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## Sixteen-Step Groups for Discovery and Empowerment: An Interview with Dr. Charlotte Kasl

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### Introduction

One of the major stories within the history of addiction recovery is the growing diversification of recovery mutual aid organizations. Included within these alternatives are the Sixteen Steps for Discovery and Empowerment groups that grew out of the work of Dr. Charlotte Kasl, widely known for her published works, including *Women, Sex and Addiction* (1990), *Many Roads, One Journey* (1992), and her popular Buddha book series. Dr. Kasl developed the Sixteen Steps approach based on her work with people, particularly women, who were seeking an approach to addiction recovery based on a process of empowerment. In May 2013, I had the pleasure of interviewing Dr. Kasl about her life's work and the development of Sixteen Steps for Discovery and Empowerment groups. Please join us in this engaging discussion.

### Developing the 16-Step Model

**Bill White:** Could you share with our readers your background and the experiences that contributed to the development of the 16-Steps for Discovery and Empowerment?

**Dr. Charlotte Kasl:** First, I'd like to acknowledge Bill Wilson, and the creation of the 12 steps of AA dating back to 1934, as well as the Oxford Group dating back to 1908 whose principles influenced the formation of AA. Their influence has been immense, and I see the 16-step model as part of a natural evolution that incorporates aspects of gender, class, race, sexual affinity, and culture.

I'd also like to add that because these steps evolved from my experience as a woman, and from my early days as a therapist primarily working with women, they address the basic socialization of women in this society that is detrimental to their health and sense of wholeness. For example, while the Oxford Group encouraged complete deflation and a faith in God, women and marginalized people need to be encouraged to "inflate" their sense of worthiness,

strength and ability to find their internal wisdom. For this reason, the 16-steps particularly address issues of what is traditionally called “codependency,” which I reframe as internalized female oppression. Even so, I have heard from countless men that they have also found this model to work well for them.

In my own history, I’d like to acknowledge my father and paternal grandmother, who lived with us during my childhood, and had lively, engaging, questioning minds. They thought about politics, religion, and various philosophies very deeply. So it was natural for me to question what I read, what I learned in school, or that tired old response, “Well, that’s just the way it is.” I learned to ask, “Is that true? Who made up this theory? Does it fit for everyone? Who gets left out?” My dad often talked about Bible stories related to their historical setting, and how they could be seen differently now.

Before I learned about the twelve steps, I had been steeped in feminism, psychology, and sociology. I had a Masters’ degree in music and was teaching piano at Ohio University before switching to the counseling program for another career. I took a course on counseling alcoholics, and was taught that the twelve steps of AA were the one and only way to recover. But I had an early experience that challenged that. I was at a salvage storage right before class, looking for a cupboard and started yakking with a man from the rural Appalachian region. Then I looked at my watch. “Oh, I gotta get to class,” I said. He asked, “What class,” and I said, “It’s on counseling for alcoholism.” He responded readily, “I’ve had that problem.” I said, “Really?” and he said, “I quit five years ago, haven’t touched a drop since.” And I asked, “Did you go to AA?” He said, “Nah, I didn’t go there” and then I asked, “What helped you stop?” He said, “Well, my wife was gonna leave. I wrecked my car. I was about to lose my job. My life was a disaster, and I thought, ‘if I don’t quit, I could die’ and that was the end of my drinking.”

I rushed back to class excited to impart my new knowledge. I had just met

someone who stopped drinking without AA. I was stunned when the teacher got angry and said, “Well, he couldn’t really be an alcoholic or if he is, he’ll relapse if he doesn’t start going to AA.” I was taken aback by the strength and hostility of his response. It was my first experience of people being extremely defensive about the twelve-step model.

Our training included taking part in a program for DUI offenders in the Athens, Ohio area in the heart of Appalachia. The offenders had a choice of jail or coming to our weekend program. It was a diverse group—men from rural Ohio, maybe a college vice president or a faculty member, a car salesman or a businessman and maybe one woman, possibly two. Our teacher stressed how much resistance we would encounter.

I also had the experience of my neighbor inviting me to attend an AA meeting with him and his wife. He recounted his story of being arrested 23 times before he sobered up. The AA meeting was the classic, smoke filled church basement with lots of coffee. An attractive woman told her story of abusing alcohol and sobering up. What impressed me was the warmth and sense of community among those who attended. For many, it was the center of their lives. Even so, I still had my questions, especially about the central focus on recounting past drinking histories, sometimes called drunkalogues.

A few years later, I moved to Minneapolis, Minnesota, the heart of new feminist treatment programs, battered women’s shelters, and other services for women. I worked in a feminist therapy collective, where most of the women clients had histories of abuse and trauma. Many were in AA or Al-Anon or both. I had a strong reaction to what women included in their moral inventories that are part of the 12 steps. “These women have been abused and battered and they’re taking a moral inventory about their abuse and incest.” And I thought, “That should be someone else’s moral inventory. They need to realize that the shame and pain comes from having been assaulted and abused by another person.” And then I started thinking about alcohol

problems in the social context of women's conditioning in our hierarchal patriarchal system. I started rewording the steps to fit women who were poor, who'd been abused, and who had little ego strength. I added steps that affirmed their strengths and talents and encouraged them to find their own voice.

