Addiction Research

Cultural Competence and Minority Group Experiences in the Addiction Recovery Process

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ABSTRACT

Research on the relationship between a client's race or ethnicity and counselors in treatment settings reveals the complex dynamics influencing how the therapeutic alliance affects treatment outcomes. Cultural competence requires counseling professionals and their organizations to conduct self-assessments to better understand the differences among themselves, their clients, and their communities. Moreover, cultural competence extends beyond language proficiency; it encompasses effective communication that highlights the meanings and nuances in interpretation. During recovery, it is essential to recognize the "shadow" aspects of our personality and confront feelings of inferiority, unacceptable impulses, and shameful actions that are difficult to accept. Acknowledging jealousy, insecurity, and resentment associated with life's inequalities is vital, as these feelings are core components of our consciousness. Individuals should commit to making positive lifestyle changes. Throughout recovery, one must actively strive to change behaviors such as selfishness and narcissism, along with the inclination to blame others for their shortcomings and circumstances.

Keywords

Cultural sensitivity, Cultural awareness, Multicultural counseling, Cross-cultural treatment.

Much of the literature on treating clients from racial and ethnic minority backgrounds emphasizes the significance of culturally responsive approaches. Recommendations stress adapting treatment modalities and mainstream programs to incorporate elements specific to race and ethnicity while developing new culturally responsive treatment types [1]. Some experts advocate for greater involvement of ethnic paraprofessionals [2]. Similar findings have emerged regarding Hispanic Americans [3], African Americans [4], and Native Americans [5]. Research examining the relationship between "racial or ethnic matching" of clients and counselors within a treatment framework reveals complex dynamics concerning how the therapeutic alliance can influence treatment outcomes [6]. While some individuals prefer counselors who share their racial, ethnic, or cultural backgrounds, this preference alone does not ensure client engagement and retention [7]. Comparable sociodemographic factors and levels of acculturation also affect the therapeutic relationship. Flaskerud [8] underscores that, in addition to matching a client's and a counselor's racial and ethnic backgrounds and language, it is crucial to consider accessibility related to location and hours, as well as to provide comprehensive adjunct services such as medical, legal, educational, economic, or vocational support.

Cultural Competence

According to the information above, cultural competence requires treatment counselors and their systems to conduct self-assessments to identify differences from their communities or clients recognizing existing cultural biases and their effects on attitudes and behaviors (https:onlinesocialwork.vcu.edu/blog/cultural-competence-in-social-work/) [9]. A counselor's comfort in relating to diverse individuals is expressed through nonverbal and unconscious means. Factors influencing comfort often include ethnic and racial characteristics, socioeconomic background, religious affiliation, and physical or mental disabilities [10]. However, cultural competence necessitates effective communication beyond simple language proficiency, emphasizing meanings and nuances

[11]. Within a culturally competent framework, understanding cultural beliefs, expectations, and morals is essential for effective communication [12,13].

Training that examines personal beliefs and past interactions with the targeted client population is essential for cultural competence. Reflecting on personal biases and perspectives allows staff to assess their strengths and weaknesses while identifying training priorities. According to Leong and Kim [14], three key areas of competence are crucial in this self-assessment and training process: (1) beliefs/attitudes, (2) knowledge, and (3) skills.

General Minority Group Experiences

Members of certain minority groups experience limited access to healthcare and often face a higher risk of substance abuse and related issues due to several factors, such as migration experiences, poverty, unemployment, and cultural differences between minority group members and the wider society. Within the socioeconomic context of the United States, some individuals from minority groups have pursued economic and personal self-empowerment through the drug economy. Unfortunately, the illusion of material wealth often results in addiction, imprisonment, or death, which further diminishes a community's most valuable resource: its human potential.
(https://pmc.ncbi.nlm.nih.gov/articles/PMC10527840/)

Research has indicated for some time that significant differences exist in substance abuse patterns among ethnic groups [15]. Rates of alcohol and drug use are higher in American Indian and Alaska Native communities; however, these rates vary by age and gender both across and within tribes. American Indian youth show alarmingly high rates of drug use compared to their non-American Indian peers. They also tend to begin using alcohol, illicit drugs, cigarettes, and inhalants at a younger age, in larger quantities, and often in combination. Half of American Indian youth have tried marijuana. Substance abuse among American Indian populations has serious social and health consequences. School dropout rates are intricately linked to substance abuse issues, and they face higher rates of death from suicide, homicide, and alcohol-related injuries than any other racial or ethnic group. Cirrhosis of the liver and alcoholism account for over a third of all deaths among American Indians [16].

