

The Role Of Spirituality In The Recovery
Process Of The Alcoholic Who Is Attending A Twelve Step
Program

by


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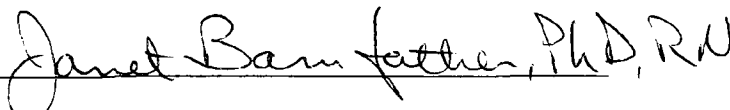
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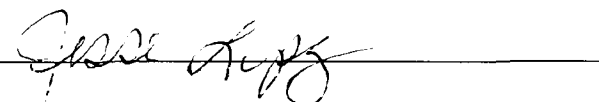
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Abstract

Purpose

The purpose of my research was to investigate the role of spirituality in the recovery process of the alcoholic who is participating in a twelve step program. The type of information sought for this study were the spiritual experiences of individuals who are recovering alcoholics in a twelve step program for at least one year.

Method

The research is qualitative, based on the tradition of phenomenology. In order to obtain the most comprehensive amount of information, a semi-structured interview was used. The sample size consisted of six participants, two females and four males. Their ages ranged from twenty-five to sixty-six. The participants were obtained through convenience and snowball sampling. The first participants were selected after responding to a posted advertisement. The rest of the participants were referred by friends. The data was obtained from the participants in audio taped interviews. The interviews were transcribed and analyzed using an editing analysis style. The unit of measurement was the paragraph. This holistic approach offered the opportunity to collect data about the participants' personal spiritual experiences in a thorough manner. Analysis resulted in identification of several themes and patterns among the lived experiences of six individuals in recovery from alcoholism.

Results

There is little formal research on exactly what role spirituality plays in recovery from alcoholism. This study revealed that spirituality is the most essential theme in the

recovery process. For these participants, there would be no recovery without spirituality. Another possible theory which was uncovered by this study is that as one becomes more spiritually evolved, one becomes more concerned about others as opposed to focusing on one's self.

Implications for advanced practice nursing include assessment of spirituality when treating alcoholics and their families, increasing the acceptance of spirituality in a holistic approach to care by including spirituality in the curriculums of nursing programs at all levels, as well as facilitating the practitioner's self awareness regarding spirituality.

Limitations

Two limitations of the study were a small sample size (n=6), as well as limited time.

Conclusion

This study indicates that the role of spirituality in recovery is vital. Given that element, it would seem reasonable to continue research of spirituality in the recovery process and increase acceptance of that role within the medical, psychiatric, and nursing practice communities.

Key words

Spirituality, Recovery, Alcoholism, Conversion Experience, Alcoholics
Anonymous.

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Chapter I

Introduction

Spirituality and healing

There is a growing interest in the impact of spiritual beliefs on health, within the health provider community. Authors such as Dr. Larry Dossey, M.D.(1993 & 1999), Dr. Christiane Northrup, M.D.(1998), Joseph Campbell (1988), Dr. Carl G. Jung (Segaler, S. & Berger, M., 1989), Dr. Andrew Weil, M.D.(1995), Dr. M. Scott Peck, M.D.(1993), to name a few, have written on this topic, in popular literature. The topic is not so readily addressed in scholarly literature. Spirituality, as a source of healing, is certainly not a new concept. Spontaneous healing has been documented throughout man's religious history. In Christian tradition, Matthew described the healing powers of Jesus. The New Testament recounts His healing of the paralytic at Capernaum, a woman with a hemorrhage, as well as the recovery of sight of two blind men. Matthew 9 : 2 (Saint Joseph Edition). Judaic history depicts the narrative of a Hebrew, Elisha, healing the leper from Aram named Naaman. 2 Kings 5 : 1 (Saint Joseph Edition). In Islamic tradition, there is a story that a man once went to Muhammad and told him that his brother was afflicted with violent abdominal pain, upon which the Prophet bade him give his brother honey. He heeded the Prophet's advice. The man, by God's mercy, was cured.

In the spiritual classic, *Black Elk Speaks*, John Neihardt (1972) has written the account of the illness, the great vision, and the healing of a young Oglala Sioux who grew up to become a medicine man and warrior. Black Elk had great spiritual abilities.

He experienced visions that enabled him to enter battle without fear and to heal others.

Spiritual experiences of healing are not limited to antiquity. One of the most profound and influential spiritual experiences has been described in modern times by Bill Wilson, co-founder of Alcoholics Anonymous (AA):

"Suddenly, my room blazed with an indescribably white light. I was seized with an ecstasy beyond description. Every joy I had known was pale by comparison. The light, the ecstasy--I was conscious of nothing else for a time. Then, seen in the mind's eye, there was a mountain. I stood upon its summit, where a great wind blew. A wind, not of air, but of spirit. In great, clean strength, it blew right through me. Then came the blazing thought 'You are a free man.' I know not at all how long I remained in this state, but finally the light and the ecstasy subsided. I again saw the wall of my room. As I became more quiet, a great peace stole over me, and this was accompanied by a sensation difficult to describe. I became of living spirit. I lay on the shores of a new world. 'This,' I thought, 'must be the great reality. The God of the preachers.' Bill Wilson had just had his 39th birthday, and he still had half his life ahead of him. He always said that after that experience, he never again doubted the existence of God. He never took another drink" (Pass It On, 1984).

Spirituality and alcoholism

Having read about Bill Wilson's astonishing religious experience, I developed an interest in the subject of alcoholism and the spirituality of recovery. There is no doubt that the impact of alcoholism on the field of health care is tremendous.

"Alcoholism continues to be one of medicine's most devastating diseases both at the individual and societal level. Alcoholism is a significant risk factor for violence, with nearly half of all deaths from accidents, suicide, and homicide related to alcohol use. In the United States, direct and indirect costs secondary to alcoholism are on the order of \$85 billion annually" (Frances & Miller, 1998, p. 91). Research offering any enlightenment on this topic is relevant to nursing, as nurses work with the public and deal with many lives that have been adversely affected by alcohol. Nurses may also have a more personal interest in the matter. "Candace Snow and David Willard, RN, authors of 'I'm Dying To Take Care Of You, Nurses and Codependency', believe that 75 to 90% of nurses bring unresolved issues of codependency from their families of origin into the workplace" (Travis Laskey, 1994, p. 6).

