

ACA NATIONAL CONSCIENCE STEPS

**ACA Literature Committee
April 3rd 1994**

A record of how the Twelve Steps for ACA were written and approved as 'unofficial literature' for the UK.

While the official ACA Steps have not changed these *complementary* set of Steps are meant to stand alongside the official Steps and are now made available as a choice of readings for ACA.

This report together with the National Conscience Steps have been sent to ACA World Service as an ACA literature committee contribution to the ACA Handbook

Subject to review 1999.

**Publication of these Steps does not imply endorsement by
ACA UK.**

**Adult Children of Alcoholics,
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April 1994
ACA Literature Committee Steps report

A clear majority of ACA meetings in the UK were in favour of having an agreed set of complementary Adult Child related 12 Steps as a choice of readings for ACA meetings. A copy of the final version of these Steps is included with this report. They are marked 'ACA Lit. Comm. Steps approved as unofficial literature,' The Steps are also said to be 'supported by UK National Conscience' and 'not endorsed by ACA UK'. These markings are to satisfy the issues of copyright and the ACA constitution and traditions as well as the will of the National Conscience. **The official ACA Steps remain unchanged.**

Many meetings wrote to suggest several changes to the version sent out with the national questionnaire. Several contributions were very detailed and closely argued. We received suggestions written on the questionnaires themselves, letters and reports of group consciences, some of which were conclusive on all questions while others had left some questions open. Others still sent alternative versions of the Steps and notes.

All the suggestions were discussed at length and very nearly all were accepted and incorporated. There was a remarkable level of agreement in what changes would have to be made especially in Step Ten where a significant and consistent majority wished to see 'and when we were wrong promptly admitted it' retained as an important principle.

At each stage of this process every effort was made by the Committee to make the procedure for deciding the make up of the National Conscience Steps as genuinely democratic as possible. Here are some the things we did:

Held short group consciences of between 15 to 25 people each over an 18 week period at Portobello Road Sunday ACA looking at all the available versions of the Steps (and Step books) being used throughout the country. Reported the findings to ACA UK.

Held a National Literature Conference to discuss the Steps, ACA Literature and the ACA Handbook in April '93 in London. Invitations sent to all meetings by letter and by 'phone.

Made further reports to ACA UK. Principles for continuing the project agreed as follows: any changes to the ACA Steps (AA Model) would be a Literature Committee project and would seek as wide a degree of agreement as possible. They would then be sent as a contribution to the ACA Handbook.

The official ACA Steps were not being changed either here or in the US (which would need a secret ballot of the entire fellowship) but a complementary version of the Steps which remained true to the spirit of the original while reflecting ACAs' actual experiences of recovery could be produced in line with common practice in the US. Most ACA intergroups in the US produce their own version of the Steps along side the Official or Original AA Steps..

ACA UK as such could not endorse any other version than the official version but any unofficial version could be made available as part of ACAs open literature policy and in line with current practice in the US and other countries.

This way we could have **both** the Official version **and** the National Conscience version, rather than **either or**. 250 copies of the first version of the unofficial steps were produced for the 2nd Annual ACA Convention in London. Much feedback was received on the day and later by word of mouth, telephone and the following ACA UK meeting. Some suggestions for changes were included.

110 copies of revised version of Steps circulated to all names and addresses which appeared on the lists from the ACA Convention '93 and '92. Each copy included a phone number and address for people to send in any suggestions and objections. More suggestions for changes were made and included.

National Conscience

Questionnaires sent to all ACA GSRs and all ACA meeting addresses asking several questions concerning the Steps and other matters. Results published in previous minutes.

Nearly all envelopes and stamps were donated at each stage.

Final suggestions for changes received together with results of poll.

The poll was meant as a democratic expression of opinion. The object was to find a consensus view on the Twelve Steps for Adult Children. This was **not a ballot** and the results therefore are **not binding** on anyone in ACA or any ACA meeting, ACA UK or ACA as a whole.

Very special thanks must go to the following meetings who made such a rigorous, comprehensive and invaluable contribution: St Albans, Peterborough, Glasgow, Bath, Bristol, Ipswich, Liverpool, Halifax, Newcastle upon Tyne, Oxford, Blandford St and Portobello Road and of course to all the other groups who voted, all who wrote to us, telephoned or spoke to us personally and in particular those who had strong opposition to make on the wording of each Step or the principles underlying the whole project.

Every opportunity was made for individuals and groups to vote No and/or abstain all such votes were faithfully recorded (see previous minutes).

For groups or individuals who did not wish to take part, it should be made clear that their wishes are equally respected and that no part of this project is intended as mandatory or obligatory. It is hoped that no one might ever feel that these Steps are the new '12 Commandments' or anything like it. Their only function was meant to provide a choice of readings at ACA meetings where the AA model Steps were felt to be divisive or controlling.

How these Steps were arrived at.

Many ACA meetings had experienced dissent and discomfort with the AA model steps. Over the years these meetings had asked if there were any alternative version of the Steps especially for Adult Children. These requests were then passed back to meetings and have gone back and forth between groups and ACA UK ever since.

The whole process of finding some kind of response to these requests has taken one and a half years. There were several uncertainties regarding copyright and the Traditions that made for caution. The copyright issues have now been resolved and we believe that the requirements of ACA Traditions have been met. These are dealt with in full in a later section.

Alcoholics Anonymous holds the copyright for the Twelve Steps but do allow other fellowships and individual authors to publish various versions so long as a copy of the Original Twelve Steps are published on the same or facing page.

The Committee were;

Catherine M, Angela C, Zoe F, Mary O, Bill M., Niall M (Chair) with occasional contributions from Kate P, Jan H, Martin C while Joel and Michael K both attended one meeting each. There were ACAs who had 14 years of Twelve Step experience in other fellowships; others had up to seven years. All the regular members had at least three years experience in ACA while two had five years and more. Some had sponsored others and had practical experience of taking others through the Steps. All meetings were open to all ACAs.

Regular invitations to attend were made through Portobello Road meetings, ACA UK, ACA events and by word of mouth. Meetings often lasted between 2 to 3 hours and during response periods were taking place once a week.

Over time and with the help of many responses from meetings and individuals the following rules of procedure were developed.

1. To change only what was considered shameful or intimidating.
2. To add only the most widely agreed experiences of ACA recovery and discovery.
3. To reflect the democratic will of ACA UK as a whole.

The hope was to produce an unofficial set of Twelve Steps suitable for Adult Children that could be used without causing insult or offence in the use of language or by implication appear to assign any inappropriate shame to the reader or listener:

That we could have this complementary version of the Steps which both reflects genuine ACA experience and remains true to the spiritual principles of the original.

That the changed version of the Steps would never appear without a copy of the original 12 Steps so that any new reader would be given an immediate point of reference for comparison and so always have on offer a choice of interpretation.

That by doing so we might break the control that the AA model Steps were exerting over ACA Meetings and go some way to minimising the attendant discord, argument and dissent.