Hispanic/Latino Experience

Please note that "Hispanic" refers to individuals who speak Spanish or are descendants of those from Spanish-speaking countries. "Latino" pertains to geography, specifically to people from Latin America, which includes Central America, South America, and the Caribbean.

The prevalence rates of substance abuse among Latinos are similar to those of the general U.S. population; however, various indicators of assimilation into U.S. culture often result in Latinos experiencing poorer outcomes in substance abuse treatment programs. Furthermore, there is limited empirical evidence to clarify the challenges these individuals encounter in treatment,

and few studies have examined the use and effectiveness of mutual help groups within this population.

Patterns of drug use vary significantly among Hispanic-American subpopulations [17]. For instance, Puerto Ricans are two to three times more likely to have used cocaine compared to Mexican Americans and Cuban Americans [18]. Furthermore, Latino youths tend to begin drinking at a later age, with boys consuming more than girls [19]. These findings highlight the need for examining drug use within minority subpopulations. Caetano [20] suggests that higher rates of substance abuse may stem from acculturation (i.e., the process through which immigrants adapt their behaviors, attitudes, and values to those of the host society's culture), which can be a stressful experience for immigrant groups.

Hispanics are diverse not just in their socioeconomic and demographic profiles but also in their migration experiences. Some have arrived in the United States as political refugees; others have taken advantage of immigration policies that facilitate family reunification, while still others have entered the country through a range of legal and illegal means.

Mexican Americans have resided in the United States since before 1848 when those living in the annexed territories were offered citizenship as part of the peace treaty with Mexico. Later, the construction of U.S. railroads in the 1880s attracted Mexicans to the country. In the 1940s, the demand for farm labor further spurred Mexican migration to the U.S. Economic factors and geographic closeness fueled this movement.

Puerto Rican migration to the United States is unique. 1898, Spain transferred Puerto Rico to the United States following the Spanish-American War. In 1917, the U.S. granted citizenship to Puerto Ricans, who had been drafted and fought for the American flag even before obtaining citizenship. Puerto Ricans sought better economic opportunities in the U.S. before gaining citizenship. However, U.S. citizenship made their entry more manageable, and the 1940s and 1950s saw one of the most significant migratory movements in history. Thousands of Puerto Ricans moved to the United States, drawn by job opportunities in the manufacturing sector. Eventually, the decline of U.S. manufacturing led many Puerto Ricans to return to their homeland. Over one-third of Puerto Ricans reside in the United States [21].

The migration of Cubans to the United States has occurred more recently than that of Mexicans and Puerto Ricans. A significant influx of Cubans arrived during the final days of Fulgencio Batista's dictatorship and in the revolution's early years, led by Fidel Castro. With the onset of the Cuban Revolution, many middle-class Cubans sought political asylum in the United States. In the 1980s, the U.S. welcomed over 100,000 Cubans looking to leave the island. More recently, a smaller but still substantial number of Cubans has once again come to the United States in search of political asylum. Each of these waves of migration reveals distinct socioeconomic and political profiles. The first wave included primarily well-educated upper-class and professional middle-class Cubans who contributed

monetary and human capital. The subsequent two waves consisted of skilled workers. The migration experiences of Hispanics from other countries are remarkably diverse, encompassing individuals fleeing war-torn nations, professionals, students, and skilled and semi-skilled workers seeking a better life or family reunification. (www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/).

African American Experience

Substance abuse has significantly impacted the lives of African Americans. While many African Americans choose to abstain from drug use, a substantial number still engage in drug use and abuse (https://americanaddictioncenters.org/rehab-guide/addiction-statistics-demographics) [22]. Many substance abuse issues within the African American community are linked to socioeconomic challenges, stress, and discrimination [23,24].

Asian American and Pacific Islander Experience

The Asian American and Pacific Islander population presents both intellectual and practical challenges for substance abuse treatment providers. First, it is the fastest-growing demographic group in the United States. Second, this population is characterized by significant ethnic, cultural, and sociodemographic diversity. Third, until recently, the substance abuse issues affecting this group have not received adequate attention. Asian Americans and Pacific Islanders have often been underrepresented in various surveys, as they frequently do not reside in the surveyed areas. While it is acknowledged that Asian Americans and Pacific Islanders experience fewer substance abuse-related problems than other groups, these issues are on the rise, particularly among specific subgroups (https://www.apa.org/pi/oema/resources/ethnicity-health/asian-american/substance-use).