Eileen M. McGee, RN., M.S., states in her article for the Journal of Holistic Nursing: "The areas where AA stands to inform nursing theory and practice include an expansion of the concept of holism, increased knowledge about the delivery of spiritual care, and expanded views of patient empowerment" (McGee, 2000, p. 17). I believe that it is important to discover, from individuals who belong to AA, their personal stories of the role that spirituality plays in their recovery. Other nursing implications include promoting reflection, finding meaning in life as well as assisting patients, and ourselves, to find balance. The concept of holism acknowledges the interrelationship of body, mind, and spirit. Human bodies are nourished by spiritual energy. Having faith and trust in this reality is an important part in the creation of health. Learning to connect with our spirituality is not difficult, but neither our ego nor

our intellect can control the connection or the results (Northrup, 1998).

Bill Wilson's transcendent, life changing experience has been compared to the experience of Muhammad, which resulted in the founding of Islam, and the conversion of Paul on his way to Damascus in Acts, 9: 1-19. Bill W. occasionally referred to it as his "hot flash." His spiritual experience contributed to the Fellowship of Alcoholics Anonymous and the sobriety of millions.

Chapter II

Review of Literature

Science and spirituality

The study of the role of spirituality in recovery, or in any aspect of human existence has been largely ignored by the empirical sciences. Few studies on spirituality have been conducted. The theoretical thinking of Dr. Carl G. Jung, a psychiatrist who practiced in the first part of the twentieth century, has influenced the writer's interest in the role of spirituality in recovery. Jung wrote in a letter to a friend that he had failed in his most important task: "...to open people's eyes to the fact that man has a soul, that there is buried treasure in the field, and that our religion and philosophy are in a lamentable state. It's the human soul, that's the buried treasure" (Segaller & Berger, 1989, p. 180). In modern life, some people search for meaning and happiness through materialism, pursuit of power or pleasure, and in the forms of drug abuse and alcoholism. It is difficult to turn inward. To look into one's self for meaning in life. For some individuals, it is difficult to accept any form of spirituality. An important contribution to society and health care was Jung's indirect role in the founding of Alcoholics Anonymous (AA):

The official history of Alcoholics Anonymous traces the group's origins to Jung's diagnosis of the incurable alcoholic known only as Rowland H. In a public lecture, given in 1958, one of the founders of Alcoholics Anonymous, Bill W., gave this account: 'Few people know that the first tap-root of AA hit pay dirt some thirty years ago in a physician's office. Dr. Carl Jung, that great

pioneer in psychiatry, was talking to an alcoholic patient. Once in a while, alcoholics have had what are called spiritual experiences....and a completely new set of conceptions and motives begin to dominate them. Ordinary religious faith isn't enough. What I am talking about is a *transforming experience*, a conversion experience, if you like. I can only recommend that you place yourself in the religious atmosphere of your choice, that you recognize your personal hopelessness, and you cast yourself upon whatever God you think there is (Segaller & Berger, 1989, p. 180).

Although alcoholism is perceived as a disease, a physical, mental and spiritual illness (Alcoholics Anonymous, 2000), attempting to find scholarly articles proves to be a daunting task. Jeremiah D. McAuliffe, Jr. writes in his on-line dissertation:

If searches of the literature are any indication, the fact that the AA program is spiritual in nature is a stumbling block to professionals in the field. There is no shortage of books and articles on the spirituality of the Twelve Steps in the popular literature. However, there is a conspicuous silence in the professional literature, especially odd given the prevalence of professional support for AA and AA's clear spiritual stance. One would think professionals would be intrigued by a phenomenon that can pull late stage alcoholics out of the gutter as well as "shopoholics" out of the malls. While there is ample material on Alcoholics Anonymous in medicine, psychology, and sociology little of it appears to treat the specific topic of the *spirituality* of AA. If spirituality is mentioned, it is vaguely defined, and is often confused with more abstract

psychological theories--a problem especially within the popular literature.

What is even worse, is what appears to be a professional willingness to simply ignore the writings of Bill Wilson--not to mention the "hot flash" experience that led to his sobriety. This researcher finds this seemingly willful disregard of the body of writings around the Twelve Steps nothing less than astonishing (McAuliffe, 2001).

Perhaps this disregard of spirituality is due to the unwillingness of science to accept any other evidence other than empirical evidence.

Eileen McGee concurs with McAuliffe in her article *Alcoholics Anonymous and Nursing*: There are few who doubt the success of AA in assisting many individuals to achieve sobriety. However, there is little formal research on exactly how AA works. Perhaps the best source of information on the process of recovery in AA are the members themselves and the written materials that have been developed over the past 60 years (McGee, 2000).

One source of literature concerning AA members' stories is the *AA Grapevine*. It is the international journal of Alcoholics Anonymous. In print since 1944, the magazine has been a forum for the opinions and stories of AAs around the world. Each edition is devoted to a topic. The April, 2003 edition contains stories of spiritual transformation. Most stories are not like the miraculous experience described by Bill Wilson. Instead, they are stories of understanding and slowly seeing the world in a different way. Spirituality is summarized by individuals as a new consciousness or an awakening. Each contributor has their own definition of spirituality. One person's story

is not superior to another's story. The common element is that spirituality has played a key role in his or her recovery.

For centuries, science and religion were intermingled. Alchemy in Europe and China, and the Shaman in North America are examples of humanity's spiritual and scientific roots. But as science has come to rely on the empirical paradigm, anything that smacks of mysticism is considered junk science. Carl Sagan makes this attitude very clear in his work on the subject, *The Demon Haunted World*. He does not specifically address the AA spiritual experience but he does debunk all forms of demonic apparitions, UFO myths, divine contact with saints or the Virgin Mary, telepathic powers, etc. All are lumped together as a misunderstanding of perfectly explainable events. For example, Dr. Sagan occasionally heard the voices of his dead parents and describes this occurrence as a lucid memory:

Repeated surveys have shown that 10 to 25 percent of ordinary, functioning people have experienced, at least once in their lifetimes, a vivid hallucination--hearing a voice, usually, or seeing a form when no one is there. More rarely, people sense a haunting aroma, or hear music, or receive a revelation that arrives independent of the senses. In some cases these become transforming personal events or profound religious experiences. Hallucinations may be a neglected low door in the wall to a scientific understanding of the sacred. Probably a dozen times since their deaths I've heard my mother or father, in a conversational tone of voice, call my name. Of course they called to me often during my life with them--to do a chore, to remind me of a

responsibility, to come to dinner, to engage in conversation, to hear about an event of the day. I still miss them so much that it doesn't seem at all strange that my brain will occasionally retrieve a lucid recollection of their voices (Sagan, 1996, p. 104).