The committee found various arguments convincing to some degree but found that any decisions reached by too slim a majority were usually unsafe. More than once we arrived at what was considered to be the best possible of all compromises on a Step, only to find 24 hours later that we had written complete nonsense and had to change it back and start again. Where the will of the National Conscience was unclear the Comm. worked to find a compromise that all could agree on. Most decisions were agreed unanimously but on some issues where personal conscience was involved a large majority of two-thirds or over was considered acceptable.

STEP ONE

'and dysfunction' added to accommodate the growing number of people who identify with the Problem but whose parents or carers were not alcoholic or addicted.

STEP TWO

'wholeness' replaces 'insanity' since saying we can be restored to sanity implies that we *had* been given some sane model for living from which *we* then departed. This has rarely turned out to be the experience of ACAS. 'One cannot be restored to something one never *had*' is how this has often been put.

Others felt that ACAs learned to survive in the midst of the insanity of others and developed an extraordinary level of responsibility. It was felt that in many cases we remained sane in very difficult circumstances but were often without the validation for our thoughts and feelings. As it says in the ACA preamble: 'we need(ed) to know that there was and is a problem, that we weren't just reacting to something we imagined.'

In order to survive abuse children are said to *shut down*, repress and deny their feelings and the effects of this experience are often identified as trauma- where the child separates from his or her feelings.

ACA lit. describes a way of reuniting with our feelings as pursuing our original wholeness through an exploration of our spirituality, combining a search for self knowledge with a sharing of our experience with others. The experience of those who have completed portions of that journey for themselves provides a reflection of our own experience.

In the Big Book of AA it says that 'no human power could have helped... but that God could and would if He were sought.' This is sometimes interpreted as meaning that 'you do not actually have to find God; all you have to do is just go looking' and that this is the beginning of a spiritual journey.

In ACA meetings many hope to find a safe enough place 'to feel the feelings we could not feel then and getting in touch with our feelings today.' In telling our stories we give voice to our true selves and have our experience validated by being heard in ACA without crosstalk or advice giving.

Wholeness was defined by people in various ways; for example- as restoring our ability to feel,' '-integrating what we think with what we feel'-'finding our authentic selves' 'getting back our spirit' or as it often says in ACA literature reuniting the Adult with the Child.

Wholeness is singled out in ACA Literature in this pamphlet as a major part of the identity of the ACA. (cf 'Wholeness Through Separation: The Paradox of Independence', and also 'The Importance of Service in ACA')

Wholeness was also seen as a much gentler word and one which people would be more likely to 'let in' since it was more nurturing and less judgmental.'

It was pointed out that the relationship between the ACA experience and the search for a higher power or God had some a reflection in an Eastern saying;- 'If we imagine that God (or higher power) is an ocean we can say that we don't have to understand all of it. For if each of us is like a drop of that water then by getting to know ourselves we may come to know our God (or higher power)''

It was noted that in the experience of some, any 'spiritual resources' could provide a 'power greater than ourselves' and that whatever resources were chosen or experienced might then be nominated as a persons 'higher power'.

Capital P in '**Power greater than ourselves**' changed to lower case so as not personify or predetermine the nature of one's personal higher power, to allow the idea to remain neutral and to avoid having it appear intimidating as it can be for some ACAs. It was felt that if anything simple could be done to displace such associations and allow for a more open reading of the Step that did not contradict its sense, this would be meeting a real need.

The Comm. also considered replacing 'Power greater than ourselves' with 'spiritual resources', 'a loving power greater than etc,' ' a loving power other than ourselves' and 'a (loving) power inside ourselves'

STEP THREE

'loving power of our own understanding' replaces '**God as we understood Him**'

This change was made to displace any perception of an intimidating or prescriptive direction to seek God since so many ACAs had come to associate God with authority, which was often parental or bad authority of either gender.

'Loving' was added to reassure ourselves that any connection we would be making would be different from fearful or judgemental relationships with God as such may have been the experience of many at other times.

Many ACAs reported significant resistance to any rigidity about a higher power being identified as God in the Steps. Some people felt they were being told to find God and many balked because of the associations that God held for them with figures of authority

Others reported the experience of relating to God as some kind of bad parental authority figure. Parental authority had for so many ACAs been identified with bad authority that the tendency was to *project* our feelings about abusive parental authority onto the idea of God.

It was pointed out that abuse damages our trust and intuition and so harms our ability to perceive the will of God as being good. In an abusive atmosphere it is difficult to accept the good in all things and in ourselves especially when those in authority are punishing us. However, all authority is not always bad; there is such a thing as good authority. As we become our own authority we can experience the link between a good authority and our own well-being and a loving God or higher power of our own understanding.

Some ACAs are non-theist or atheist and find the form of words less confrontational and more welcoming and inclusive.

Replaced '**as we understand Him**' with '**of our own understanding**' so as not to assign a gender to a persons concept of a higher power.

Put small 'h' and a small 'p' so as not to seem to personify or contribute to any feelings of intimidation people may have about the authority or nature of God. It was important, some people felt to acknowledge that the term higher power was not just a polite way to express God as in, 'Well we *say* higher power but really we mean God'. It would represent a real commitment to a person's freedom to have their own concept of a higher power and to show that the nature of that higher power could genuinely be anything the person might wish.

There were strong feelings about the subject of 'turning one's will and one's life over' to anything. Many had experienced abuse from caretakers and felt that authority was abusive and outside of them. Furthermore, it had never been in the interests of such caretakers to encourage a child to become their own authority, to trust their feelings and speak their truth without fear.

Some felt that such was the powerful effects of that experience that special consideration should be given to any projections made by Adult Children onto the idea of God. The feelings and issues that this experience brought up were very real and it was felt that these needs deserved to be heard.

We were reminded that for many survivors of abuse, control was a very tender subject especially for the survivors of incest and that there was a special need to be as gentle and understanding with ourselves as possible. As ACAs many felt we needed to learn to trust in ourselves. Concern was expressed that without these changes there may be a danger of affirming to our child the impression that authority resides outside us and that we must surrender our will and our lives to it in order to 'be good'.

It was noted that the Steps themselves do not actually say that God is outside us.

How did you know when you were doing your higher power's or God's will for you or your own ?

A number of people pointed out that this was a paradox: that by going through the motions of surrender to a loving higher power that we got real power in our lives. It was a question of deciding that whoever God or a higher power was or whatever it was, it was *not* us.

It was pointed out that this Step was a decision first and foremost and that the focus was on ourselves. It didn't matter so much that there was a God or higher power involved so long as we broke the cycle of feeling we had to be hyper-vigilant. Feeling over-responsible and needing to be always in control were identified as symptoms of abuse.

Some felt it was a way of practising 'not being in control'; that they had tried to solve all their problems with their mind, constantly chasing information and trying to fix their family. There was a saying that 'the mind was a wonderful servant but a vicious master.'

For others it was a way of letting our inner caretaker off the hook; we didn't have to be the one in charge anymore. In this way we could stop feeling responsible for everything.

Everyone had their own concept of a higher power. For some it was God, for others it was nature or the life force and for others still it was a feeling or space they could find within themselves. No two concepts were the same and people felt that whatever people found as their higher power it was a very private experience. Some felt that it could be just being on the journey, while others felt that speaking and hearing the truth or the 'power of the rooms' was enough.

