), 1949-1957. https://doi.org/10.1080/10826084.2020.1781181 (PMID: 32567447)

Hennessy, E. A., Jurinsky, J., Cowie, K., Pietrzak, A. Z., Blyth, S., Krasnoff, P., Best, D., Litt, M., Johnson, B. T., & Kelly, J. F. (2024). Visualizing the influence of social networks on recovery: A mixed-methods social identity mapping study with recovering adolescents. Substance Use & Misuse, 59(9), 1405-1415. https://doi.org/10.1080/10826084.2024.2352618 (PMID: 38738809)

Hochheimer, M., Strickland, J. C., Ellis, J. D., Rabinowitz, J. A., Hobelmann, J. G., Ford, M., & Huhn, A. S. (2024). Age moderates the association of optimism on craving during substance use disorder treatment. Journal of Substance Use and Addiction Treatment, 160, 209297. https://doi.org/10.1016/j.josat.2024.209297 (PMID: 38281707)

Jester, J. K., Verty, V. P. A., Hargons, C. N., Thorpe, S., & Stevens-Watkins, D. (2025). "God did for me what I couldn't do for myself": Understanding religiosity, spirituality, and locus of control among Black Americans who misuse opioids. Journal of Religion and Health, 64(6), 4803-4823. https://doi.org/10.1007/s10943-025-02260-3 (PMID: 39918665)

Kane, L., Benson, K., Stewart, Z. J., & Daughters, S. B. (2024). The impact of spiritual well-being and social support on substance use treatment outcomes within a sample of predominantly Black/African American adults. Journal of Substance Use and Addiction Treatment, 158, 209238. https://doi.org/10.1016/j.josat.2023.209238 (PMID: 38061630)

Kelly, J. F. (2017). Is Alcoholics Anonymous religious, spiritual, neither? Findings from 25 years of mechanisms of behavior change research. Addiction, 112(6), 929-936. https://doi.org/10.1111/add.13590 (PMID: 27718303)

Kelly, J. F., & Eddie, D. (2020). The role of spirituality and religiousness in aiding recovery from alcohol and other drug problems: An investigation in a national U.S. sample. Psychology of Religion and Spirituality, 12(1), 116-123. https://doi.org/10.1037/rel0000295 (PMID: 33767804)

Kelly, J. F., Abry, A., Ferri, M., & Humphreys, K. (2020). Alcoholics Anonymous and 12-step facilitation

treatments for alcohol use disorder: A distillation of a 2020 Cochrane review for clinicians and policy makers. Alcohol and Alcoholism, 55(6), 641-651. https://doi.org/10.1093/alcalc/agaa050 (PMID: 32628263)

Krentzman, A. R., Bowen, E. A., & Zemore, S. E. (2024). Happiness with recovery from alcohol and substance use disorders predicts abstinence and treatment retention. The Journal of Positive Psychology. Advance online publication. https://doi.org/10.1080/17439760.2024.2431686 (PMID: 40918746)

Pettersen, G., Bjerke, T., Hoxmark, E. M., Eikeng Sterri, N. H., & Rosenvinge, J. H. (2023). From existing to living: Exploring the meaning of recovery and a sober life after a long duration of a substance use disorder. Nordic Studies on Alcohol and Drugs, 40(6), 577-589. https://doi.org/10.1177/14550725231170454 (PMID: 38045010)

Powell, A., Sumnall, H., Smith, J., Kuiper, R., & Montgomery, C. (2024). Recovery of neuropsychological function following abstinence from alcohol in adults diagnosed with an alcohol use disorder: Systematic review of longitudinal studies. PLOS ONE, 19(1), e0296043. https://doi.org/10.1371/journal.pone.0296043 (PMID: 38166127)

Rabinowitz, J. A., Ellis, J. D., Strickland, J. C., Hochheimer, M., Zhou, Y., Young, A. S., Curtis, B., & Huhn, A. S. (2023). Patterns of demoralization and anhedonia during early substance use disorder treatment and associations with treatment attrition. Journal of Affective Disorders, 335, 248-255. https://doi.org/10.1016/j.jad.2023.05.029 (PMID: 37192690)