Hallucination, seizure, or divine intervention, Bill Wilson felt that his incredible encounter functioned as a map for AA members:

But as I now look back upon this tremendous event, I can only feel very specially grateful. It now seems clear that the only special feature of my experience was its electric suddenness and the overwhelming and immediate conviction that it carried to me. In all other respects, however, I am sure that my own experience was not in the least different from that received by every AA member who has strenuously practiced our recovery program...if their transformation in AA extending over six months had been condensed into six minutes--well, they then might have seen the stars, too! (McAuliffe, 2001)

Science and consciousness

How can one expect to find a scholarly discussion of spiritual experience when even the idea of human consciousness is discounted by scientists? In classical times Hippocrates said: "Men ought to know that from the brain only, arise our pleasures, joys, laughter and jests, as well as our sorrows, pains, griefs, and fears" (Andreasen, 2001, p. 27). Dr. L. Dossey writes:

In the various 'consciousness conferences' that are springing up everywhere these days, scientists often engage in white-knuckled arguments about whether

or not consciousness *exists*, let alone how it works. This state of affairs highlights our primitive understanding of the mind. Daniel Dennett, a distinguished commentator on the relationship between the mind and the brain and author of *Consciousness Explained*, has concluded that there really is no such thing as consciousness-- we are all zombies and automations who, through some freak of nature, *think* we're conscious. A similar position is taken by Francis Crick, who shared a Nobel Prize in 1953 for the discovery of the structure of DNA. In his 1994 book, *The Astonishing Hypothesis*, he wrote that 'your joys and your sorrows, your memories and your ambitions, your sense of personal identity and free will, are in fact no more than the behavior of a vast assembly of nerve cells and their associated molecules' (Dossey, 1999, p. 78).

This, however, is not the only point of view:

There is no reason to close the books on the role of consciousness and health. Even if the brain were capable of actually producing consciousness, for which there is no evidence, no one has a clue about how the *contents* of the mind--specific thoughts--would come about as a result. 'No,' Einstein once said in response to this idea, 'this trick won't work....How on earth are you ever going to explain in terms of chemistry and physics so important a biological phenomenon as first love?' His contemporary, Niels Bohr, whose name is synonymous with modern physics, agreed that physics cannot shed light on the mind. 'We can admittedly find nothing in physics or chemistry,' he said, 'that

has even a remote bearing on consciousness" (Dossey, 1999, p. 79).

Psychology and spirituality

It would appear that spirituality has not been studied extensively in the professional literature. If science cannot come to terms with the existence of consciousness, how distant are the professions from formal research on the soul or spirituality? Discussions of the transcendent experience are discussed in academia under the headings of: Philosophy of Religion or Psychology of Religion. For example, Dr. William James writes:

Let us hereafter, in speaking of the hot place in a man's consciousness, the group of ideas to which he devotes himself, and from which he works, call it *the habitual center of his personal energy*. It makes a great difference to a man whether one set of his ideas, or another, be the center of his energy; and it makes a great difference, as regards any set of ideas which he may possess, whether they become central or remain peripheral in his consciousness. To say that a man is 'converted' means, in these terms, that religious ideas, previously peripheral in his consciousness, now take a central place, and that religious aims form the habitual center of his energy. Now if you ask of psychology just *how* the excitement shifts in a man's mental system, and *why* aims that were peripheral become at a certain moment central, psychology has to reply that although she can give a general description of what happens, she is unable in a given case to account accurately for all the single forces at work" (James, 1902, p. 218).

One hundred years later, psychology and medicine are just beginning to acknowledge and study spirituality. Doubtful that it exists and reticently mentioning it in a professional text. Here, a modern example, in *Clinical Textbook of Addictive Disorders*, one paragraph is devoted to AA:

According to results of a survey conducted by AA in 1992, recovery rates achieved in the AA fellowship were as follows: (1) Of those sober in AA less than 1 year, 41% will remain in the AA fellowship another year; (2) of those sober more than 1 year and less than 5 years, 83% will remain in the AA fellowship another year; (3) of those sober 5 years or more, 91% will remain in the AA fellowship another year. Of importance, attendance in an abstinence-based treatment program can increase the recovery rates in AA (e.g., 80% from 41%) with referral to AA following the treatment program (Frances & Miller, 1998).

Statistics are dryly presented. This text does briefly state that self help groups emphasize the importance of abstinence from psychoactive substance abuse, reliance on a superior spiritual force (the 'Higher Power'), and social affiliation of 'fellowship' for mutual support.

Although reliance on a superior spiritual force is mentioned, there is nothing concerning the role of spirituality in the recovery process.

What is spirituality?

Some people believe in a relationship between physical health and spiritual attainment, or that an element or quality of the Supreme Being dwells inside every

Despite their considerable drawbacks, and no signs that they can work for other than self-selected populations, AA and related organizations completely dominate the U.S. treatment field, and their principles and policies are widely regarded to be the main hope for reducing drug and alcohol abuse in this country. Moreover, the religious absolutism of AA has been carefully melded with medical dogma (Peele, 1985).