Lesbian, Gay, Bisexual, Transgender (LGBT) Experiences

Individuals identifying as LGB or T represent distinct populations across various racial and ethnic groups. In contemporary usage, the term LGBT emphasizes the diversity of cultures related to sexuality and gender identity and is often applied to anyone who is non-heterosexual, not just those who are homosexual, bisexual, or transgender. To acknowledge this inclusivity, a popular variant includes the letters "QI" for Queer Identified or those questioning their sexual identity, represented simply as "Q" (e.g., "LGBTQI" or "LGBTQ"). However, research has focused primarily on either sexual orientation or ethnicity; consequently, few studies have explored the interaction between the two. There exists a gap in research regarding the relationship between sexual orientation and the effectiveness of specific modalities that promote recovery and resilience, the interplay of sexual orientation and ethnicity in recovery management, and how specific ethnic communities perceive and support their gay and lesbian members facing behavioral health challenges. As a result, care systems for ethnic gay and bisexual individuals dealing with substance use or other behavioral health issues may be significantly inadequate across many human service systems. Programs addressing these challenges must make concerted efforts to gather comprehensive

information about the attitudes specific racial or ethnic groups hold toward individuals identifying as gay and lesbian. (https://bestlifeonline.com/what-lgbtqia-means/)

Practitioners who write about behavioral health treatment issues affecting individuals who identify as gay, lesbian, or bisexual primarily base their knowledge on clinical observations. Their findings underline the need for specialized services for gay individuals confronting substance abuse or other behavioral health challenges, focusing on the clinical issues that treatment professionals must grasp when working with this population (https://www.mhanational.org/issues/lgbtq-communities-and-mental-health). Key factors contributing to the development of behavioral health issues for gay and lesbian individuals include difficulties with self-esteem, interpersonal relationships, isolation, alienation, and low self-efficacy [25]. These factors align with the general population's underlying causes of behavioral health issues. However, being gay or bisexual, female, or part of an ethnic minority group can heighten the challenges faced by this significantly underserved population.

The Addiction Recovery Process

The addiction recovery process must consider all the cultural concerns discussed earlier when implementing the recovery framework for a specific group of individuals.

The first three steps are often called the "Surrender" or "God Steps." These steps concentrate on recognizing powerlessness and entrusting one's will to a higher power. Surrender in recovery is essential for an individual's faith in the spiritual journey of the 12 Steps. Transitioning to the confessional Steps Four and Five is impossible without the trust that develops through surrender [26].

A spiritual value associated with trust is surrender. Paradoxically, many individuals in recovery, regardless of their cultural backgrounds, spend a significant amount of time trying to gain personal control over various challenges in their lives. However, surrender involves letting go of control over situations that cannot be changed. It is essential to recognize that there are two main types of control. The first involves altering the world and external circumstances to meet our needs [27]. The second is a willingness to change oneself and accept life's direction [28]. Both strategies can be utilized during extreme stress, but the second approach seems more aligned with effective recovery management.

Pargament, Smith, Koenig, and Perez [29] investigated the relationship between an individual's belief in God and their methods of managing stress, identifying five distinct coping strategies: (1) deferring, (2) pleading, (3) self-direction, (4) collaboration, and (5) spiritual surrender. The deferring strategy involves not actively confronting the stressor but trusting it to a Higher Power. This approach requires bargaining with the Higher Power to intervene, improve the situation, or perform a miracle. Those who adopt the self-directing method assume responsibility for deciding how to respond to stress without relying on God's assistance. Individuals who collaborate manage stressful situations by cooperating with

God, while those who seek spiritual surrender guide their actions, leaving the outcome to God. Research indicates that collaborative strategies are more effective than deferring, pleading, and self-direction, particularly when personal control is limited [30].

Before considering the idea of surrender, the individual in recovery must commit to their spiritual perspective and determine for themselves ideally with the assistance of a sponsor whether surrender would be a beneficial intervention. Cole and Pargament [28] caution against framing the concept of surrender as a means to regain control in a stressful situation. They highlight the paradox that a newfound sense of control (accepting life's circumstances as they come) may result from surrender, but it is neither a goal nor an anticipated outcome. Additionally, Cole and Pargament suggest that, at its best, surrender represents an appropriate response to human limitations. However, they advise practitioners that what seems to be surrender might reflect a form of learned helplessness.