I changed the idea of a moral inventory to read "We release guilt and shame and anything that keeps us from loving ourselves or others." It helped neutralize the sense of shame and self-blame that oppressed people fall into quite naturally. I also saw women struggling very hard with the image of "turning your will and your life over to God, as you understand Him." And I thought, "These women have turned their wills and their lives over to every patriarchal male system there is, including many of the men they've lived with." Eventually, I reworded the step to include turning your will and life over to the Truth as it lives within you. This major shift of focus came from the heart of feminism, humanism, and numerous developmental models and my Quaker affiliation. I continued to rewrite the steps, often showing them to colleagues for feedback, as well as asking women about their experiences in 12-step groups.

Another important experience was in 1990 when a Native American woman who attended a talk I gave invited me to attend the second anniversary of the Blue Bay Healing center in Montana. I was struck by the combination of a Christian service along with a sweat lodge and other Native American rituals that were held throughout the day reflecting their culture and traditions.

**Bill White:** This sounds like a very fertile time and place for questioning and creative thinking.

**Dr. Charlotte Kasl:** The Twin Cities were at the forefront of recognizing incest, abuse, battering, and their links to addiction. For ten years, I was a member of the Incest Consortium in Minneapolis that met once a month for two or three hours. It was an amazing group of people who worked with perpetrators in prisons, people in treatment

programs, abused children, and adult survivors. These people so dedicated to learning about incest, sexual trauma, and abuse were really putting these issues on the map in the late '70s and early '80s. It was almost as if a group consciousness arose that had many of us suggesting that abuse survivors suffer from PTSD similar to veterans. It was through this group and seeing clients that it became clear to me that addictions in general—food, money, sex, and work—have their roots in trauma. Our meetings also reinforced for me how much people who've been traumatized need empowerment. They need to talk about their strengths, interests, and talents. They need to develop a sense of where they want to go with their lives. This didn't mesh with many aspects of the 12-steps.

Feminism and a deepening realization of gender differences continued to influence my work. For example, recognizing that women are routinely blamed for abuse and rape led me to revise another step: We make a list of people we have harmed AND people who have harmed us, and take steps to clear out negative energy by making amends and sharing our grievances in a respectful way. I also started hearing stories from women who had been chastised in treatment programs for bringing up incest and abuse: "Give up your resentments," "Don't carry grudges," or "Read the promises" and the women would feel horrible about themselves. I had women come for therapy feeling suicidal after being put down in 12-step meetings for trying to talk about the abuse, incest, and the violence they had endured. One woman had brought up her shame as a lesbian believing that it contributed to her drinking and she was told, "Don't play that lesbian card here." She never went back to a meeting.

I kept thinking, "This is so wrong. You need to be able to talk about what's hurt you." At first, I wasn't challenging the twelve steps so much as just saying, "You have got to have a safe place for people to talk about abuse and pain, a place where their feelings and experiences will be validated." I also spoke with two women ministers who had heard upwards of 500 fifth steps, ("Admitted

to God, to ourselves and another human being the exact nature of our wrongs”) and they both commented on the length of time they spent—one to three hours— and the huge focus on abuse, sexual trauma, and troubled relationships. This was in sharp contrast to male Ministers I interviewed who spent much less time and did not refer to hearing a lot about sexual abuse. One woman I interviewed had been sexually abused by the minister provided by a treatment program when doing her fifth step. This led me to strongly urge women to take fifth steps with women, and they didn’t have to be ministers. One recovery group I interviewed had peer fifth steps where one or two women would be the listening presence for another woman.

During this time, I was invited to give numerous in-service trainings to treatment programs in the Twin Cities on the links between incest, battering, sexual abuse, and addictions. I continually stressed that following treatment, women needed to be referred to therapists who specialize in trauma and abuse. To take away the alcohol without providing help with trauma was often like taking away the one thing that kept them from suicide, depression, and feeling trapped with unbearable pain. I urged programs to have separate groups for women, but there was a lot of resistance, usually from male counselors. One man said, “we’ve got to have women in the groups to get the guys to talk.” Feminist treatment programs, such as Chrysalis in Minneapolis, already had started specific groups to talk about abuse and incest.

As I kept interviewing people, asking questions and refining the steps, it became clear there was great interest in this. I went to National Women Studies and to the national conference by the Association of Women in Psychology and did sessions to talk about twelve steps and the empowerment model. Both times, the room was packed! And again, some women who were in AA had an awfully hard time hearing that anything else could possibly work. This defensiveness struck me as not very healthy—part of maturity is to be open to different ideas, in this case different recovery

experiences. Others talked about quitting AA because it didn’t fit for them. “It’s so wonderful to get to talk about this” one woman said. “I never dared talk about this in a 12-step meeting.” Another woman said that in an addiction training program, she said she didn’t like the God, he, and all powerlessness stuff and the teacher said, “Look, you stop talking like that. These are the steps. They work. You’ll get thrown out of here if you keep questioning like that.” And I repeatedly heard stories like this all grounded in fear of questioning.

I heard from lots and lots of people who were very dissatisfied with the twelve step framework as a remedy for all people with alcohol problems. It was also becoming clear that treatment programs needed to address a wide range of addictive substances, not only alcohol. It was also at this time that I met Joan Mathews Larson, who has since written a number of influential books, including *Seven Weeks to Sobriety and Depression Free, Naturally*. She was in Chrysalis, a feminist women’s program, working with vitamins, natural remedies and nutrition to help women stabilize and heal the physical body in order to feel better and to reduce physical cravings. We became fast friends (and still are), and gave support to each other as women who appeared to be on the fringes of the addiction field, bonded by a passionate desire to see all people heal from these terrible addictions.