Dr. Peele states that he does not believe alcoholism is a disease any more than stealing is a disease. He also promotes moderate drinking as a goal for alcoholics as studied by the Sobells, in Canada. He discounts Jellinek's research:

The actual empirical basis for the current disease model was research conducted in 1946 by Jellinek. Analysis of ninety-eight questionnaires from a mailing sent to about 1,600 Alcoholics Anonymous members. Practically every independent effort to test this research has found that alcoholism does not necessarily follow any particular path in its development. Of even greater import are studies showing that no internal mechanism (nor the failure of any such mechanism) accounts for the alcoholic's loss of control. Instead, laboratory studies in which priming dosages of liquor are given to alcoholics or in which alcoholics are simply observed while drinking find that alcoholics typically *do* regulate their drinking. Finally, contrary to the idea of an inevitable progression, alcoholics with every degree of severity of drinking problem have been found to recover without treatment and to return to nonproblematic drinking (Peele, 1985).

More germane to this essay, he does not discuss spirituality in recovery. As a matter of fact, Dr. Peele does not believe in treatment programs: Our current approaches to tackling addiction are defeated before they begin and stand no hope of success, since they misappraise the nature and the solution of the problem. What we need is a better world composed of better societies composed of better persons and a drive to actualize it by self-transformations and social reconstructions. Yet often scientists dealing with behavior prevent all development in this direction by shattering man's faith in the existence of the necessary potentialities within himself and reducing him to cynicism and despair (Peele, 1985). Dr. Peele apparently believes that alcoholics can all just grit their teeth and moderate their drinking themselves. I present his point of view as an illustration of studies that refute conclusions of earlier studies, which adds balance to the literature regarding spirituality and recovery from alcoholism.

Human genetics

Recent discoveries, in connection with the Human Genome Project, point to a genetic variable present in the DNA of those who become alcoholic. Researchers know that regions of chromosomes 1, 2, 7, and 11 may carry genes that make a person more likely to become an alcoholic. They also know to look to a region of chromosome 4 for a gene that might provide some protection against the disease (Stagg Elliot, 2001). Family, twin, and adoption studies have consistently shown the genetic influence on alcoholism. Consistent findings across many studies are that alcohol preference is associated with low levels of brain serotonin and that there are

genetic differences in the processing of endorphin peptides. This finding that those with a preference for alcohol show an increased response of the opioid system (endorphin peptides) to alcohol has led the way to use of an opioid antagonist in treatment of alcoholism. People need to be aware that family history of alcoholism is a predictor of increased risk of alcoholism yet that does not mean that they are going to be alcoholic. A susceptible person can learn to accept responsibility for life choices (Kutlenios, 1998).

Alan G. Marlatt (1998) writes in *Harm Reduction*, of addiction being treated with behavioral programs, including controlled drinking as well as the concept of not punishing drug addicts by placing them in prison. Much discussion of recovery, yet silence pertaining to spirituality. His book is typical of scholarly writing.

Spirituality gaining acceptance

Conversely, discussion and research of spirituality is emerging in the scientific communities of nursing and social work. Drumm, McBride, Allen, Baltzar, and McCoy (2001) highlight findings that examine how religiosity may influence drug use, HIV risk behavior, and violence. The authors call for research of spirituality in recovery as federal funds will be allocated to faith-based substance abuse treatment and prevention programs. In January of 2001, President Bush announced the creation of the Office of Faith-Based Community Initiatives. One of the goals of this office is curbing or conquering addiction. Legislators are beginning to recognize that a link exists between faith and substance abuse behaviors. Therefore, it is imperative to validate the role of spirituality in recovery.

Okundaye, Smith, and Lawrence-Webb (2001) state: "In the last two decades, the social work profession began to confront the professional avoidance of alcoholics and other drug addicts, and discussion of spirituality. While acknowledging the importance of 12-step Programs of Alcoholics/Narcotics Anonymous, we also acknowledge that spirituality is a major aspect of addiction and recovery from an addiction" (p. 65).

Mary McGrath Rush, RN, CS, C, PhD (2000), describes in her correlational study, finding that the number of AA meetings attended weekly contributed significantly to power and spirituality. The study had a sample of 125 sober alcoholic women who were active participants in AA. Because alcohol is readily available, an understanding of how AA works can help nurses counsel alcoholics and help facilitate sobriety.

Margaret A. Burkhardt, M.S.N., M.A.(1989), addresses the issue of spirituality in nursing: Holistic approaches to health care implies an understanding of the human person as a unity where body, mind, spirit, and environment are descriptors of the interrelated manifestations of the person. Although nursing espouses holistic care with clients, application in clinical practice, particularly regarding the area of spirit and spirituality is often less than ideal.

The subject of spirituality is being discussed by these nursing and social work professionals. They are leading their peers in this respect.

Additionally, the National Center for American Indian and Alaska Native Mental Health Research and the University of Colorado Health Sciences Center has

initiated a project titled: American Indian Spirituality And Alcohol (Spicer, 2003).

Two of the aims of this study are to better understand spirituality and religious practices and to articulate the role of spirituality and religion in changes in drinking behavior of members of a Northern Plains Tribe. The results of this work may help in future prevention and treatment programs.

M. Scott Peck states that American psychiatry is currently in a predicament. It is a predicament because its traditional neglect of the issue of spirituality has led to five broad areas of failure: occasional, devastating misdiagnosis; not infrequent mistreatment; an increasingly poor reputation; inadequate research and theory; and a limitation of psychiatrists' own personal development. Taken further, these failures are so destructive to psychiatry that the predicament can properly be called grave (Peck, 1993). Psychiatry follows the medical model and has been strongly influenced by neurobiochemistry in the recent past. Medical training, in the past, has omitted spiritual issues. By ignoring the power of an unseen order of things, medicine and psychiatry were missing the boat. Health care providers need to return to a philosophy in which science and religion were integrated. An illustration that a more holistic view is being assimilated into medicine has been the inclusion of V62.89, the code for Religious or Spiritual Problem, into the DSM-IV-TR. It involves the focus of clinical attention to loss of faith, as well as other spiritual problems. Dr. L. Dossey, M.D., writes in *Reinventing Medicine*:

The world views of doctors and the professors who teach them are undergoing a subtle but profound shift. For example, courses on the role of religious

devotion and prayer in healing are currently being taught in approximately fifty U.S. medical schools. This is an historic event, a stunning reversal of the exclusion of these factors from medical education for most of the twentieth century" (1999, p. 199).