The Self-Help Movement and the Twelve Steps
The concept of recovery acknowledging that one's life has become unmanageable and uncontrollable is a crucial part of the therapeutic process of positive growth. One critical decision in early recovery involves facing denial and ceasing the justification of current behavior. Repeated failures at abstinence, episodes of rage and anger, major family disruptions, job loss, feelings of helplessness, and substance use represent substantial challenges faced during this period. Many individuals turn to alcohol or drugs to alleviate anger, insomnia, fatigue, or social discomfort, often referring to this as the "insanity of addiction."

What is truly insane is the belief that these events are seen as "normal" or that one can expect different results from doing the same thing repeatedly. During the initial stages of recovery, typically the first 60 to 90 days of abstinence, one must examine their denial, projection, rationalizations, hopelessness, and acting out behaviors. Sobriety, or a drug-free state, is not an end in itself but the start of a long journey to find meaning in one's life. Most individuals in recovery face significant, long-standing emotional issues that must be addressed during this process [31].

Individuals who are sober or drug-free, while often seen as "sane" in the context of recovery, can still experience a life filled with anger, despair, and anxiety. Being abstinent or drug-free does not automatically equate to emotional wellness. A person may exhibit minor changes beyond their sobriety but still be on the recovery journey. What truly matters is whether one's recovery fosters resilience and transformation [32].

The belief that we are "powerless over our lives" is a troubling and uncomfortable concept to accept. Denial only complicates our efforts to avoid danger or pain. The first step encourages individuals to perceive the world with greater realism. Powerlessness, or the inability to feel or believe that we are in control of our lives, does not need to be a constant part of our awareness; it merely needs to surface occasionally to make our lives unmanageable. Many people in recovery have faced loss and experienced powerlessness

concerning their health, careers, relationships, and other significant life events. Feelings of powerlessness often relate to an individual's lack of responsibility. One cannot be accountable for consequences without having power over life events. When individuals refuse to acknowledge their powerlessness, they often take responsibility for things beyond their control. People in recovery must ask themselves, "What responsibilities do I assume that I cannot control?" and "How have these feelings and experiences affected my life?"

A 12-step recovery model grounded in mutual support among members offers solutions to a range of alcohol and drug-related issues. Regular meetings help members maintain abstinence while addressing life's emotional, behavioral, and spiritual aspects. Twelve-step programs have been and continue to be essential sources of inspiration and hope for millions in recovery; however, they represent a Fellowship rather than psychotherapy. In reality, the shift in consciousness for the recovering individual must (1) affirm the importance of a spiritual or religious path, even before assessing whether this path is beneficial or detrimental to their recovery, (2) reinforce this new alliance by recognizing the significance of spiritual or religious paths and adopting a shared worldview through consistent vocabulary and imagery, and (3) work to distinguish between cognitive, moral, and faith-oriented developmental models of commitment to truth [33].

We admitted we were powerless over alcohol that our lives had become unmanageable.
1. **We believed that a Power greater than ourselves could restore us to sanity.**
2. **We decided to turn our will and lives to God's care as we understood Him.**

What is significant about the first three steps of surrender is the recovering person's ability to identify which aspects of their problem need attention and which are beyond their control, necessitating surrendering to a "Higher Power." This exercise reveals cognitive errors because individuals often believe they can manage unmanageable situations while misunderstanding what is clearly within their control [28]. The AA Serenity Prayer for Change becomes relevant in early recovery and continues to guide a person's decisions throughout the steps. By admitting powerlessness over their addiction, individuals in recovery effectively gain power by seeking support from their higher power and the fellowship, thus taking responsibility for their recovery. (Retrieved Jan. 2, 2023, http://www.cnsproductions.com/pdf/12step)

After completing the first three steps, known as the "God Steps," steps four and five, often called the "confessional" steps, aim to assist individuals in moving beyond shame and guilt.