Schoenberger, S. F., Park, T. W., dellaBitta, V., Hadland, S. E., & Bagley, S. M. (2022). "My life isn't defined by substance use": Recovery perspectives among young adults with substance use disorder. Journal of General Internal Medicine, 37(4), 816-822. https://doi.org/10.1007/s11606-021-06934-y (PMID: 34100229)

Sease, T. B., Cox, C. R., Wiese, A. L., Sandoz, E. K., & Knight, K. (2024). The impact of state of surrender on the relationship between engagement in substance use treatment and meaning in life presence: A pilot study. Frontiers in Psychology, 15, 1331756. https://doi.org/10.3389/fpsyg.2024.1331756 (PMID: 38952826)

Seesink, H. J., Vrijmoeth, C., Ostafin, B. D., Schaap-Jonker, H., & Wiers, R. W. (2026). A one-year longitudinal study on surrender to God assessed during addiction treatment as a predictor of recovery. Addictive Behaviors Reports, 23, 100693. https://doi.org/10.1016/j.abrep.2026.100693 (PMID: 42006674)

Silverman, M. J. (2025). A cluster-randomized comparison of songwriting and recreational music therapy on state hope and abstinence self-efficacy in adults with alcohol use disorder on a detoxification unit. Substance Use & Misuse, 60(7), 1045-1052. https://doi.org/10.1080/10826084.2025.2481322 (PMID: 40111125)

Staudt, J., Kok, T., de Haan, H. A., Walvoort, S. J. W., & Egger, J. I. M. (2023). Neurocognitive recovery in abstinent patients with alcohol use disorder: A scoping review for associated factors. Neuropsychiatric Disease and Treatment, 19, 2039-2054. https://doi.org/10.2147/NDT.S424017 (PMID: 37790802)

Thompson, R. V., Landers, A., & Gregoire, T. (2026). Operationalizing spirituality in addiction recovery: Insights from Alcoholics Anonymous. Journal of Health Care Chaplaincy, 32(1), 16-27. https://doi.org/10.1080/08854726.2025.2542088 (PMID: 40958595)

Vigdal, M. I., Moltu, C., Bjornestad, J., & Selseng, L. B. (2022). Social recovery in substance use disorder: A metasynthesis of qualitative studies. Drug and Alcohol Review, 41(4), 974-987. https://doi.org/10.1111/dar.13434 (PMID: 35104369)

Vose-O'Neal, A., Christmas, S., Alfaro, K. A., Dunigan, R., Leon, A. P., Hickman, D., Johnson, A., Kim, M. L.,

& Reif, S. (2025). Understanding pathways to recovery from alcohol use disorder in a Black-majority city. Frontiers in Public Health, 13, 1537059. https://doi.org/10.3389/fpubh.2025.1537059 (PMID: 40376060)

Appendix A: WISDOM OF THE TWELVE STEPS – 2nd STEP

Directions: To receive credits for this course, you are required to take a post test and receive a passing score. We have set a minimum standard of 80% as the passing score to assure the highest standard of knowledge retention and understanding. The test is comprised of multiple choice and/or true/false questions that will investigate your knowledge and understanding of the materials found in this CEU Matrix – The Institute for Addiction and Criminal Justice distance learning course.

After you complete your reading and review of this material, you will need to answer each of the test questions. Then, submit your test to us for processing. This can be done in the following manner:

Submit your test via the Internet. All of our tests are posted electronically, allowing immediate test results and quicker processing. First, you may want to answer your post test questions found at the end of this appendix. Then, return to your browser and go to the Student Center located at:

http://www.ceumatrix.com/studentcenter

Once there, log in as a Returning Customer using your Email Address and Password. Then click on 'View Lesson Quiz' and you will be presented with the electronic exam.

To take the exam, simply select from the choices of "a" through "e" for each multiple choice question. For true/false questions, select either "a" for true, or "b" for false. Once you are done, simply click on the submit button at the bottom of the page. Your exam will be graded and you will receive your results immediately. If your score is 80% or greater, you will receive a link to the course evaluation. You will also receive a link to the Certificate of Completion. This is the final step in the process, and you may save and / or print your Certificate of Completion.

If, however, you do not achieve a passing score of at least 80%, you will need to review the course material and return to the Student Center to resubmit your answers.

NOTE: THE EXAM QUESTIONS AND /OR ANSWERS MAY BE IN A DIFFERENT ORDER IN THE ONLINE EXAM

Answer the following questions by selecting the most appropriate response.