Research question

The experience of spirituality has led to sobriety for many (it is unknown how many) alcoholics. Alcoholism is one of the greatest financial burdens to society and the health care system. The emotional burden on individuals, families, and society is not quantifiable. Yet scholarly research of spiritual phenomenon, within the professions, is limited. Consequently, my research question: What is the role of spirituality in the recovery process of the alcoholic who is participating in a twelve step program? is relevant and will add to the body of knowledge of psychiatry, medicine, and nursing.

Chapter III

Methodology

Purpose

The purpose of this study was to explore the lived experience of recovering alcoholics' with respect to the role of spirituality in their recovery process. Qualitative research is the best method to discover an individual's subjective, personal experience. It investigates a phenomenon in an in-depth and holistic manner, through the collection of narratives using a flexible research design (Polit & Hungler, 1999).

Inclusion criteria

The population studied for this thesis consisted of volunteer participants who are recovering alcoholics, and were able to describe the role of spirituality in their recovery. Participants were selected from persons who have responded to a flyer (Appendix A) posted in a church where 12 step meetings are held. Convenience sampling was the way in which I obtained the sample. Snowball sampling also occurred as participants referred me to others who are also in recovery. The audio taped interviews were conducted at locations selected by the participants.

Although I had proposed a sample size of at least eight volunteers, my final sample consisted of six participants. In qualitative research, sample size should be determined on the basis of informational needs. Hence, a guiding principle in sampling is *data saturation* (italics added) that is, sampling to the point at which no new information is obtained and redundancy is achieved. Redundancy can typically be achieved with a fairly small number of cases, if the information from each is of

sufficient depth. With a fairly homogeneous sample, fewer than ten cases may suffice (Polit & Hungler, 1999).

The demographics collected were of gender and age. This will maintain participant confidentiality yet allow the researcher to analyze the data categorically and descriptively, as well as add to reader interest.

Design

Despite the fact that there are some features common to all qualitative designs, there is nevertheless a wide variety of overall approaches. Unfortunately, there is no readily agreed upon classification system or taxonomy for the various approaches (Polit & Hungler, 1999). There is not a predetermined research methodology. Having said that, there are some qualitative research traditions. The one I am adopting, as it is the most relevant to my topic, is that of phenomenology. Phenomenology emerged from the philosophical and psychological traditions. The sample population studied were those who are in recovery from alcoholism and have attended a 12 step program for a minimum of one year. The researcher was the instrument in this study.

According to Polit & Hungler (1999), phenomenologic study typically involves four stages. The first is bracketing, which refers to how the researcher must bracket out preconceived notions or bias about what the participants are relating. The researcher comes to the interview as a blank slate and does not judge or guess ahead of time about what the participants are going to say.

The second phase is known as intuiting. Intuiting means that the researcher remains open to the phenomenon being described and understands the phenomenon as

the participant does. The meaning that is placed on the experience by the participant is how the researcher interprets it. The researcher thinks about the meaning that all the participants placed on their experiences and comes to an understanding of their spiritual experiences.

The third phase is known as the analysis phase. One makes sense of the meanings placed on the experiences. As I considered what the subjects had told me, common themes have become apparent. I did not try to guess ahead of time as to what a participant would talk about nor did I offer a definition of spirituality.

The fourth and last phase of phenomenological approach is the descriptive phase. I have described my discoveries in writing and communicated my understanding of the phenomenon. Through this research, I have attempted to understand the lived experience of the participants through an emergent phenomenological design.

Data collection plan

The data collection plan began when approval was obtained from the Human Subjects Committee at the University of Michigan-Flint. Approval was received September of 2002 (see Appendix B). The participants volunteered in response to a posted advertisement at a local church (see Appendix A). Additional participants were obtained as a result of snowball sampling, in which friends referred their friends to the researcher. The first participants responded to the advertisement when permission was obtained from the pastor of the church. The rest of the participants volunteered after speaking with the first participants. The interviews were conducted in a setting that was most convenient for the participant. The participants were drawn from three

separate twelve step groups, initiated through three separate contacts.

An explanation, by the researcher, of the purpose of the study, was provided to the participant prior to obtaining a signed consent. All participants signed the consent before participating in the research (see Appendix C). The time frame of each interview was approximately one hour. Each interview was audio taped and each participant was paid \$20.00 at the end of the interview. A set of four questions (see Appendix D) contributed to the frame work for a semi-structured interview. In order for the participant to provide a thick description of his or her experiences, the researcher asked many questions that were not planned in order to help the interview flow. In other words, we were not locked into a structured interview. The descriptions of the role of spirituality in the recovery process of the participants was indeed rich. At the end of each interview, the investigator briefly rephrased what was said and each participant verified the interpretation as a means to fully understand what was said. (see Appendix E) Therefore, validity was maintained. Nonverbal communication such as good eye contact and speaking in a fully engaged manner were maintained during each of the interviews.

Validity

As a qualitative researcher, my goal was to produce research results which reflect the truth. Using Lincoln and Guba's four criteria for establishing the trustworthiness of qualitative data: credibility, dependability, confirmability, and transferability, the trustworthiness of the data has been demonstrated (Polit & Hungler). Additional methods of insuring validity were the utilization of prolonged

engagement, or allowing sufficient time in the interview for complete data collection, increasing the likelihood of collecting credible data. As well as employing data triangulation; using multiple sources to obtain diverse views. This was achieved by obtaining my sample population from different 12 step groups. As the study progressed, I had the benefit of peer debriefing. My committee chairman reviewed my inquiry, providing valuable supervision, suggestions, and criticism on an ongoing basis. This improved my interview technique, thus improving the quality of the inquiry.

Perhaps the most significant aspect of qualitative credibility, is the credibility of the researcher. Since the researcher is the instrument of data collection, the worth of the data is very dependent upon the faith one has in the researcher. The researcher, in this case, is a professional Registered Nurse who has 23 years experience with multiple types of clients who have privacy issues. The researcher has professional expertise in discussing confidential and highly personal subjects with clients. Any discussion of one's spirituality or of one's status as an alcoholic are highly sensitive and personal topics and must be dealt with in that regard.