**Bill White:** What other communities did you find responding to your revised steps?

**Dr. Charlotte Kasl:** The first people were counselors in shelters for women who’ve been battered. They wanted to empower the women they worked with. Another group worked with high school students struggling with troubled families and addictions. A man in the Twin Cities started an Incest Anonymous group and later edited a monthly newsletter for the numerous groups in the area. Several prison programs have adopted the steps along with a women’s group for survivors of ritual and profound abuse, and Native American counselors. The woman I mentioned earlier who was told not to play

“that Lesbian Card” started a group for lesbians in Vancouver, B.C. as soon as she found my book back in 1993 and has been leading them ever since. In general, the people who were most receptive were marginalized and needed to validate their history and the effect it had had on them. Even so, I received letters from men who were also responsive to the different tone of the steps. One led a group for perpetrators of abuse, and he told me that the men appreciated the positive approach.

There were already alternative programs that served minority populations. For example, in Minneapolis, there was a treatment program for lesbian women called Christopher Street. It was packed all the time, and their success rate was extremely high—over 65% as opposed to seven or eight percent at the Hennepin County program—for three major reasons. First, Lesbian women were encouraged to open up the meeting saying, “Hi, I’m Carrie and I’m a l-l-l-lesbian”—to spit it out and be with other lesbians talking about all the shame they carried from society’s attitudes toward them. They were urged to “come out” whenever possible in their lives. Second, many women would go directly from drug treatment into their adjoining program for incest and abuse. Third, a woman minister at a local church provided a huge space for a sober coffee house on Friday and Saturday nights where women could dance, have dialogues, community meetings, and celebrations. Approximately 400 women came for a huge New Year’s Eve celebration. Sobriety became a community effort and norm.

The same principle was true in the Native American community treatment programs where it was safe for members to talk about the horrible boarding schools, the abuse they had suffered, family violence, poverty, and the destruction of their culture. They had huge sober New Year’s Eve gatherings as well. Even though they might use the twelve steps, they instinctively knew the importance of exploring their past. One woman adopted the 16 steps in a treatment program for women on a reservation and called me with excitement to tell me the first

“class” had just graduated. I also visited a Maori treatment program in New Zealand where they were teaching members their native language and dances. I repeatedly saw that marginalized people not only need safe places to address the particular issues related to their histories, they need ways to validate their cultural heritage.

Later on, after numerous empowerment groups were formed, I heard over and over again that women were getting over depression. As I looked at the 16 steps in the context of treatment for depression, I thought, “Oh my God, of course!” These are parallel to research on therapy for overcoming depression. The steps are action-oriented, encourage people to explore their thinking patterns, learn self-care, take control of their lives, set goals, expand their creativity and develop supportive relationships. The part I added was to explore yourself in a social context that includes race, class, sexual affinity, and ethnic background. This was very exciting for many people who carried the same background of being an oppressed minority.

**Bill White:** It sounds like you learned a lot through the presentations and workshops you were conducting. What other memories stand out for you during this period?

**Dr. Charlotte Kasl:** I remember being struck by how fascinated people were with “The Hierarchy Patriarchy Drawing”—a triangular frame with privileged white men on the small space on top, spreading out to the poor, disenfranchised marginalized people next to the polluted rivers and destruction at the bottom. It framed addiction within a political, social, cultural, and patriarchal lens. Some people walked out of the talks at national conferences when I presented this, but others were fascinated. There was often a group of women who circled around me after my talks with enthusiasm, saying “Wow, that was great!” I also took the hierarchy/patriarchy chart into a federal prison program that had a year long treatment program for drugs and abuse and asked women where they were born on the drawing, and how it had impacted their lives

through poverty, neglect and abuse. I also asked how they attempted to move up, which was often connected to their relationships with men. I had their unwavering attention and several said that it released a lot of their shame to explore their lives on the “Hierarchy Chart.”

I also took the program to a Homeless Women’s Treatment Program/Shelter in Albuquerque. We had talked about the cultural context of addiction and how neglect, poverty, and abuse sow the seeds for addiction. One woman said, “This is just so wonderful! I just always thought, ‘I’m just this addict,’ but this helps me see there was a reason for this and that I was coping with a lot that led me to want to use to get away from the pain.” The realization of using drugs to anesthetize pain or to feel good for a little while made sense to people and gave them a much larger landscape for exploring their lives and a path toward healing. People have found that bigger picture to be very helpful. I have an incredible list of quotes from women who attended a 16-step group following my presentation who nearly always spoke of how helpful it was to realize that their drug use was frequently an attempt to escape from pain.

**Bill White:** You must have also sensed a vacuum of unmet need by the warm responses to your books. Did these responses prime your work on the revised steps?