1. "Sobriety isn't a/an _____ argument."
   a) intellectual
   b) positive
   c) demanding
   d) significant

2. "That doorknob has more power than you; it has more power than you right now because it has a _____. Yes, a doorknob restored me to sanity, or at least gave me a start."
   a) feeling
   b) story
   c) power
   d) purpose

3. "I'm different" and "I can do it my way" are samples of addictive arrogant thoughts that although distracting, seldom block recovery.
   a) True
   b) False

4. For the purpose of decreasing confusion and improving simplicity, this book calls all miseries addiction.
   a) True
   b) False

5. The desire to change has a wonderful ally, motivating humans toward change. What tells most addictive people change is necessary?
   a) their spouse
   b) their sponsor
   c) their pain
   d) their physical health

6. Overcoming obstacles to recovery requires the utilization of a sponsor, the recovery fellowship, supportive friends and family, and the Twelve Steps.
   a) True
   b) False

7. Remember: you are the tip of the change arrow, poised on the edge of discovery. You stand at a crossroads now. What you do will substantially affect the rest of your life and the lives of many others. What you choose or not choose will substantially affect _____.

a) the rest of your life
b) the lives of many others for generations to come
c) both a and b
d) neither a or b

8. It takes time, understanding, and the wisdom of others, to translate the simple _____found in the twelve steps into the addictive brain.

a) axioms
b) laws
c) procedures
d) insight

9. Almost all people who attend 12-Step meetings actively work the steps.

a) True
b) False

10. When an addictive person puts their program first, it tends to help keep their_____.

a) loved ones away
b) self-will at bay
c) arrogance maintained
d) love expectations away

11. People who are in a close relationship with addicts have walked on eggshells so long around the addict; they no longer know how to walk differently.

a) True
b) False

12. Normally once the addictive person changes behavior and becomes happy,_____ (best answer)

a) a. very shortly others will accept the new change in behavior.
b) b. over time others will accept the new change in behavior.
c) c. others will never accept the new change in behavior.
d) none of the above

13. Recovery seldom improves the addictive persons relationships with family, work, or improves their connection to their higher power.

a) True
b) False

14. All of the below statements are specific promises of the Big Book Of Alcoholics Anonymous except…
    a) a. We will not regret the past nor wish to shut the door on it.
    b) We will know peace
    c) When we change, our lives change accordingly.

15. Recovery discourages the full expression of all emotions, especially joy.
    a) True
    b) False

16. A man building a child's play house swung a hammer, missed the nail, and caught the full impact of the hammer on his thumb. Every-thing he did for the rest of the day revolved around seeking relief from this ever-increasing pain. Everything below is true except...
    a) The rest of day revolved around seeking relief from this ever-increasing pain.
    b) The ever-increasing pain threatened his recovery.
    c) The pain finally battered down his natural resistance to parting with his money.
    d) Until he finally obtained relief from this pain, he was totally thumb-conscious.

17. There is great wisdom that others have already discovered, and it is available somewhere in the world's collective subconscious. All you have to do is have the _____to seek it and the _____ to change, then almost magically the wisdom appears. You have that ability right now!
    a) desire, willingness
    b) position, power
    c) experience, sponsor
    d) ability, hopefulness

18. When a life threatening illness requires drastic life-style changes, the statistics quoted by Alan Deutschman confirms that this fear by itself would provide successful motivation. Most alcoholics can quit drinking out of fear of _____.
    a) fear of imprisonment
    b) fear of death
    c) fear of significant loss
    d) none of the above

19. Recovery involves changing from the old lifestyle, old friends, old ways of thinking and traditions. An often-unrecognized part of the re-covery process is grieving.
    a) True
    b) False

20. The ability to express emotions fully seldom has a significant effect on recovery.
    a) True
    b) False

21. Honesty has a very small effect on the success of recovery
    a) True
    b) False

22. Recovery people often have difficulty expressing their emotions.
    a) True
    b) False

23. Your addiction tries to keep you in the chaos to which you have grown so accustomed and wants to keep you from the peace you desire and deserve. All are examples of your addiction trying to protect itself except one
    a) My parents did not listen to me
    b) Until you start to choose you do not have a choice
    c) My parents abandoned me
    d) My parents controlled me