The perception of God or a higher power as being an authority outside ourselves was said to have very deep roots in the experience of being an abused infant. A baby only gradually learns to discern the difference between itself and its parent or caretaker. As the child realises its dependence on others for food and nurturing it tends to *idealise* the caretaker or parent. When the parent abuses and neglects the child, the child cannot risk identifying its sole source of nurture as being bad and so decides instead that *it is bad* and must deserve punishment, and that the parent is good.

As this reversal becomes undone in recovery it can bring up very powerful emotions of anger and loss and in returning to balance many experience the need to be angry with God in the same way as they are angry with their parents or caretakers.

Other changes considered.

To replace 'turn our will and our lives' with 'to trust in the care of'. A large majority of meetings and individuals pointed out that they would rather have the 'mechanism' by which one takes the Step made explicit rather than just the wished for outcome- i.e. the means rather than the end: how you actually do it rather than what one might hope to achieve..

In other words it was the question, 'by what action do we learn to trust,' that needed to be addressed and not just merely an *encouragement* or *exhortation*.

This became a rule of thumb for the following Steps.

STEP FOUR

'Fearless' and 'moral' replaced with 'honest'.

There were many objections to what was seen as the 'scary' choice of emphasis in the original which some ACAs found intimidating. It appeared to ask us to attend to fearful moral issues and transgressions and to make an inventory of them. For Adult Children who may well have been made fearful, indeed terrified, by the behaviour of their parents or caretakers, this brought up some difficulties.

It was said that ACAs often carried the shame, guilt and fear of their abusers and needed to approach this step in a very balanced way so as to be able to separate out their own behaviour from the behaviour of our caretakers.

Some felt that care should be taken in case we allowed the impression to be given that recovery from the effects of alcoholism and dysfunction required a list of all our resentments and 'wrongs,' thereby implying that in some way what happened to us as children was our fault. There was a feeling that the Step could appear to invite us to turn our attention inward and to begin to get to know ourselves through the filter of our 'wrongs' and that this might repeat the family experience of being asked to get to know our true selves or Inner Child by focusing on our wrongs in fear and shame.

Others expressed a need to get away from what has been perceived as the 'confessional' aspects more associated with difficult individual histories in fellowships designed to deal with alcoholism and addiction.

This need was compared with ACA's commitment to providing a mirror for our deepest experiences without shaming or advice giving.

Others pointed out that we do have the right to be wrong and to be able to deal with our wrongs in a responsible adult way.

However, an inventory of the abusers was needed to give back any inappropriate guilt to whom it belonged. There was a need to identify abuse we had suffered. Some quoted the saying, 'What we don't pass back, we pass on to our children and friends.'

The language and phrasing of the Step appeared to some to have a sense of urgency perhaps more appropriate to those dealing with severe substance dependency. Some felt that the words 'fearless' and 'moral' could seem to imply that in taking the Step it was necessary to go to 'any lengths' to find and list our faults because if we didn't we would relapse. It was felt that we could afford to deal with our inventory in a safer atmosphere so that who we were could emerge in a gentle, open, non judgemental way.

Doing the Fourth Step in the tradition of the 'Big Book' of AA is a matter of listing the names of all the people, places or things that we had been involved with in our lives. In the next column are listed all the incidents that were the cause of resentments and in a third all the faults that lie on our side. These faults are often presumed to be one or other of 'the seven deadly sins', 'pride' 'sloth' 'greed' and otherwise 'fear' or 'anger' etc. In a further list are collected all ones assets.

It was noted that the object was to identify resentments and to detach from them one at a time by acknowledging ones own fault in each incident. These lists were also used in the Fifth and Eighth Steps where they were admitted to and amends made.

It was also pointed out that 'resentments' were identified as 'killers' for an AA and that resentments were closely associated with 'anger' which was seen as especially dangerous for a person with substance abuse issues.

Others felt it was important to know that the word 'resentment' came from the Latin word *sentio* meaning 'I feel' so *re-sentio* would mean 'I feel again' or 're-feel' and that this was in fact a major part of the purpose of ACA. 'To feel the feelings we could not feel then and to get in touch with our feelings today'. This could be seen as being an opposite of the needs of an AA as expressed in the 'Big Book'

Anger is identified in that tradition as 'a luxury we cannot afford' since sudden anger can trigger a compulsion and cause the person to relapse into self-destructive behaviour such as drinking or using drugs. The child's anger was often chief among those feelings which were made taboo by abusive behaviours and atmosphere in the family of origin and was often the most difficult to express. To express our anger was seen as a good and healthy ability in ACA while this was not always the case for those in the AA Tradition.

There was a feeling that such 'resentments' could be valuable clues or echoes of what happened to us as children and needed to be accepted and sometimes re-experienced. Events often brought up uncomfortable feelings, seemingly for no reason and these feelings can sometimes be traced back to earlier similar events in childhood. 'We behave as Adult Children often without realisation', as it says in the ACA preamble. By following these feelings we may find the roots of the original abuse or 'original pain.'

Some felt that these feelings could be used as a 'handrail' down to our feelings and have been used in the past to find a way back to the Inner Child.

Some reported the experience of getting to a space where they could be in touch with rage, sadness or self-pity (or self-mercy), perhaps being able to sit with feelings of depression or fear. There was a feeling that in this fragile space they could access often intense emotions and that the last thing they wanted to be reminded of at a time like that was; 'Own your own part in your resentments' or 'Stop sitting in the problem'. These

internalised 'parental' voices appeared to some to be 'protecting the parents' and seem afraid to let the Child be with their feelings.

In this situation some felt that the Child was being told he or she had to *do* something in order to be acceptable; to conform, forgive or move on. The message behind this feeling appeared to be 'What you are feeling is wrong and is no good; therefore, you are no good.' There was a feeling that it was important to sit with and express our feelings and that any coaxing or shaming attempt to get us to move on brought up feelings of conflict and self abandonment. It was offered that all that was required was to assure the Child that their feelings were being heard.

The feeling was that in these circumstances the actions of the Steps needed to be put very gently and with respect. It was a matter of how the feelings were *heard*. If there were any dogma on the part of the listener then that person was listening with prejudice and could not *be there* for the Child. In ACA meetings a 'listening space' that does not criticise or judge was felt to be very close to the ideal but being heard by someone who was afraid of anger or needed to impose any inflexible notion of 'recovery' on us could repeat the family experience of not being heard. Caution was suggested in case we allow the impression that the language or intent of the Steps was to protect the position of the parents and not to allow us to tell our story.

Many felt that what was required was a *witness* to hear us without judgement. A witness could be either a group or safe individual.

Some felt it was a question of trusting where the feelings seemed to lead. The observation was quoted that; 'the only way out is through'.

Some expressed caution that we may allow ourselves to fall into dismay or depression by going into our feelings without a predetermined direction. There might be some danger of becoming addicted to the intensity of dealing with difficult emotions. Others noted a parallel between feeling our pain as part of recovery and being put in pain by our parents. It was felt there may be a danger of fulfilling our parents legacy to us by constantly being in pain while trying to express it and so delaying a healthy life.