**Dr. Charlotte Kasl:** I had already started revising the steps when I was writing my first book, *Women, Sex, and Addiction: A Search for Love and Power*. I could hardly wait to finish and get started on *Many Roads, One Journey*, which was already in the forefront of my mind. What inspired me were the requests I had for the steps when I gave talks, or someone would call me from a woman’s shelter and say they had heard I was writing different steps—would I send them. I got 300 responses or more to an article in *Common Boundary* talking about the steps, and nearly as many after *Ms Magazine* had an article that came out before I had finished the book. You could say

the response to *Women, Sex, and Addiction* gave me courage, but primarily I felt an immense need. The more data I got on how many people relapsed, didn’t make it through treatment, never got over depression, or who didn’t achieve lasting sobriety, the more motivated I became. Here is a typical comment: “I’ve been going to AA every week two or three times. I went through treatment and I have the promises that you’re going to be well but nothing’s come true with me and I’m not going back, but what can I do?” And I heard versions of this story over and over and always with a history of trauma and often with a current painful relationship. It was as if people had survived trauma by medicating themselves with drugs, and with the drugs gone, the raw pain emerged, and they were in immense pain. They desperately needed help to process the deeper wounds. All of this told me that an alternative was needed.

In preparation for writing *Many Roads, One Journey*, I distributed questionnaires and interviewed about 200 people, often in groups—both counselors and participants. Some felt offended by the 16-step program. One wrote that “the 12-steps were handed down by God, and no one has a right to change them.” I had other responses that reflected an unwavering obedience with no room for critical thinking. Most of the responses, however, expressed excitement about the 16 Steps. “I felt good the minute I read these steps. I want a group that uses them.” “These steps give me hope.”

## **The 16-Step Model: Principles and Practices**

**Bill White:** What do you think most distinguishes your Sixteen Steps from other frameworks of recovery?

**Dr. Charlotte Kasl:** The 16 steps are based on love and empowerment. They also place addiction and trauma in a social context of hierarchy, patriarchy, and understanding internalized oppression. Addictions are seen as a way people try to manage trauma, pain, alienation, and oppression. They provide

both an escape and comfort, which, of course eventually become a prison. People are encouraged to talk about their life as a whole in the meetings. You don't necessarily need a different group for every addiction because the focus is on taking charge of your life. People are free to talk about how class, race, homophobia, and culture impact their lives and their addictions. And the solutions offered are flexible and creative. I tell people, "Change the words any way you like" because what's sacred is your healing. Words need to speak from your heart and from your own sense of power. Paulo Freire in *Pedagogy of the Oppressed* wrote that anything that blocks free inquiry is a form of violence. I agree wholeheartedly. To have an open mind, to think, to question and put everything in the context of, "Does it fit for me, does it work for me?"—that's what's important. If you try something and it doesn't work, you need to try something new. This also helps people to be open to developmental changes. For example, it might be important in early recovery/discovery to say to oneself, "I'm an addict." But later on, it might be helpful to say, I have an addiction, yet I am much more than this addiction.

The 16 steps also encourage people to bond in power and joy instead of pain. I noticed in meetings I attended that people got a lot of attention for being in pain and often were ignored or seen as losing their humility for talking about their successes or happiness. I personally had this experience when I said in a group, "I'm feeling good, life is going well and I might not keep attending this group." The room went silent. Someone said that sounded cocky. By contrast, in 16-step groups, people are encouraged to open a meeting by saying what they've done to take care of themselves, or an achievement, however small.

Developmentally, the Twelve Steps rely primarily on an external locus of control—follow the steps and believe in an external male God. My interviews and questionnaires revealed that many women secretly rewrote them. While I was glad to hear that women were finding their own steps, secrecy implies fear. I spoke with men

and women who said they came to distrust the basic beliefs they were taught, namely, that you should bend to the model, do what it says, read their approved literature, attend every week and if you don't, you'll relapse, and if you relapse, you'll die. The truth is that people have relapsed numerous times, and they didn't die. One woman I interviewed said she went through fourteen programs before she got sober because she needed to deal with the incest and sexual addiction that were entwined with her drug use.

The Sixteen Steps are based on love and affirmation of our humanness. The meetings follow an outline, but can also be flexible. For example, the person leading the meeting each week can choose the closing—a reading, a poem, a prayer. The meeting itself becomes a creative, dynamic expression of its members. The content of the steps is to empower people. For example, "We affirm and enjoy our intelligence, strengths, and creativity, remembering not to hide these qualities from ourselves and others." This speaks to people who are one down or two down in the system and have been taught to negate themselves and defer to those with higher status. Some people might say "Well, talking about your strengths, that's ego. You're bragging." But it's not an inflated ego if we believe that our gifts come from our creator. In a sense, developing our talents is one and the same as honoring our Creator. It also means that we develop our talents and strengths so we can contribute to our community.

One of the Steps that is most popular for women in abusive relationships is, "We learn to trust our reality and daily affirm that we see what we see, we know what we know and we feel what we feel." When you're with someone who's abusive, you're constantly confronted with blame ("It's your fault." "Well, if you'd have been nicer, I wouldn't have hit you." "You're just stupid."). This step gives people boundaries to push back and say to themselves, "I know my reality. I know what I see. I know what I feel. I know what I know." And Step Twelve, another favorite, says, "We seek out situations, jobs and people who affirm our intelligence, perceptions and self-worth and avoid situations or people

who are hurtful, harmful or demeaning to us.” That step is a declaration that you do not have to stay when someone’s harming you. If you were brought up in an abusive home, it might never occur to you that, as an adult, you get to walk away from negative situations, or people who are being demeaning to you. This Step helps liberate people from a belief system that often stems from a traumatic background.