24. Here are some sample places others have hidden from change. All these are true except one.
    a) Nobody understands me
    b) Nobody can love me
    c) I want to make amends
    d) It is your fault

25. The Wisdom of the Steps encourages readers to discard cherished beliefs or non-beliefs.
    a) True
    b) False

26. Using this definition of Spirituality helps to suspend a person from their faith or non-faith. They may return to their previous beliefs at any time as nothing in this series wants them to discard cherished beliefs or non-beliefs. Spirituality is the inward search to find and claim the gift of life – your self-love
    a) True
    b) False

27. If your addictive behavior worked for you in the past, then you would not need a 12-Step Program.
    a) True
    b) False

28. The first three steps are hard for three reasons. All are true except…
    a) lack of recovery maturity
    b) change is hard
    c) poor sponsor
    d) habits of old behavior

29. All the statements below are true about healthy doubt except one.
    a) Allows for testing certainty with stupidity
    b) Allows for risk assessment by asking others
    c) Helps decide the associated costs of a decision
    d) No such thing as healthy doubt

30. Is _____ keeping you from Recovery?
    a) your past
    b) God
    c) pride
    d) shame

31. The four parts of the 2nd Steps are:
    a) came, sanity, came to believe, power greater than ourselves
    b) attend, sanity, choose to believe, power
    c) came, insanity, came to believe, power greater than ourselves
    d) power, sanity, choose to believe, greater than ourselves

32. A person's attendance to meetings validates their desire for a better and more peaceful life.
    a) True
    b) False

33. Bring the body and the spirit will follow.
    a) True
    b) False

34. Many people have been court-ordered to attend A.A. or similar programs. People when so ordered are physically there but seldom does their spirit stay.
    a) True
    b) False

35. It is a medical term when the 2nd Steps talks about "sanity."
    a) True
    b) False

36. As difficult as honesty may be, the harder question is the willingness to be honest.
a) rigidity
b) stubborness
c) aversion
d) willingness

37. "…Came to believe…" is difficult, for it involves a decision.
a) True
b) False

38. An addictive person seldom has their thought process contaminated by addictive talking.
a) True
b) False

39. An addiction is cunning, baffling, and powerful and uses a person's _____ against them. Addiction is capable of turning a person's great faith or non-faith into a reason to leave recovery.
a) character defects
b) bad tendencies
c) past behavior
d) greatest strength

40. It is possible people having difficulty with the higher power (god-thing) concept are being manipulated by their addiction.
a) True
b) False

41. Recovery people use the word "Higher Power." Many people reject the concept due to having nothing in their lives representing a "higher power."
a) True
b) False

42. People having difficulty with the concept of a higher power have a much easier time with this step if they _____ suspend their beliefs.
a) absolutely
b) totally
c) fully
d) temporarily

43. Here are some examples of things more powerful than humans: gravity, sunlight, cosmic dust, sun burst, speed of light, your addiction, physical laws, Mighty Mouse, black holes, ocean currents, string theory, the fellowship of A.A., your mother-in-law, null hypothesis, or the great nothingness of space. Any of these can be a higher power as defined by a recovery person except the "null hypothesis."

a) True
b) False

44. Exploring personal beliefs can be _____ and for this reason absolute believers have trouble with this step.

a) peaceful
b) passive
c) frightening
d) inert

45. _____of thought causes inflexibility in new ideas and makes acceptance difficult.

a) Rigidity
b) Absoluteness
c) Elasticity
d) Flexibility

46. I'm right and you are not," is the arrogance feeding a person's addictions – the more a person is set in his/her ways, the more their addiction thrives.

a) True
b) False

47. Many struggle when thinking about God with a small "g" as in god instead of a capital "G" as in God. The more _____the belief system the easier it is to let go and enter recovery's classroom.

a) entrenced
b) free
c) ridgid
d) absolute

48. Stop your focus on this god-thing …let go, stop worrying. "Whatever your relationship is going to be or is not going to be will come to you - all in your own time."

a) True
b) False

49. The deeper a person journeys into themselves to find and claim the gift of who they are has little relationship to personal joy.

a) True
b) False

50. Many find difficulty with the word spiritual, thinking it denotes some religious belief or another. Think instead of “spiritual” as the outward journey toward discovery.

a) True
b) False