Dependability was confirmed as two other reviewers have scrutinized the data and agree with the results illustrated by this thesis. Related to dependability is confirmability in which an independent reviewer has agreed with the researcher concerning the data's relevance and meaning.

Transferability refers to generalizability of the data. In this case, the data is not transferable to another population of recovering alcoholics due, in part to the small sample size, as well as the highly personal nature of spirituality.

Data analysis

Each recorded interview was transcribed and then analyzed by the investigator. The themes emerged as similar concepts from each interview and were placed into categories. Two patterns also emerged after the researcher was able to step back and look at the themes in a broader way. The common themes and emergent pattern constitute the findings of this study.

Chapter IV

Results

The domain which has been investigated were the participants' subjective experiences of the role of spirituality in their recovery from alcoholism. They have provided a thick description of their personal experience. As the investigator, I have ensured that the subjects provided enough information to be able to categorize the data and support its dependability.

Data analysis

As the research is qualitative, I have developed a categorization scheme and then placed the thematic data into the different categories. The type of themes emerged as each interview was scrutinized to reduce the material into manageable units. The unit of measurement was the paragraph. Once appropriate categories were established, I then placed examples of themes into the different categories. Themes became apparent and the research uncovered new insight into the recovery process. I conducted the interviews with an open mind, therefore I did not attempt to name categories and themes ahead of time.

Results of demographics

Six interviews were completed. The sample was comprised of four males (66.6%) and two females (33.3%). (See figure one). Their ages range from twenty-five to sixty-six, with a mean age of 41. (See figure two). I did not ask their professions or from what financial strata they hail from to help maintain their comfort level and confidentiality.

Demographics

Figure One: Gender

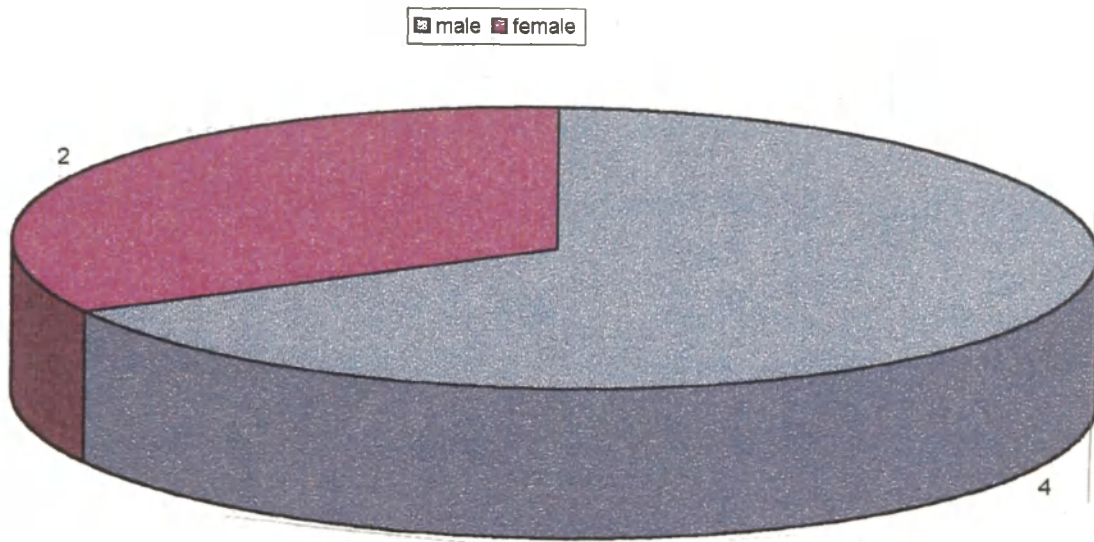
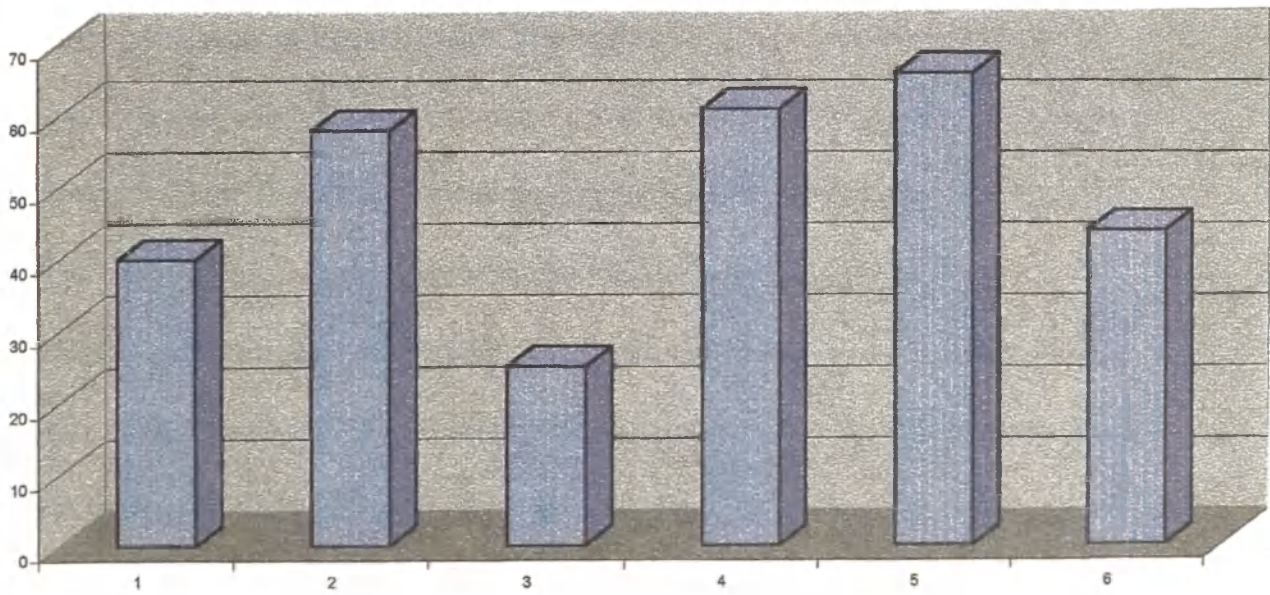


Figure Two: Age of Participants



Analysis style

I have been using an editing analysis style in that I have been listening and re-listening to the taped interviews, as well as rereading the transcribed data searching for meaningful segments or themes. My thematic analysis has uncovered some very rich material describing the role of spirituality in the recovery process. The categories identified are:

Thought Changes: Behavior Changes: Belief that their Life was Saved: End of Fear: Actual Events: Seeing Change in Others: Spirituality is the Only Cure:

Within the categories I have placed the emergent themes.