I have two versions of the First Step because my interviews suggested that people needed both of them. One is, “We affirm we have the power to take charge of our lives and stop being dependent on substances or other people for our self-esteem and security.” When I did a workshop in a homeless shelter treatment program in Albuquerque, we got into a circle, and I asked the women to make gestures and express, “I have the power to take charge of my life.” We moved, danced, gave high fives, and the energy in the room was palpable. I mean, my God, it just exploded. Oppressed people need to hear that they have power. A counselor friend of mine took the steps into a prison before they were even published. One of the women wrote to me “I’m getting better now and I’m going to be okay because I now believe I have the power to have a life. No one before ever told me I had any power. I’d been told I was nothing.”

The other version came from people I interviewed saying, “I needed to say I’m an addict—to acknowledge that I’m powerless over the addiction.” One woman said, “I needed those sharp, jarring words that this addiction will kill me. I am powerless over it. I can’t do it. No.” So I put them both in. And that’s the point—make the steps your own. Healing is what’s sacred, not the words you use to get there.

**Bill White:** How did addiction treatment programs respond to your early presentations of the revised Steps?

**Dr. Charlotte Kasl:** Traditional programs were not interested; however, individual counselors were a different story. Before the book was published, I was invited to give a talk on codependency at the Golden Valley

Treatment Program. I wanted to model what it meant to be open about my beliefs because that’s part of the antidote to “codependency” (which I call internalized oppression syndrome). I said, “I have been rewording the twelve steps so they fit for me and I’d like to read some of them to you.” The room went dead silent and then a lot of people picked up their pens and while I was reading, people would say, “Would you say that again, say that again.” I had 62 requests for copies of those steps and I thought, “Wow, I’ve stepped on a nerve here.” It’s huge. People who worked with teenagers, people who worked in shelters, all kinds of different counselors, wanted to see these different steps because something just rang true about them.

I also recall doing an in-service at Hazelden on incest and abuse as they relate to addiction. Sometime later, I got a letter from a counselor, who wrote, “You can’t believe how hostile people are to this model.” She had been smuggling in *Many Roads, One Journey* for several women she was counseling because they couldn’t relate to the twelve steps. What is that fear all about? It went through my mind that if a program is confident in its efficacy, it wouldn’t be necessary for a counselor to have to smuggle information in for her clients. I repeatedly saw how rigid and afraid people were of questioning the ideology of the 12-steps, and considering that they might not have a corner on truth. There was a very short time when *Many Roads, One Journey* was carried in the Hazelden bookstore, but after a month or two, it was taken out. The counselor wrote me several times expressing how frustrated she was by not having the freedom to speak openly and address the needs she was seeing. That’s the problem when people buy into an ideology: they cease reflecting, questioning, being open to other’s ideas or even evaluating the outcome of their programs. A friend of mine entering treatment in 1995 was told that “Only one in 15 of you will remain sober.” That alone should lead the organization to ask “Why? Why do so few people remain sober? What are we missing?” I remember thinking, “I wouldn’t



plunk down \$30,000 for a surgery that has a one in 15 chance of working.” Most of all, we need to move from the ideology of 12-step programs to help people learn to trust themselves. WE need to ask, “What do you think?” “What do you feel?” “What works for you?” and to suggest “try it, observe your experience, listen as deeply as you can to yourself—ultimately you are the expert on yourself.”

**Bill White:** When did the first groups begin that specifically used the Sixteen Steps?

**Dr. Charlotte Kasl:** Groups formed shortly after the publication of *Many Roads, One Journey*, which introduced the empowerment model. Cynthia Breitenbach of Topeka, Kansas was one of the first to start using them in her treatment program in 1992 or '93. We had a ceremony when they hung the first copy of a large 16-step poster. A man in St. Paul, Minnesota used them for an Incest Anonymous group and coordinated a newsletter and a monthly meeting for the six groups that got started in the Twin Cities. Sandra Klippel in Madison, Wisconsin started four groups—she would like me to mention her name. And there was the woman I mentioned earlier who was told in her AA group, “Don’t play that lesbian card here” who started a lesbian group. Native Americans were drawn to the steps, and there was an HIV group that used the 16 steps. A few years later, there were as many as seven groups going simultaneously in Vancouver, BC.

Late in the 1990s, we started receiving orders for up to 100 workbooks at a time from Cascade Services in Charlotte, North Carolina. It turned out they were using the 16-step model in their program in conjunction with the 12-steps. They have since expanded their use to three programs.

From 2002 to 2010, Kim Carpenter of Omaha, Nebraska received state grants to start groups. She brought me in twice to give workshops. In 2003, Linda Baechle, director of a huge shelter and treatment program in South Bend, Indiana, contacted me. She wasn’t familiar with the twelve steps, but she was a feminist, and highly skilled at running

a program. She looked at the twelve steps and said, “Why are we having women say these things? These are women off the streets who’ve been in poverty, who’ve all been abused.” She said, “We don’t say women are powerless in the abuse program. We focus on their strengths. Why are we saying them in our addiction program?” She found my steps on the internet and called to ask if they could use them. She didn’t know how radical she was being. It just made sense to her. They obtained funds to bring me out twice to do workshops, and help them adopt the Sixteen Steps. Within a year, they had a 500 percent increase of women staying in aftercare. Counselors often told me that the groups were a pleasure to run—the focus on taking action, encouraging creativity and helping women find their voices and learn to trust themselves helped them make immense progress in a short time. I recently got a letter from a woman in Brussels, Belgium, where they’ve started a group. I’ve also heard there are groups in England and Scotland.