3. **We make a searching and fearless moral inventory of ourselves.**
4. **We admitted to God, ourselves, and another human being the exact nature of our wrongs.**

The Fourth Step is the first introspective phase, requiring a spiritual commitment to self-exploration and understanding the relationship

between addiction and mental health. It demands an honest and open acknowledgment of both strengths and weaknesses. In a Jungian context, this step signifies the initial encounter with the unconscious Shadow, representing the negative aspects of the personality. Much of an addict's life revolves around concealing undesirable traits or feelings of inferiority rooted in our primitive nature. The Shadow influences the ego personality in many ways despite its power within the unconscious psyche. A strong Shadow limits one's choices, making it challenging for the individual to exercise their will. As a result, consciousness loses its freedom, leading to an imbalance that seeks compensation through alcohol and drug use. The self-inventory process of Step Four serves as a crucial tool that empowers the individual to consciously explore the Shadow's influence over the ego, highlighting its essential role in the recovery journey.

... In the realm of the psyche, we cannot rid ourselves of the dangerous or destructive aspects. Our only recourse is to acknowledge their presence and their modus operandi. With a concerted effort, we can convert these shadowy elements from something virulent to something we can manage. This underscores the profoundness of Jung's notion of the self-regulating nature of the psyche. He never proposed the eradication of evil but rather the revelation and comprehension of the potential for evil and sound in our souls [34].

Rolo May [35], in describing the transformative power of the demonic:

… The demonic propels us towards the logos, the underlying meaning or significance. As I grapple with my demonic inclinations, I find myself increasingly aligning with a universal structure of reality. This shift towards logos is a personal journey. It is a transition from an impersonal understanding to a personal one and, finally, to a transpersonal dimension of consciousness (p. 176).

Steps 4 and 5 are often presented together because many individuals in recovery view them as a cohesive process, even though they are distinct steps. Writing and sharing a personal inventory marks the initial introspective experience in recovery. Typically, steps 4 and 5 can provoke anxiety for many in recovery; however, they often lead to a profound sense of peace, a strong connection to others, and an enhanced sense of spirituality. This transformation occurs through completing a "Searching and Fearless Moral Inventory" and sharing it with another person. Many individuals in recovery tackle these steps by concentrating on events that trigger feelings of resentment. These emotions frequently stem from unmet desires or needs, including self-esteem, relationships, emotional comfort, security, or intimacy. It is essential to recognize one's role in situations where resentments arise. Many resentments connect to personal shortcomings such as selfishness, dishonesty, and fear [36].

The Fifth Step can be intimidating for many individuals. Those in recovery often worry that others who hear their inventories will judge them, leading to a loss of respect and friendships. This step creates anxiety about having our secrets revealed. These concerns are valid; choosing the right person to hear your inventory is crucial to avoiding such outcomes. This person should be someone you trust, such as a sponsor, another member of a Twelve-Step program, a close friend, a doctor or therapist, a priest or minister, or a trusted family member. Their understanding and support will help you navigate this challenging step with confidence.

The person chosen to hear the inventory will continue to accept and respect you, sharing some of the issues that caused you the most fear and shame. Once the Fifth Step is completed, the individual should take a few moments to sit quietly and reflect on how their feelings have changed. This introspection often leads to a profound sense of relief and a newfound peace of mind, as if a significant burden has been lifted from them. Many individuals feel less isolated and more connected to others, and some even report experiencing a deep sense of the presence of their Higher Power.

Some individuals in recovery struggle with the Fourth and Fifth Steps because they require knowledgeable and experienced support. Many find it challenging to progress in other areas of their twelve-step recovery program without a strong working relationship with a skilled helper, such as a sponsor or therapist. Steps Four and Five necessitate individuals opening their lives to evaluation and scrutiny. Most people in pain only venture into this challenging territory if a strong, empathetic, and supportive person helps them understand their deepest thoughts, beliefs, and feelings. During this recovery phase, a helper must shift from confronting denial to being a supportive motivator and from a structured listener to an active teacher of new coping strategies. Individuals will successfully advance through Steps Four and Five if their helper, sponsor, or therapist values these critical issues:

• Sensitivity to feelings
• Builds autonomy, freedom, and responsibility
• Develop effective strategies to cope with stress
• Becoming aware of the inner potential and ability to grow
• Development of an ability to give and receive affection.

This belief in a self-regulation process, which shifts from external interpersonal issues to a focus on spiritual values, signifies a significant evolutionary step toward spiritual enlightenment and soul healing. Viewing Steps Four and Five as a personal journey toward healing the soul is crucial for those in recovery. This individual perspective renders these steps genuinely transformative and meaningful.