There was some discussion of what exactly was 'sitting in the problem.' Many felt that just expressing your feelings was enough since the problem was 'difficulty in expressing how we felt', so if you do express it then you are in the problem. However, this was for some people a paradox since a facility to express your feelings is supposed to be recovery. Expressing your feelings is in fact sitting in the solution not the problem.

This experience was compared to the 'dark night of the soul' spoken of in ACA literature. Many felt this was an important part of the journey of discovery and recovery.
(*cf*, The Importance of Service)

Some members were reminded of the slogans, 'Feelings are not facts' and 'Work with a newcomer' which were often used to disassociate from or avoid difficult emotions such as self-pity or depression. This pattern of behaviour once established could set up was sometimes described as 'avoidance addiction', or simply a denial of feelings.

Many felt annoyed by the injunction that 'feelings were not facts' and that it was a denial of our feelings and of our intuition. It was also felt that to deny one's feelings was just as potentially disastrous as denying any facts.

There was mention of the time lag often reported by ACAs between events happening and the feelings they brought up. This capacity to repress emotion was learned in childhood in order to survive the initial blast of emotional abuse.

Others objected that there was a long history of experience in an ACA's childhood of being told that their feelings were wrong. That the need was to reconnect with our feelings, to re integrate with them.

ACA literature describes this as moving from other-centred behaviour to becoming internally motivated by our own feelings.

If we used a list of our 'resentments' to avoid anger and admit to 'sins' we may be perpetuating the original abuse, of being made to feel responsible for what happened to us and not be allowed to feel angry or sad.

Mention was made of toxic anger and the difficulties involved for people in trying to deal with it.

A point was made that AAs use this Step to learn that what they did was not normal.

Others felt that an inventory must take account of the abusers, of what they did to us. As children growing up in an abusive environment many of us did not know for sure that what was happening to us at home was *not* normal. That we needed to do an inventory so as *we* could know that what *they* did was not normal.

Traditional AA experience stresses that one always has to focus on ones own 'wrongs' as these were the only wrongs we could ever do anything about. If, for example, our part in any given incident we was only 10% at fault then we must only deal with that 10%.

But in the ACA experience there *is* something we can do about the 'wrongs' done to us by others. We grieve for our lost innocence, we get in touch with our rage and anger at what happened. In a safe and supportive atmosphere even more memories may return or 'thaw'. We share our experience with others and hear theirs in return and slowly 'begin our healing process'.

Many expressed the need for a gentle means of detachment from our abusive experiences. For example if we reacted 'badly' because we had been told by our parents that we were ugly. The classic way of dealing with this might be to measure how over-sensitive we were or how our vanity or pride was hurt or perhaps how we may have been harbouring an inaccurate and grandiose self-image. In ACA we detach from the abuse by acknowledging the hurt it caused, by healing the damage to our self-esteem and by handing the insult back to the abuser.

It was also strongly felt that in an inventory of incidents involving our own abuse as children it was inappropriate to assign *any* blame or guilt to the child whatsoever. It was pointed out that ACA was a safe place for the Inner Child and that there was an abiding respect for the innocence of that child. Such an inventory might be saying that we were responsible in some way for our own abuse. Some felt that this would be obscene and that it played into the childhood fears of its all being our fault; 'What did I do to deserve it' ? or 'They must have had a reason' and 'If I was 'good', this wouldn't have happened to me'.

Some felt that this would be to betray the child again. Even the 'father' of psychoanalysis Sigmund Freud may have done just the same. On hearing the stories of child sexual abuse from his patients, Freud described them as 'phantasies' or 'unconscious desires' on the part of the child.

The implication was, it was felt, that such 'desires' or 'phantasies' if in fact they had ever existed, were evidence of the child's complicity in their own abuse. It is felt in some quarters that Freud either could not believe the stories of child sexual abuse were true or was afraid that society could not cope and so had compromised the issue.

(This debate was continued into Step Five)

Much of ACA's literature on the subject centres on the need for safety and positive self reflection. In dysfunctional homes children internalise their critical parents and with them the fear, confusion and self-hatred that their parents or caretakers have projected onto them. By focusing an inventory on fearful morality we risk legitimising our own self-criticism, and seek to get to know our true selves by cataloguing our wrongs. Many felt that this might repeat the original abuse.

Equally by taking the Step in the safer atmosphere of the 'unofficial' ACA version we inevitably gets to an understanding of our morality.

By leaving in the word 'honest' it was felt that the inventory could be more readily made in a safer less judgemental way.

Leaving in the word 'moral' was voted out by a large and consistent majority.

STEP FIVE

'wrongs' replaced by 'what happened to us and how we survived'

This phrase came from several sources: as a paraphrase from some ACA Step Books outside the fellowship and in particular Bob E. (speaker on ACA issues)

Many expressed the need to get away from the emphasis on our 'wrongs' to find a more balanced way of dealing with our experiences and revealing truths about ourselves. Some felt that there was an ambiguity about the use of the word 'wrongs' since it was often read as referring only to those wrongs that we might be guilty of and not those wrongs which had been done to us.

This is not to say that we only ever identify ourselves as victims; on the contrary many wished to find a way of dealing with *both* the wrongs that we had done *and* the wrongs that we had suffered.

Many professionals who deal with survivors of abuse maintain that in order to recover from trauma one must be able to acknowledge the severity of the abuse.

Others felt that without qualification it could be interpreted as being a shameful and misleading signal for Adult Children which tapped directly into our learned responses of self-hatred and self-blame.

Some felt that the original Step was designed to deal with 'offender behaviour' and needed to be amended for use by those who may be capable of offender behaviour but tend to identify themselves more as having survived the behaviour of others. It was also acknowledged that 'offender behaviour' could sometimes be the other side of the coin for those who had earlier been the victims of abuse.

Others felt that 'wrongs,' 'shortcomings' and 'defects of character' were often learned strategies or 'survival skills' developed in an atmosphere of abuse to get our needs met as children. They were often reactions to what had been done to us and how some of us acted out or reenacted those traumas on ourselves or others

Some felt that we had to have the right to be wrong, while others still pointed out that everyone has the right to be assumed innocent until proved guilty, but that this Step can seem to put the proposition the other way around.

There was mention of ACAs support for the innocence of the child and the writings of Alice Miller. It was noted that we had the right not to be perfect and that it was a human need to be able to admit our wrongs.

Some felt it was vital to acknowledge the balance or the relationship between cause and effect, of what happened to us as children and what we did as a result, 'what happened to us and how we survived.'

ACA literature on the subject observes that 'children in a dysfunctional home reverse the normal sequence of cause and effect,' feeling that they themselves are to blame for the things that happened in the family, for example, an abused child thinking that it was their fault and suffering in shame and silence.

ACA literature also observes 'the need for the horrified reaction of others to identify our experiences as abusive.'

Some said that few ACAs would approach this Step while its emphasis remained solely on the word 'wrongs'. Others however wanted the word to remain for a number of reasons. Firstly, one could only do something about the wrongs one did oneself and that even if there were other people involved. Even if ones own part in

the incident was only 10%, one should own up to that 10%. It was acknowledging our part in what happened that was the most important thing.