**Bill White:** So it would be very difficult to say how many Sixteen Steps groups there are right now.

**Dr. Charlotte Kasl:** Yes, it would. The biggest problem with 16-step groups is getting publicity, having people know about them and having a central organization. The problem with proliferating the groups is that there would often be an activist who spearheaded one or more groups, but if they didn’t continue in that role, things would fizzle. There were over 300 groups in the first three years, primarily in the United States. More recently there have been numerous groups in British Columbia, Canada, primarily in treatment programs and in shelters. I was an invited speaker in Vancouver at their annual area-wide conference for counselors who work in shelters. I said to the woman who had organized the conference, “Wow, you have a huge number of people coming.” She said, “Yes they’re all using your model.” And I said, “Are you kidding?” I had no idea.

I don't know who's using the model other than the groups listed on my website, and that's a total weakness on my part. I created the 16 Steps out of a personal need and as someone who was passionate about addressing the needs of people for whom the 12 steps didn't work. Once I had created the model, while I did numerous workshops and talks on the subject, I moved on to the next thing in my life. Other people who've created models start organizations, have newsletters, and write more books.

I'm ready now to get back to helping proliferate this model. I need funds to help distribute information and have a stronger central organization. One project I completed was to bring eight women together, mostly from Canada, for a synthesis conference in 2006. We made a DVD about our experiences leading and being in 16-step groups. A good friend put up the funds to get it edited and it's a powerful statement about the effectiveness of the groups. My hope is to get funded to distribute information about the 16-step empowerment approach to hundreds of people running shelters, Y-programs, women's programs, prison programs, Native American groups, and others. I need to write articles as well. I also want to research these groups for alleviating depression. The evidence is compelling from extensive interviews I've done. I missed out on getting more videos from existing groups. There were a lot of things I would have liked to do, but didn't.

I would add that there are also different ways the steps are used. I didn't put any rules around the way they are used. If a therapist called and wanted to use the steps in a therapy group," I would readily agree. I mean, why not. If you're running a therapy group and you're a professional psychologist or psychotherapist or social worker and you want to incorporate these steps, that's fine. At our synthesis conference, we talked about putting together some guidelines for using the steps and we need to open up that discussion, although I don't want to hinder people from using the steps in any way that is helpful.

**Bill White:** Have you found that many members of Sixteen Step groups also attend 12-Step or other recovery support groups?

**Dr. Charlotte Kasl:** Yes, actually quite often. I encourage this because there aren't a lot of Sixteen Step groups available. People can use the 16 steps to internalize concepts of empowerment, and still benefit from the fellowship and support of a 12-step group. Again, it's up to each individual to find what works for them. Several women described a transition period where they attended both AA meetings and Sixteen Step groups and eventually transitioned to the latter. There were often deeply rooted fears about leaving the 12-step program. I've also heard from people who found a colleague or friend to go through the steps together and do the exercises. Some have found a sponsor in 12-step groups who would actually do the steps with them while others have done them on their own. A woman's NA group in the Twin Cities adopted the 16 steps, but they were "reported" to the central NA organization and were told they couldn't do that. It was devastating to many of the women who wanted to be part of the larger organization but found the 16 steps far more helpful. I can understand both sides of the story, but it leads me to say: Let's work together. I would love to have a forum for people representing different models and approaches talking together with an open mind. A lot has changed since I wrote *Many Roads, One Journey: Moving Beyond the 12 Steps*, but a lot has also stayed the same.

We need to have a forum for people working in neurobiology, psychology, different approaches for various drugs such as the Matrix program for methamphetamines, and countless others. I would like to see treatment programs put on a wall the steps or information on Women for Sobriety, Secular Sobriety, Life Ring, the 16 steps, Health Recovery in Minneapolis that focuses on healing the physical body, SMART recovery, and countless others. We also need to address our social system that has resulted in more poverty, more homeless adults and children, more incarceration and is just beginning to

address the needs of many people for health care. It is also a system that does little to adequately fund programs to prevent incest, sexual abuse, food insecurity, physical abuse, and rape, and help people get much needed help to recover from such trauma. Addictions grow out of trauma, neglect, and alienation and we as a community need to be in this together to address these roots of addiction.

## Sixteen Step Resources

**Bill White:** Is there literature you would recommend for those readers who are interested in using the Sixteen Step model?

**Dr. Charlotte Kasl:** There is *Many Roads, One Journey: Moving Beyond the 12 Steps*, that came out in 1992. It incorporates a cultural discussion of addiction and recovery including a critique of the concept of codependency. I discuss all the recovery programs that were being used at the time, and outline my empowerment model. I also published a workbook in 1995 with exercises for every step, and quotes from women who have worked the steps. It has results from the survey I conducted in 1994 to find out how the Steps were being used. It's called *Healing from Trauma and Addiction with Love, Strength, and Power*. The latest version has additional information on the links between trauma and addiction and how this model addresses both. The workbook can be ordered through my website, [charlottekasl.com](http://charlottekasl.com). I also have two DVDs: one is from a lecture I gave in 1993 in California where I go through the steps, and the other is *Women Tell their Stories*, made in 2006.

**Bill White:** What is your vision for the future of Sixteen Step Groups for Discovery and Empowerment?

Appendix

SIXTEEN ANNOTATED STEPS FOR DISCOVERY AND EMPOWERMENT.