Summary of results

Thought Changes:

Dave: says he is happy now. He says he knew he needed help. His alcohol consumption was causing him to incur fines and to be arrested. He says his recovery is an ongoing process. "I'm not done." He states that it is not hard to not drink. "It doesn't bother me." He also says that now he looks forward to things as opposed to having negative thoughts. "He's been there for me ever since. I mean I'm not afraid, I was afraid when I went for sentencing. It's been a great experience."

Fran: Didn't want alcohol anymore. "So I went to this full gospel meeting. When I looked into their eyes, I could see that they had something that I didn't have. That's when I thought, this is real, this is really real. Those people had joy and you could see that they were satisfied. I just didn't want any alcohol after that. I just didn't think about it anymore." Fran also described another change: "I was driving home from

work and I was going on and on in my mind about how beautiful the trees were, and thanking God for giving them to us for our pleasure. All of a sudden, I thought what is going on here? Because I had never done that before. Never. I thought, OK, I know something had happened. So I went to church and brought the kids with me. So then I had a hunger for the word. I wanted to go to church."

Mike: Spirituality gave him a personality change, a renewing of the mind. "My spiritual experience came during AA. I couldn't function anymore....and they hauled me away, and put me in an institution. When I sobered up, I realized that I was not a victim of circumstances....that was my spiritual experience....that God told me that I have a hand in my own life, my own addiction. It was like a weight had been lifted off my shoulders...it was a forgiving experience. I had felt guilty all the time, I thought I had no hope. Here it is...I felt guilty all the time and I found out why I always felt that way, because I was guilty....see it's a real simple clarification. I understand it as God giving me a flash of reality. I knew at that moment a weight had been lifted off."

Cara: "I've come to a point in my life where I don't want to hurt myself anymore and I don't want to hurt Him anymore. So now I don't crave alcohol anymore because I know it will mess with my joy and with my peace and that drink is not worth it anymore. Before, I would never think about the consequences. I'm to that point in my walk with God that I just don't compromise my standards."

Gerry: says that his outlook is different as a result of the twelve steps. The change came about as a process, asking for help and coming to believe that this is a real entity. He discussed finally letting go and believing God is in charge. He states that he used to

worry a lot, especially about finances but now he trusts that God will take care of him and all that anxiety is behind him. He says that he thought that he had to do everything on his own. He discussed having a chip on his shoulder; he felt the world was picking on him. He came to the conclusion that the world didn't pick on him, ever. He was picking on himself. "I love the way I think now. I love the way I see life. And that's through my spirituality. I wake up now, OK God, another day!" He wakes up looking forward to the day. He talked about watching the news on TV but not becoming worried about all the insanity that's going on around us. "We all have to live in this world, we all have to work. We all have to earn a living, participate. I gotta get up, suit up, and show up, but the rest is up to God." He discussed the concept of trusting that God is running the universe and he doesn't have to. He jokes that he's glad that he doesn't have to make all the decisions any longer.

Jim: "I believe that God makes me more aware. I have been sober for 12 years but had I allowed His presence to guide my life, I probably wouldn't have done a lot of the things I've done. While being alcohol-free, I still know what it means to behave in an impulsive manner. I don't drink compulsively anymore, but the first time I went into a casino, I knew what it felt like to gamble compulsively. I left the casino feeling much like I just...I might as well have just been coming off a four day bender. No money in my pockets...feeling ashamed of what I had just done. You know, all the feelings are the same, the only thing missing was the alcohol."

Behavior Changes: All participants have stopped drinking alcohol and attend meetings. That is the most relevant finding related to the study question. Other

behavior changes include:

Dave: "When I first started, I didn't have a bible, now I have four. I didn't go to church, now I go. I just recently started bible study in the evenings. I started playing the trumpet in high school and now I started taking it up again. My father had wanted to hear me play but he passed away too soon. It was rough; the Lord helped me through that. But anyway, I played it at the funeral home. I didn't think I could do it, but He helped me through that."

Fran: She wants to read the bible and wants to attend church. She said that she cried for months. It was a healing, like a cleansing. Another behavior had also changed: "My husband was a drinker and I had been resentful and angry with him for years, and I was doing things purposely to make him angry. But God showed me that I had to get up in the morning, He wanted me to get up and be there for him (husband). I said to the Lord: 'if You want me to get up and make breakfast for my husband, then You're going to have to wake me up.' I said, 'I'm not going to set the alarm clock, and you know, I was wide awake, and that was the beginning!'" Fran became very active in a women's group at her church as well as discussing the Lord with her customers which she reports she would have never done before. "Many people in my family were alcoholics. I've seen what alcohol could do to families and we keep drinking until there is an intervention by God. I thought why can't we pray against this alcoholism that is so prevalent in America. Why can't we just pray for people with alcoholism and that should take them out of it. And I talked to my best friend and she was recovering because her mother was an alcoholic and her family life was just horrible. And she said

yes and she prayed with me. And we had a prayer group for about 18 years every Tuesday. I really felt God guided me to do that."

Mike: Has adopted a healthy lifestyle now, having once been institutionalized due to alcohol abuse. He now enjoys helping others and has had homeless alcoholics actually go through detox in his home. Mike states that lying was a big part of his alcoholism and he no longer lies, to himself or to others. "You begin to do for others what you couldn't do for yourself. The truth is when you're an alcoholic, you think you're a big shot. You have this huge ego. See and God gives you the courage to get out of that wreckage and try to help others do the same. I'm comfortable talking with a real hopeless, sloppy drunk. And my saying is that I'd rather see them crawl across the yard that walk across. I'd much rather see a person crawling on their hands and knees...because they can't function, and then I can carry that message to him....it's a healing factor." He also spoke of psychologists discussing self esteem and getting in touch with yourself, he feels that AA and Christ are just the opposite, as alcoholics are very selfish and have huge egos and require confrontation.