It was seen as of great importance to admit one's wrongs to oneself. Some say that it is this act which prepares the way for a spiritual awakening: that in any incident it was necessary to own one's own part in it.

Many thought that there was a difficulty here, not least because so much of the abuse suffered by ACAs happens *before* the age of reason or adulthood. The abuse can start from birth when the child is helpless.

What child is responsible for any part of the abuse they suffer or the behaviour of the abuser ? The effects on the child continue into adulthood.

Whether it may have been physical, sexual or emotional abuse, what part of that could be claimed by the Adult Child ? Would we not be saying; 'Yes, we were partly responsible for what happened to us as children'. This would be a betrayal of the child.

A telling of our secrets was not like the telling of secrets from the AA tradition. ACAs do not say we deal with the substance abuse by adults, we say we deal with child abuse by adults. The adults were the abusers and we were the children.

We were reminded of a quotation from the AA Big Book which acknowledged the effects the behaviour of alcoholics had on the 'warped lives of blameless children.'

It was felt that we should not just blindly follow the advice of this Step or to take it in the same way or tradition as AA, that we were a separate fellowship with very different needs and were addressing very different issues, there was a need for more clarity and balance.

Perhaps 'wrongs' might be replaced by 'secrets' or 'grievances'.

There was a feeling that we should follow our own conscience. There was a saying of Nietzsche's that was perhaps appropriate; 'conscience was a higher source of authority than obedience.' There were such things as *crimes of obedience*.

There was concern that for many that the Steps could give the impression that obedience to them, adherence to the letter of each Step or just doing what we are told is good for us or that following advice would be the way to look after ourselves. There was often a side to us that desperately searched for exactly the right thing to do and to then tried do it immediately and thoroughly. Care must be taken in case we pass on advice which was designed for others unchallenged or without providing our own interpretation.

Why not let us get to our wrongs through the meaning of the phrase 'how we survived' thus emphasising the part of the original AA Step most useful to ACAs, and making the Steps meaning more explicit ? This would retain the notion that we may well have done things ourselves 'as a result of our struggles' which we can then deal with 'admitting them to ourselves etc.' in an understanding way, without beating ourselves up first and without prejudging ourselves or our own behaviour in advance.

There was a feeling that we must be able to have our own stories heard first before we began to deal with our 'wrongs' because 'when we were children no one listened; we were told our feelings were wrong.'

Others felt that the word 'wrongs' took into account the wider definition of 'what happened to us and how we survived' when it was taken with the phrase 'the exact nature' of our wrongs, that is, 'the exact nature' of our wrongs will reveal both sides of the story, that one did something as a result of certain experiences.

It was felt by others that this more subtle reading of the Step was not made explicit enough and often lay within the gift of certain enlightened sponsors in other fellowships, almost as if it were hidden knowledge given only to a few. It was noted that there was very little history of sponsorship in ACA and that while some people

had co-sponsors most preferred to meet those needs in other ways. Quite a few ACAs had counsellors or therapists or found it safer to develop friendships or have co-sponsors rather than sponsors.

If the part of the AA Step that did us the most good was the bit about 'what happened to us and how we survived' then why not put that and make the benefit of that inside knowledge explicit ? It was noted that the more benign definition of the word 'wrongs' was obscure and would not be apparent to anyone just reading it for the first time and maybe not at all.

In the experience of some, to keep the focus on 'wrongs' was identified with 'hitting our feelings over the head' before we had a chance to feel them like the Al-Anon slogan-'Never point your finger at anyone because you'll always have three fingers pointing back at yourself.' In this way some felt the Step made it hard to be heard. There was an apparent injunction against being angry and not taking an inventory of the abusers. If we were to focus on our own part in things first, weren't we repeating the original abuse of finding fault with ourselves, and wasn't this yet another encouragement to put ourselves in a double bind ?

In the Laundry List Steps of ACOA (although that fellowship does not actually use them-they use the AA Steps), Step Four talks about taking an inventory of our parents, 'for we had become them'. But even here the impression is given again that we should not complain too loudly about our parents or caretakers since we become them- a projection which aside from being glib and a little scary denies the search for wholeness through separation and on to independence. (*cf* 'Wholeness Through Separation; The Paradox of Independence.')

The effects of these injunctions is to distract the reader from feeling difficult or taboo emotions which were originally forbidden in many families of origin such as anger, sadness, depression or hurt and blame. The message behind these injunctions for some was that these feelings were less important than admitting our wrongs first.

It was mentioned also that ACA was a programme of recovery from a thinking disorder most of which was consisted of *thinking we were wrong*, that we could not trust our feelings and that of all people we needed very little encouragement to consider what wrongs we might have done. Our wrongs were often the subject of considerable obsession for some people.

It was reaffirmed that ACA was also a programme of discovery and not just recovery and that our wrongs could be dealt with as part of the process of discovery rather than as part of what one 'must' or 'should' do to recover.

There was a discussion about co-dependency and it was noted that as many ACAs also have experience of 'looking outside themselves to see who to be or what to do' and that children from dysfunctional homes are rarely taught to look within themselves to know their own feelings or at least have the greatest difficulty in identifying what those feeling are or in trusting or acting on them. If we are asked to make a 'fearless moral inventory' and admit to the 'exact nature of our wrongs' then the first time we are encouraged by the Steps to look within we are being asked to concentrate on 'wrongs'.

There was a feeling that this may be another case of 'Don't talk, don't trust, and don't feel' and that the emphasis on 'wrongs' was tending to put us on the defensive.

Others felt that if we dealt with our 'wrongs' out of context, or too soon and without dealing with our stories first, then it would be like forgiving too soon. It would be 'like going to the end of the process without going through the various stages of it first.' In the experience of some, this would make peace of mind very unlikely, not to mention a spiritual awakening.

It was noted that often a spiritual awakening happened as a result of allowing ourselves to feel the pain, hopelessness, depression or despair. For some it had been at that point when a spiritual reconnection had occurred. The experience was described as admitting how bad one felt, or rather *whatever* one felt in spite of

the difficulty, so acknowledging our reality and making a powerful connection between our true feelings which we had learnt to keep hidden and our public persona.

For some, the repeated practice of finding these feelings and expressing them had the effect of replacing the 'false self' bit by bit until they began to amount to an authentic sense of who we were.

It was noted that even lighter feelings were often kept just as secret. Since there had often been a random pattern to abuse, children could not be sure which feelings would attract punishment and may have decided to keep all feelings safely hidden.

Mention was made of an AA slogan 'We are only as sick as our secrets.' Perhaps 'what happened to us and how we survived' covers both our secrets and our wrongs.

It was felt that this approach allowed people to deal with the issues raised by this Step without predetermining the feelings that it would bring up. In making this change the hope was to go some way in reflecting the differences between what might be useful for people with serious substance dependency issues and ACAs who had often been the victims of the abuses of alcoholic, addicted or dysfunctional behaviour.