Charlotte Sophia Kasl Ph.D.

**Dr. Charlotte Kasl:** Well, my next step is to start working with my new advisory group to guide this future. We need to explore how this work can continue if I should die. We need to make much better use of the internet, and have a central person to keep a website and ensure that the workbook remains accessible. I want to get a fifteen-minute version of the DVD *Women Tell their Stories* available for wide distribution. I would love to get donations or get under the wing of a 501(c)3 and obtain grant money to distribute these materials to hundreds of agencies that work in addiction treatment programs, shelters, and prisons. I still need to get out to more conferences to introduce these ideas and how they have evolved. I've been through quite a bit of illness the last few years so I feel like now I am ready to mobilize for the next couple of years. I'm spurred on when I get a letter from someone saying, "Oh, my God. This was so helpful. I couldn't stay sober before and now I can." I also get quite a few requests for people in prison and I often send them the workbook. I need to find a way to get help. I'm better at creating a model than distributing it.

**Bill White:** Dr. Kasl, thank you for taking this time to share the story of the evolution of 16-Steps for Discovery and Empowerment.

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# SIXTEEN ANNOTATED STEPS FOR DISCOVERY AND EMPOWERMENT.

Charlotte Sophia Kasl Ph.D.

I put the 16 steps in the present tense because empowerment is a circle or a spiral without end and we are all in it together. I encourage people to re-word them in any way that feels right for them.

1. A) **We affirm we have the power to take charge of our lives and stop being dependent on substances or other people for our self esteem and security.** When people lack a sense of self they need to affirm that they do have the power to take charge of their lives even in the face of a life-threatening addiction.
1. B) Alternative: **We admit we were of control with/powerless over \_\_\_\_\_ yet have the power to take charge of our lives and stop being dependent on substances or other people for our self-esteem and security.** Many people said that admitting/acknowledging powerlessness was extremely important. So the first part of the step acknowledges powerlessness over a substance or person and the second part affirms one's potential for inner power.
2. **We come to believe that (choose what fits) God/The Goddess/Universe/Great Spirit/Higher Power awakens the healing wisdom within us when we open ourselves to that power.** This step affirms that a sacred spirit or life force energy is within us and around us. We tap into the power of the universe, draw it in and use it to awaken our inner capacity for healing. We are not separated isolated beings, we are part of One Energy, connected to the vast universe.
3. **We make a decision to find our authentic selves and trust in the healing power of the truth.** Instead of adopting society's unauthentic stereotypes, this step encourages us to reach deep inside ourselves and ask : What do I feel? What is my experience? What feels right for me? What are my dreams, and strengths? Experiencing the healing power of the truth is about minute to minute awareness of what is going on in the present moment both around us and within ourselves. It's about getting beyond our conditioning—the shoulds, critics, guilt, and fear mongers-- finding our voice, and developing our values based on observation and experience. It's about developing an internal locus of control. We learn to say Yes, No, and Maybe without justifying ourselves, being gripped by guilt, or having undue worry about other people's reactions. It is the foundation for deeply connected human relationships. Living close to the bones of truth is what creates intimacy, trust, feelings of connection, and a quiet mind.
4. **We examine our beliefs, addictions, and dependent behavior in the context of living in a hierarchal, patriarchal culture.** We ask, what are the social factors and negative stereotypes that fuel my addiction or make it difficult to heal? How have poverty, alienation, childhood abuse and trauma set the stage for my feelings of desperation, loneliness, fear and hopelessness. How can I see myself and my behavior in the broader perspective so I gain the knowledge to stop shaming and blaming myself . . . yet take responsibility for healing?
5. **We share with another person and the Universe all the things inside of us for which we feel shame and guilt.** No matter what the source, when shame and guilt are left unacknowledged, they are like toxic energy poisoning our system. Secrets shared become sacred truths. This can be a focused step where we talk about our past, but it is also a long term process of recognizing when we are bound by shame and guilt and how it contributes to being defensive, afraid, angry, reactive and possibly violent.
6. **We affirm and enjoy our strengths, talents, and creativity. We do not hide these attributes from ourselves and others.** If our talents come from our creator, then to celebrate them is to celebrate

creation. Humility is about accepting our gifts, enjoying them without arrogance and using them in the service of humanity. It doesn't mean we are better or worse than someone, it simply means we celebrate our lives. We learn to recognize our deep seated tendency to question our observations and ideas and to defer to people of higher privilege/status/rank so as not to threaten them, be excluded or incur their wrath. While we don't step aside from our intelligence, passion and strength we also learn to be wise and self protective in advancing our ideas