Like the initial Five Steps, Steps Six and Seven do not occur sequentially but instead form a cohesive process. They are vital to the recovery journey, guiding the individual toward self-improvement and spiritual growth.

6. **We were ready to have God remove all these character defects.**
7. **Humbly ask Him to remove our shortcomings.**

Step Six encourages individuals to be fully prepared to allow a "Higher Power" to remove their character defects. Reflecting on Step Four, one should consider the meaning of "defects of character." By examining Step Four, one acknowledges the character defects that contributed to various actions and situations. Many underlying thought patterns and feelings associated with the inventory list are viewed as one's "defects of character." Step Six involves letting go of the desire to control outcomes and trusting their "Higher Power" will be more skilled at guiding them in resolving problems.

Step Seven addresses our shortcomings and introduces another method to 'humanize the Shadow.' This concept encourages individuals to recognize and embrace their imperfections, fostering a deeper understanding and connection to our growth journey. In recovery and therapy, shortcomings may fade quickly for some, while others experience a more gradual transformation, noticing no immediate difference but recognizing progress over weeks, months, or even years. Often, individuals perceive changes in the person before that person struggling with addiction does. (https://www.acirehab.org/post/risky-behaviors-in-recovery). During early recovery, it is essential to recognize the darker aspects of one's personality and manage feelings of inferiority, unacceptable impulses, and shameful actions that are difficult to admit. Jealousy, insecurity, and anger at life's inequities must be acknowledged and understood as part of our consciousness, and individuals should commit to making positive lifestyle changes. In this recovery phase, individuals need to actively work on changing behaviors such as selfishness, narcissism, and the tendency to blame others for their current life situations. Blame is especially relevant to Step Seven, which often begins with anger. Anger is tied to our reluctance to submit to a higher power [37].

Anger and Anxiety in Steps Six and Seven

An individual's recovery is hindered by an addict's inability to manage anger, despair, or anxiety. Relapses are consistently linked to insufficient coping strategies. Effectively managing anger in daily life and handling stress without turning to alcohol or drugs is crucial for redirecting one's life path and achieving spiritual well-being [38].

Understanding the difference between aggression and assertiveness is crucial for diffusing anger. Being aggressive involves exploiting others by asserting our rights in a hostile way. Aggression occurs when someone overpowers, humiliates, degrades, or belittles another person. Those who are aggressive primarily focus on their rights, needs, and desires, showing little regard for others. Aggression isolates us and turns us into suspicious, fearful, and hostile individuals. In contrast, assertive people advocate for their rights by expressing their thoughts and feelings directly, honestly, and appropriately. They interact with others tactfully, remaining sensitive to their needs while ensuring they are not taken advantage of. An assertive person is flexible and understands they will not always get everything they want. In many ways, assertive individuals embody the qualities of practical helpers. They are empathetic, take responsibility for their

emotions, and act responsibly. From a Jungian perspective, they exhibit a compensatory function. If those in recovery act fairly and impartially, they demonstrate self-respect. Many clinicians believe that anger can be transformed and integrated into consciousness. Once anger is expressed, experienced, and understood, it can be managed by the ego [39].

Anger is sometimes described as anxiety directed inward. Many techniques for managing anxiety are similar to those used to control anger. Anxiety often arises from emotional states of tension and distress, which can occasionally trigger anger. When inappropriate anger is internalized, the body exhibits symptoms such as heart palpitations, shortness of breath, loss of appetite, rapid breathing, sweating, difficulty speaking, and restlessness. Thoughts may become muddled, concentration can be challenging, and there may be a fear of losing control. The individual might feel self-conscious and hyper-vigilant, experiencing impaired memory function. A person's well-being can decline, leading to tension, jumpiness, impatience, alarm, and edginess. While anxiety is also linked to fear, it can result in feelings of vulnerability or helplessness, making it difficult for individuals to manage stressful situations without resorting to alcohol or drugs. Steps Six and Seven ask us to recognize our feelings of blame, anger, and prejudice while finding thoughtful ways to enhance our relationships. The more that consciousness is influenced by prejudice, errors, fantasies, and infantile wishes, the more the already existing gap will widen into a neurotic dissociation and lead to a more or less artificial life, far removed from healthy instincts, nature, and truth [40].

The final two stages, Action and Maintenance and Avoidance of Relapse through Consciousness-Raising and Self-Liberation appear to have their foundation in the Eighth, Ninth, and Tenth Steps.