It was also pointed out that in AA members describe themselves as people in whom 'self will had run riot' and who needed to break the ego down. ACAs however are identified by themselves as people who 'need to build an authentic sense of self based on being valued and loved'. We had been the very people the alcoholic or addict had run riot over and needed to build our egos up in loving gentle way.

In the end there was a very good deal of support for the change to 'what happened to us and how we survived.' The feeling was that by expressing the principle in as open a way as possible the reader would be allowed to deal with past behaviour and experience gently.

Some felt that if we had held a resentment about our parents telling us we were stupid, for example, the classic way to deal with this might be to see how it had hurt our 'pride' or 'vanity'. Perhaps we can say that our parents were wrong to have said any such thing but our fault in it might be said to be ego-based in the AA model. Perhaps we needed to realise and accept our limitations, besides which 'no one was telling us we were stupid now.'

There was an opinion that the original Steps were written for a culture that preferred to solve problems by 'banging the nail all the way in.' In ACA, it was said, we preferred to extract the nail.

In the experience of some ACAs in dealing with a similar incident to the one above it was pointed out that telling a child they were stupid was an abusive thing to say. The shame belongs back with the parental accuser not with the child, not to mention the fact that violent, alcoholic teachers make for very nervous pupils. We can express our anger at the injustice and grieve for effects on our self esteem and for all the opportunities that loss has cost us since. We can acknowledge the wound it caused us and give all the necessary love and understanding to that part of us that had little choice but to believe them.

The legacy left by such abuse in this case is perhaps what we do about the part of us that still believes them, since it may be one way in which we might remain attached to them. It was noted that people do different things: some re-parent the child in meditation or interactive exercises such as writing or letter-writing; some share; others take various therapies or hand back the shame to the parent in a letter. There seemed to be many loving, creative ways of dealing with these issues.

Although the change had wide support, the subject caused the most in-depth discussion. The subject of 'wrongs' appeared to go the heart of many people's objections to the control of the AA model Steps. We should remain open to anyone who can express it better, but this represented the most positive compromise we could make while remaining loyal to the experience of ACAs and the principle of the original Step.

It was also noted that a Step Four and Five list for ACAs when done in the tradition of AA was often remarkably short but when a record of abuses suffered was added it was much longer.

At least there is now a choice of emphasis for ACA members. We can use the official ACA version (AA model) or if we prefer, the unofficial version, or perhaps a mixture of each. The 'unofficial' version received much support and will always be printed alongside the official version so any reader will always be able to make an informed choice.

Here it was felt, it would be a good thing to err on the side of the child.

STEP SIX

'With the aid of a higher power' replaces 'Asked God;' 'help us to let go' replaces 'to remove' and 'ineffective behaviour' replaces 'defects of character.'

These changes were made in order address the relationship between us as ACAs and any God or higher power. Some felt the need to reassure ourselves that any such relationship could be safe and unlike the experiences we might have had with God in the past. There was an opportunity to make the Step more gentle and inclusive reassuring us that we were co-operating in a new relationship with God or a higher power.

There was a perception of the original Step that God was set apart from us and had an authority to heal which excluded our co-operation. The issue of trust in a higher power brought up many strong feelings for people. It was often a tender one because of the associations with 'bad parental authority' that had been the experience of people at other times.

Although some ACAs might have already developed a satisfactory relationship with a higher power through Steps One to Five, it was felt that it was important to deal with each Step separately, since they are heard more often than they are worked and not assume that each Step is self explanatory.

ACA Literature describes the trust between ourselves and good authority as being 'damaged but not broken' Here, in line with many versions of the Twelve Steps written for Adult Children, many felt the need to be reassured by seeing and hearing ourselves specifically included in the relationship with a higher power and the action of our own healing and to know that it was okay to take responsibility for our own ineffective behaviour.

Some felt that there was, in some ways, an invitation to magical thinking involved with this Step, where a higher power was used as a method of avoidance of responsibility, that we need not change, or allow ourselves to be ourselves (i.e. let go our 'learned' or 'self defeating' behaviour), if all we had to do was wish to have it removed. To others it appeared to endorse a form of quietism, where one passively leaves everything up to God or a higher power.

Others saw the Step as an active willingness to receive God's or a higher power's help into our lives. It was a matter of finding the power of our God or higher power within us to do those things for us that we could not do for ourselves. What is wrong with me and the effects of my background is offered over to this power for good and as the good in me grows and increases, so does my self-esteem.

It was noted that the relationship might be more like a dialogue between lovers and not an exchange between strangers.

There were strong feelings concerning the removal of our 'defects of character;' it seemed as if these aspects of our personalities were shameful and ought to be removed and not parts of ourselves to be understood and 'brought home'.

There was for some, a confusion between our 'shortcomings' or 'defects of character' and who we were as people. Were we what we did or who we were? Were we 'human beings' or 'human doings' and what was it we were removing?

The observation by Carl Jung* that whatever is split off from our personality becomes more primitive was noted. We carry our past or dark side with us in a kind of shadow and to become conscious of it requires considerable moral effort. 'This act is the essential condition for any kind of self knowledge and it therefore, as a rule, meets with considerable resistance. These resistances are usually bound up with projections, which are not recognised as such.' Ideally we do not deny the shadow and 'eventually if a person wants to be cured it is necessary to find a way in which his or her conscious personality and his or her shadow can live together.'

In making these changes it was hoped to go some way to avoiding some of our projections onto the nature of God or higher power and to acknowledge our dark side without labelling it or appearing to wish it to be removed.

For some there was a repetition of the experience of *self-abandonment* learned in our families of origin where in order to survive we learnt to identify parts of ourselves that were unacceptable and to split them off, repress or bury them.

Others felt that for some there might be a danger of misleading ourselves into a kind of spiritual co-dependence where we abandon the unacceptable parts of ourselves in order to please God or a higher power.

Some felt that God was in us and all things and that it was a very restrictive view to imply that we were in one place and our God or higher power was in another.

A number noted the distinction made by John Bradshaw between healthy shame and unhealthy shame. Healthy shame is when we do something wrong but unhealthy shame is when we think there is something wrong with us.

Many felt that our behaviours were learned strategies which were often very clever on the child's part to get our needs met, and that we shouldn't shame the child for choosing those behaviours. However, that was not to say that some of those behaviours should not be reassessed now.

It was said that there were bad behaviours but that did not mean we were bad. Such behaviour may have been the only way to survive in appalling circumstances but now our circumstances were different. Some felt that this was a large part of the job of re-parenting ourselves and that this job was made a great deal easier with the aid of some kind of spiritual resources or higher power.

Many held that a relationship with a loving higher power could provide the unconditional love for our selves that was missing from our childhood relationship with our parents. It was expressed that what was required was the type of unconditional love where it was okay to have done whatever we did because we were loved for being who we were, no matter what we had done. It was when this simple loving relationship was established that we could then have the confidence to begin to deal with our 'ineffective behaviour.'

Having God 'remove' our defects of character was, in the view as some, a mechanism by which we showed our willingness to be thorough. It offers up to God or the good in us those things we find most difficult to deal with and so is an exercise in moving those things into a realm which we associate with our well-being to a loving higher power, so making them safer to deal with.