- 7. We become willing to let go of guilt, shame and any behavior that keeps us from loving ourselves and others.** By releasing shame, guilt, we feel less burdened and alone. We become less judgmental of ourselves and others and come to realize that we are all perfectly imperfect. As humans we all make mistakes. We can all be rude, insensitive, sneaky, mean, or hurtful to others and ourselves. It's a matter of becoming conscious. The underlying constant is that we are children of the Creator, sacred because we are **alive**.
- 8. We make a list of people we have harmed and people who have harmed us, and take steps to clear out negative feelings by making amends and sharing our grievances in a respectful way.** This step helps us repair relationships and become free of negative connections to people. It is important that we take responsibility for what we have done to harm others, and also realize how we have been harmed by others. It's about seeing the whole picture, which is about living in the truth.
- 9. We express love and gratitude to others, and increasingly appreciate the wonder of life and the blessings we do have.** Bonding through gratitude and love is the highest vibration of energy we can create. If love is God, then showing our love makes the presence of the spirit come alive in us and around us. Thus expressing gratitude to people is a form of prayer that blesses both the giver and receiver. The same is true when we remember our blessings and notice the beauty and wonder around us. While we also see the pain and suffering within us and around us, we learn to get out of it's shadow through kindness and gratitude.
- 10. We continue to trust our reality and daily affirm that we see what we see, we know what we know and we feel what we feel.** To trust our own perceptions is the antidote to internalized oppression which trained us to see ourselves through the eyes of those who hurt us or want to confine us to our limited roles. With this step, we build a healthy ego and develop self -trust. In a survey of people using the 16 steps, steps 10 and 12 were most often seen as crucial to leaving a harmful relationship, and to stop believing the manipulations and lies other use to keep us afraid, dependent, and willing to put up with hurtful behavior.
- 11. We promptly acknowledge mistakes and make amends when appropriate, but we do not say we are sorry for things we have not done and we do not cover up, analyze or take responsibility for the shortcomings of others.** This is sometimes called the anti-depression step. Women and marginalized people tend to take the blame and apologize for things they have not done. People often feel responsible for other people's welfare and happiness and deplete their energy analyzing or covering up for friends and partners. We can never figure out why someone else acts a certain way. It's all speculation that keeps us from exploring our own feelings and motivation. This step encourages us to learn the basics of boundaries—I take responsibility for my problems and let you struggle with yours. We can learn to be helpful without getting absorbed into another person's reality.
- 12. We seek out situations, jobs, and people who affirm our intelligence, perceptions, and self-worth and avoid situations or people who are hurtful, harmful, or demeaning to us.** This step encourages people to notice how their energy levels and self-esteem fluctuate based on who they are with, what they are doing, and what they are thinking. It helps us assess what is draining our energy, and what is lifting us up. This is crucial to healing because we need to gravitate to all that is helpful, energizing and supportive both within our relationships and in our own behavior. It might mean learning to say "I need to

go now, "to someone who is repeatedly complaining about the same old situation and not doing anything about it. We need to value our energy and treat it with care.

13. **We take steps to heal our physical bodies, organize our lives, reduce stress, and have fun.** Many people do not realize the connections between cravings, lethargy, depression and a physical body that is out of balance—a common symptom of addiction. Common physical problems people have are adrenal fatigue, candida albicans, and food sensitivities. It's hard to stay sober when we feel lousy or have intense cravings. Simple pleasures, keeping life organized, connecting with friends and laughter all spark our energy and help us have the energy to heal. It is incredibly important that we bond in joy, power and delight instead of suffering.
14. **We seek to find our inward calling, and develop the will and wisdom to follow it.** First we listen to the guidance within, then develop the courage to follow it. Some people feel clear guidance as to what they want to do in life, and for others it seems vague and out of reach. Part of finding one's calling is to take part in numerous activities, read, talk with others, have vocational counseling. What everyone can focus on is bringing their values and life style together as much as possible.
15. **We accept the ups and downs of life as natural events that can be used as lessons for our growth.** Life has its ups and downs--you win some and you lose some and that's natural . It's important not to pathologize life by becoming self absorbed, intense and upset about small mood changes, problems at work, or difficulties with family members or We need to be able to shift our perspective, to see the bigger picture—the vast scope of life and the wonder of the universe.. Conversely, when there is a serious problem we need to address it. It's a matter of balance. Our dramas matter, but in the cosmic scheme of things, they're not serious– they come and go. Self absorption and worry keep our vision narrow and block out joy, wonder, and contentment. My subtitle for this step is, Lighten up, It matters but it's not serious.
16. **We grow in awareness that we are interrelated with all living things, and we contribute to restoring peace and balance on the planet.** In speaking of Creation theology, Matthew Fox says, "It's not enough to awaken the heart and right brain if you don't also put that energy to work relieving the suffering of the world." Ultimately we need to step beyond our labels of addiction and codependency and see ourselves as a wondrous mosaic of many strengths, talents, experiences, foibles, and feelings. We step outside the box of focusing on our addiction and reconnect with the broader community, remembering that we are magical creations of life. Ultimately the spiritual journey includes being present in the moment as well as feeling connected to all people and all sentient life.

Books by **Dr. Charlotte Kasl** (See <http://charlottekasl.com/books-2/>)

- Women, Sex, and Addiction: A Search for Love and Power, 1990.
- Many Roads, One Journey: Moving Beyond the 12 Steps, 1992.
- Finding Joy: 101 Ways to free Your Spirit, 1994.
- Yes, You Can!: A Guide to Empowerment Groups, 1995.
- A Home for the Heart: A Practical Guide to Intimate and Social relationships, 1998.
- If the Buddha Dated: A Handbook for Finding Love on a Spiritual Path, 1999.
- If the Buddha Married: Creating Enduring Relationships on a Spiritual Path, 2001.
- If the Buddha Got Stuck: A Handbook for Change on a Spiritual Path, 2005.
- Zen and the Art of a Happier Life, 2005.
- If the Buddha Had Kids: Raising Children to Create a More Peaceful World, 2012.