8. **I made a list of all the people we had harmed and became willing to make amends for them all.**
9. **I made direct amends to such people wherever possible, except when doing so would injure them or others.**
10. **We continued to take personal inventory and, when we were wrong, promptly admitted it.**

Step Eight's social inventory enables individuals to bring their moral inventory into social awareness. It recognizes that we are social beings who must coexist with others harmoniously and responsibly. While we are not accountable for our addiction, we are responsible for our recovery. Individuals must confront the reality of their actions toward others and take steps to make amends. Step Eight closely aligns with the theological principle of forgiveness, a concept notably absent from psychotherapy literature. When a person forgives themselves or someone else, it does not mean that the negative experience is forgotten; rather, it signifies that the individual must accept responsibility for their actions and understand that harmful or undesirable acts do not define them as dangerous or unworthy (https://luminarecovery.com/resources/tips-for-self-forgiveness-in-addiction-recovery/). Through forgiveness, recovering individuals reclaim their sanity.

The purpose of forgiveness is for our benefit and well-being. Beyond what is essential for healing, holding onto anger can obstruct our growth and harm our souls. (https://landmarkrecovery.com/learning-power-of-forgiveness-in-recovery/)

Steps Eight and Nine help individuals clarify their recovery journey for those affected by their addictive behaviors. These steps can be complex and may prompt challenging questions. Step Eight encourages us to "list all the people we have harmed." Acknowledging whom we have hurt and understanding how we caused that pain is essential. Many find that the lists of individuals and institutions they resented and feared in Step Four provide a valuable foundation for Step Eight. When approached effectively, Steps Eight and Nine can reduce perfectionism and false pride, allowing reality-based humility to emerge as a crucial part of a recovering person's identity.

The phrase "and became willing to make amends to them all" signifies that the recovering individual must be committed to this effort. The term "willingness" is crucial; it does not imply that one must desire or enjoy doing so; it simply indicates that the individual needs to be ready to make amends. If someone is open to making amends, it is time to move on to Step Nine. The first part states that we should make "direct amends to such people whenever possible." At this point, the individual must take action regarding their "willingness to make amends." Keep in mind the phrase "direct amends" (https://recovery.com/resources/what-does-making-amends-mean/).

One's recovery and commitment to change requires:
- listening to the angry person until they have said everything they have to and
- Ensure that the angry person's main points are acknowledged by discussing them with the individual.
- Inform the angry person that you would like time to consider what they said thoughtfully.
- When you meet with the person for the second time, review the main points and express your agreement with their assessment.
- Ask the person if you could take any specific action or step to resolve the situation. If not, thank them for the time to meet and leave the door open for future discussions. If the person wishes to improve the relationship, develop and implement a specific action plan immediately.
- Finally, schedule another meeting within a week to assess your progress. This process can be repeated as needed to address ongoing issues.

Before taking action, we need to consider the second part of Step Nine: "except when doing so would harm them or others." Individuals should not allow themselves to be victimized during this process. Remember that Step Nine focuses on personal recovery, and how others react is less important than how one feels afterward. (https://livewellandfully.com/commitment-in-recovery/) The Ninth Step guides us toward action, often causing significant pain for the person in recovery. It takes courage to

accept personal responsibility for changing one's attitude and behavior toward others.

During the Tenth Step, individuals should consistently review their lives while maintaining emotional maturity and honesty. The Tenth Step encourages forward thinking. Step Ten marks the beginning of the maintenance phase of recovery. Steps Ten through Twelve are vital for helping individuals avoid old habits and convoluted thinking. Unlike the first nine Steps, which clients can initiate, practice, and complete, Step Ten initiates a lifelong journey. Step Ten emphasizes the importance of continuing to take personal inventory, stating: "And when we were wrong, we promptly admitted it." Taking action is crucial during Steps Eight, Nine, and Ten, as it is through action that individuals change their behavior and interact with their environment to overcome addiction.

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. **These steps resulted in a spiritual awakening, so we tried to spread this message to alcoholics and practice these principles in all our affairs.**

In these final two steps, the individual pursues a spiritual path that requires contemplation, a fresh perspective, and a new role in this reality. This "spiritual awakening" signifies an internal journey toward power and knowledge that imbues life with purpose and meaning (https://hackspirit.com/spiritual-wakning/).

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