The ACA introduction to meetings offers the following: 'our biological parents were the instruments of our existence; our real parent is a higher power whom some of us choose to call God'.

* cf Psychology and Religion CW 11 para, 130-4, and The Shadow *Aion*, CW 9 11, pars 13 to 19.

Some felt it was a good opportunity to thank our inner caretaker for protecting us so well for so long to assure ourselves we no longer needed some old behaviours and could choose to let them go if we wished.

By putting the Step in this way it was hoped that we might acknowledge for ourselves that we know we are not innately wrong or defective but that we may have developed some behaviours which in partnership with a higher power, we can choose to let go.

STEP SEVEN

Changes brought forward from Step Six for all of the above reasons; **'shortcomings'** replaced by **'ineffective patterns of behaviour.'**

Addition of **'...and allowed ourselves to grieve as part of our healing process'**

This was the most popular change in the 'unofficial' Steps. Although many groups and individuals needed to see changes to the Discussion Resource proposals for Steps Six and Seven a great deal of support was received for the inclusion of the grieving process.

Some felt the grieving process was the single most definitive feature of ACA recovery; being allowed to go through all the difficult feelings and emotions without criticism in an atmosphere of respect; that this was the chief difference between ACA and other fellowships.

Others felt that to see it reflected in the Steps made it seem as if it were 'allowed' or that it was okay, that it gave validation to the very difficult process that many ACAs go through experiencing their grief, and that it gave courage to others who might wish to begin to do so.

STEPS EIGHT AND NINE

'especially ourselves' added to both Steps Eight and Nine.

It was pointed out that the Eighth Step list of amends for ACAs could well be much shorter than was often the case in other 12 Step fellowships.

Many felt that ACAs needed to see their child's needs looked after first and foremost in this Step for a variety of reasons.

ACAs often had a common history of looking after other people's needs before their own to the point of pain, self-abandonment and self-neglect. To seek to make amends for how we may have punished ourselves for the years of self hate was vital to our sense of well being and showed a commitment to self-parenting which was appropriate.

There was also the feeling that no one else was ever likely to have any amends made to them at all until amends had been made to the child. **'especially'** should be added to assure ourselves that we are not going to be abandoned out of some obedience to a 'recommended' behaviour and to show that when that relationship is developed with ourselves over time, whatever amends might need to be made could then be dealt with. It was considered that this was preferable to simply having **'including ourselves'**.

It was pointed out that an amends can be a commitment to not repeating the behaviour.

The remainder of the Ninth Step **'except when to do so would injure them, ourselves or others'** was kept in tact but with the addition of **'ourselves'** It was pointed out that the original offered more protection in making any amends for ACAs, especially in the case of people who are the survivors of incest or other sexual abuse.

Caution was expressed that there was sometimes a pressure to forgive too soon. The Al-Anon slogan 'They did the best they could with what they knew' was called to mind. People were asked to forgive or to understand their caretakers which could by-pass many of the most difficult emotions.

It was felt that, on the contrary, 'they did *not* do the best they could with what they knew: Some ACAs had been abused unmercifully by parents who were therapists and so were experts in the field. Others had mothers who were 12 Steppers and had used every piece of recovery jargon or pseudo-therapeutic nuance to disarm and abuse their children further. What they knew made little or no difference to how they had behaved and in some cases had provided them with more effective methods of abuse which they could not resist using against their children.

ACA literature puts it in this way:-'Forgiveness does not imply support for the violence of alcoholism or dysfunction or for our continuation in the role of a victim. It means to give validity to what has gone before.'

Mention was made of Alice Miller's observation that a refusal to forgive breaks the illusion that we could ever receive proper parenting from our biological parents or caretakers.

ACA literature also points out that forgiveness is for ourselves for all the years of self-abandonment, self-neglect, self-rejection and self-hate; 'Forgiving our self-hatred is how we acknowledge the reality of our past experience.'

Others suggested that to trust the process and feel all the feelings was enough and that as we make a commitment to our Child we allow our healing to take place unconsciously and naturally. If we looked after the child in us and allowed ourselves to give voice to all our feelings, forgiveness would look after itself.

STEP TEN

'**honest**' added

The most consistent request from both individuals and groups together with a significant majority of the poll returns was the suggestion to keep in '**...and when we were wrong promptly admitted it**'. It was felt to be a crucial part of this Step for several reasons. It allows us the right to be wrong and offers us a way of keeping ourselves 'in the now' by avoiding worry, obsession, image management or resentment, it also allows us to foster our commitment to being honest with ourselves, to let ourselves be wrong, to admit those wrongs was part of healthy shame and not unhealthy shame.

On the other hand it was felt that the Steps focus on our wrongs might play into ACAs' fears and make a daily ritual of the self-accusation, self-hate and self-blame that were a feature of our family experience. To keep a journal of our wrongs as a way of getting to know ourselves was to repeat the original abuse and to perpetuate the 'poisonous pedagogy' of our family.

After several discussions, it was felt that the wisest thing to do would be simply to add the word '**honest**,' as in '**Continued to take honest personal inventory**' in the hope that this would clearly signal that the inventory was about self-honesty, at least as much, if not even more than it was about monitoring our wrongs exclusively.

Other versions considered:-'Continued to take personal inventory and when we were wrong, or equally when we were successful, promptly admitted it'.

STEP ELEVEN

'**higher power**' replaces '**God**' and the gender is left neutral throughout. The Step was returned to its original form from the extensive change proposed in the Discussion Resource version. It was pointed out that the spiritual principles contained here were very important and had been trampled on by the change proposed.

It was noted that the power to carry out one's own 'good' or 'higher power's' will for us' is returned in this Step transformed from the power we gave up in Step One. (The power we tried to maintain over things, places and people or the effects of alcoholism addiction and dysfunction.)

STEP TWELVE

'continued to honour the child within' added here to reflect ACAs special focus. '*a result of these Steps*' replaces '*the result of these Steps*' This was more from the NA version of the 12 Steps and is included here to leave open the possibility of a spiritual awakening by other means as well as the Twelve Steps. It was to acknowledge all the other ways Adult Children explore their spirituality and to dispel any rigidity about following the 'letter of the law' that can sometimes attach itself to The Steps.

'continued to honour the child within' was, along with the addition about grieving, the most popular change and has been kept consistently through all the versions since it was originally put in at the Tuesday Tottenham Court Road ACA meeting.

The Steps, if they were to be used at all, had to be a safe place for our Inner Child. It also mirrors many people's experience of a spiritual reconnection in ACA. The image of the child within and the emergence of our true selves have a profound link reflected in our literature and many of our stories.

Many felt it was important to have it there as it really does make these Steps our own. It makes a lasting commitment to a relationship with our Child.

GENERAL FINDINGS

There was a widely held view that the principles themselves were very valuable and great caution and care ought to be taken when putting them into gentler language. Few wanted to lose or spoil the Steps by changing them too much.

It was noted that the Steps were a pathway to a spiritual awakening.

The Steps were a way of encouraging a search for one's *self* through a spiritual journey.

Many ACAs were also pursuing some form of therapy or counselling.

Others still maintained that ACA was not a Step-oriented fellowship.

Many resisted the Steps or any 'recipes' as a kind of advice-giving. It was felt that they made promises and cultivated the illusion that by 'working' the Steps one could earn or succeed one's way out of feeling difficult feelings or owning one's own stuff.

Some said the Steps were a case of the solution becoming the problem: that the effect of doing them could be to repress feelings and abandon one's *self* in order to do the right thing-or be obedient to a strict regime.

That ACA was a programme of discovery as much as recovery.

It was observed that in some cases the Steps appeared to replace genuine recovery and that some people worshipped them like a kind of methodolatry- where you worship *the method* by which you get well.

ACAs who were not from other fellowships were not often aware that the Steps were originally only *suggested* as a programme of recovery, that they had been written in the past tense to avoid sounding like a series of

orders or things you 'had' to do. That they were written as a record of what some of the original AA members had done which were recollected after the events and found to have many echoes in other spiritual movements.

They had been based on principles adopted by the Oxford groups and were also to be found (the first Five Steps) in the daily disciplines of Ignatius, among others.

Also, it was not clear that the original AA people had added that 'none of us have maintained anything like perfect adherence to these Steps. We are not saints. We seek spiritual progress not spiritual perfection.

However many ACAs felt suspicious that these Steps were in fact a prescription for others and seemed to exclude people who did not 'work' them.

Great care should be taken least any advice be allowed to look like the only advice, since advice-giving can actually delay a person's recovery. They could be busy being themselves instead of running around doing something they had been advised to do.

Some felt that having any Steps at the heart of ACA carried the implication that we were not good enough as we were-or rather for being who we were. Some felt that they required us to change in some way or be engaged in a process of personal improvement, being who we are was just not good enough that we 'should' be 'doing' these Steps to be acceptable: this meant we were not going to be accepted for who we were until we had changed.

There was another system of describing what happens in the ACA programme and that was the Kubler Ross Scale of grieving which moves through the five stages that all human beings go through when dealing with grief. These are Denial, Bargaining, Depression, Anger, and finally Acceptance. Perhaps information about these might be made available by ACA in the future.

Others pointed out that even with the Kubler Ross Scale ACAs might well balk at the word 'acceptance' since it could appear to pre-determine the outcome of our journey. It was felt that ACA should just reunite us with our Inner Child and then together, with the aid of a higher power, as a whole person, we'll decide what happens next.

The Steps could perhaps be used to help bring us through those stages, by offering a 'mechanism' by which we can begin to move through our various issues. They do in some ways encourage us to find a spiritual connection or reconnection to give us strength for the journey. They had their effect most often by being heard read out at meetings as much as any great study..

Some felt that the Steps were the menu only and not the meal.

Many felt that there must always be respect in ACA for how a person chooses to deal with their journey of recovery/discovery, and for how they choose to go about it. The process was similar to all religions down the ages in that the object was to call encourage an awareness of our soul, Inner Child or authentic self. All human beings have a soul but few spend the time calling theirs into their lives, i.e. having a spiritual awakening. For some whose identity had been under attack from their entry in to the world, this experience held real comfort and provided a safe way to be ourselves.

That there are many ways of doing it and many different paths to the same thing and that it has been called various names by all religions and therapies or theories of analysis and that the experience is very special for each person and individual to them and that the methods and techniques and pathways were never the same for any two people.

In conclusion, I would like to thank everyone who took part in this project: to everyone who wrote to us or called and especially to those who held group consciences and let us know of their wishes, as well as their suggestions and objections. We have sent a copy of the National Conscience Steps to all groups and to ACA

World Service as the Literature Committee's contribution to the ACA Handbook and as a record of opinion in the ongoing debate about the ACA process of recovery.

There is a proposal to take another look at these Steps in about five years or so and to make any further adjustments as necessary.

A special word of thanks to all the members of the Committee who gave of their time so generously, being called back time and again and yet never seeming to tire, over one and a half years.

The Traditions

The following is an expression of the opinion of the Literature Chair and is not the opinion of ACA UK or ACA WSO.

Concern has been raised that any changes to the Steps contravene Tradition One: 'All ACA groups are autonomous except in matters affecting ACA as a whole.'

Firstly, the official ACA Steps have not changed. Many ACA groups around the country had been using various versions of the 12 Steps. These versions had been taken from outside publications or written by the groups themselves. In some ways this practice might have been said to be outside ACA Traditions but groups were clearly signalling a need to ACA as a whole and the situation is being dealt with by ACA as a whole under precedent set by ACA intergroups throughout the regions who all make an alternative reading of the 12 Steps available. None have changed or abandoned the official ACA Steps. The development of the complementary set of Steps by ACA UK National Conscience is in line with those initiatives.

There must also a provision for debate, self-expression and exchange of views especially at a time when ACA is gathering contributions for the ACA Handbook.

The fact that ACA UK now has an unofficial complementary set of Steps which has been tested and supported by National Conscience is a healthy democratic development which reflects a real need at group level, and has gone some way to improving the position with regard to the various versions of the Steps which were being used around the country (Region 20)

ACA has an open literature policy and readings of the Twelve Steps may well fall into the category of literature where the official Steps have not been changed.

The forthcoming ACA Handbook will make it clear that the fellowship as a whole is not and, what is more, has no plans to alter the official Steps. However, it will carry the experience strength and hope of its members including all the different ways we work the Steps .

ACA is a young fellowship and just as other fellowships grew and discovered what their needs were and how best to serve those needs, as ACA itself is now doing. To date ACA is setting precedent as it progresses. The issue of making 'unofficial' readings of the Steps available is not a breach of Traditions as such since the Steps have not changed but is a nuance particular to ACA, and has become a feature of ACAs commitment to freedom of expression in its open literature policy and its willingness to hear the feelings and needs of its members and groups.

There has always been a respect in ACA for the expressed opinion of groups and an unwillingness to be authoritarian or parental and it is in this spirit that such a project as the National Conscience Steps was undertaken.

The End

The Twelve Steps for ACA

1. We admitted we were powerless over the effects of alcoholism and dysfunction - that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to wholeness.
3. Made a decision to turn our will and our lives over to the care of a loving higher power *of our own understanding*.
4. Made a searching and honest inventory of ourselves.
5. Admitted to our higher power, to ourselves and to another human being the exact nature of what happened to us and how we survived.
6. With the aid of our higher power we became ready to let go of all our ineffective behaviour.
7. Humbly asked our higher power to help us release our ineffective patterns of behaviour and allowed ourselves to grieve as part of our healing process.
8. Made a list of all persons we had harmed, especially ourselves, 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, ourselves or others.
10. Continued to take honest personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with the higher power *of our own understanding*, praying only for knowledge of its will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, we continued to honour the child within; we tried to carry this message to others and to practise these principles in all our affairs.

While some Adult Children define a 'higher power', or 'Higher Power', as a loving God *of their own understanding*, the term is open to individual interpretation and can mean any spiritual resource.

The Original Twelve Steps of Alcoholics Anonymous

1. 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 our defects of character. 7. Humbly asked Him to remove all 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 practise these principles in all our affairs.