Cara: stated that she was always searching for a high through risk taking such as drugs, alcohol, or promiscuity. Now she is married, employed, and taking courses. She also stated that she swore constantly and now she is a very articulate speaker. "I was physically addicted to alcohol as a teenager, God moved on my heart....I was very hard hearted up until that point, all I wanted to do was party and drink and screw and whatever. And for once in my life I didn't want to do that anymore....because I realized there was something more."

Gerry: "AA is so much fun. We learn how to laugh at ourselves, and the things we used to do, and enjoy life. I loved the bars. I thought it was great fellowship but AA is a great fellowship. Now I promote things like an AA trip to Mackinac Island, a trip on the Snow Train, a cruise. I used to need a drink to enjoy people. I don't have to take a drink to enjoy life. Now I don't even think about alcohol. This is the way to live."

Jim: Stated that no one told him to go to church or buy a bible but he wanted to as a result of his spirituality. Now Jim golfs, bowls, works out, is involved in a relationship. He sings in the church choir, attends meetings and is himself a sponsor. "I needed to believe in something greater than myself, or I was going to fail *again*, which is easy to do, like I say, if...I don't believe anybody stops on their own. If they do, they're very miserable. You've heard the expression 'dry drunk' people who are dry drunks? You know, they may stop on their own; there may be no spirituality in their recovery at all and you can tell. You can see it in their faces, you can hear it when you hear them talk...they appear miserable! Like almost to the point where you would say 'Man, go have a drink!'"

Belief that Their Life was Saved:

Dave: said that through the Grace of God his life was saved. He was drinking heavily and driving and feels that through house arrest, being directed into a recovery program, having his driver's license restricted has been a blessing that actually saved his life. "I was driving home drunk and that was probably the night my life was saved" referring to the night he was arrested. "God has gotten me through all of it; it's all been a blessing."

Mike: stated he was suicidal and had no peace of mind. He describes a long journey out of the wreckage and going back to help others. "I was thinking that I had no hope. I felt guilty all the time. I had no peace at all. I was a suicidal person. I cut myself a lot...I tried to kill myself a lot. I just drank until I lost everything. But my only hope was God, AA, and the church."

Cara: states that she asked God for help and: "I wouldn't be where I'm at....I'd probably be dead from alcohol poisoning or drug overdose, had it not been for His grace and mercy."

Jim: "I cannot remove this obsession to drink. If I could I would. Anybody with half a brain in their head, if they were waking up day after day in the gutter, wearing the same clothes that they've had on for weeks, haven't bathed, haven't eaten, you know....if they could NOT do that, through a power of their own....they would! I used to believe that I drank because I wanted to and it wasn't until after I was able to stop for a while that I began to see that I *didn't* always drink because I wanted to. Alcoholics reach a point where they drink because they have to."

End of Fear:

Dave: describes an awesome feeling..reassuring. Of being no longer afraid. He feels that he was alone all of his life until the Lord came to him. "I just looked up, knowing that He had a hold of me, and it was an awesome feeling. Until that evening, I didn't realize I was alone all my life. I was alone until I accepted the Lord into my life. And I haven't been alone since. He's helped me through a lot of things."

Fran: She asked God into her life when she felt very alone and afraid: "I drank and

had parties on weekends. I liked getting high and I experienced probably 2 black outs. One at a wedding, where I don't remember coming home. At the time my husband was an alcoholic and we had a lot of serious things going on in our marriage and um...he had met another woman and I didn't know how to handle the situation. So I got down on my knees and had never really prayed before and asked God for anything, but I asked Him for His help....my husband and I had gotten into a fight and I felt like I was so lost, just so upset, and a voice said, and I'm not crazy cause this voice really said to me and I didn't tell anyone about this for years cause I didn't know God could talk to people...and He said 'You have Me.'" Later in life she had a nightmare in which she was totally alone and the same voice said to her: "You have Me." She believes that voice was God. She said: "You know when God talks to you." She said she was not afraid and He helped her greatly.

Mike: says that he had no hope in his life. Now he wakes up everyday and feels the presence and love of Jesus Christ and is at peace. "I'm a firm believer that, now, no matter where I go, there He is. So He gives me that free will to roam and wander. I'm already where I belong, I have Him with me. I look for alcees. I have the tendency to be drawn to those types....I like to help. And I always tell them, I'm just like them."

Cara: describes a lost feeling when she was an atheist. Now with the presence of God she has a good feeling. "I'm at peace with God. He holds my future. I don't have to worry about tomorrow. I just have today."

Gerry: "Alcohol started to run my life. I drank and drove. The alcohol would take me. I would worry about the future constantly. God's been taking care of me all along.

He's got me in the palm of his hand even before I started paying attention to Him. I'm very happy with the way I see myself now. Before. I was afraid. I blamed the Catholic school for not teaching me the things I needed to know to live in the world...too much religion.. not enough about paying the bills. I blamed everybody else for my troubles. Now I'm content."

Jim: "I've heard it said: 'Religion is for people who are afraid to go to hell; spirituality is for people who have been there'." He says that he was completely void of spirituality before.

Actual Events:

Dave was directed to AA by a judge. He asked God for a sign and found some religious literature in his mail box. He says that he had never received anything concerning religion up until that point. He said: "He was there." Dave does not believe that it was a coincidence.

Fran did believe in God but she was still drinking to the point of having black outs. A series of events occurred in her life which she believes was a direct act of God. She asked God for help. She met a lady through her job whose husband was a recovering alcoholic. There was a full gospel meeting coming up which required a ticket in order to attend. The woman was unable to obtain a ticket for Fran. Then another man came into the room and took a ticket out of his pocket and asked if anyone wanted it. It was a ticket to the gospel meeting. Fran believes: "God wanted me to go to that meeting."

Cara: had been struggling with addiction for six years. She was sitting in front of the TV one night, preparing to get drunk. She says: "God found me. I was sitting on my

couch getting ready to get loaded, and I was flipping through the channels....I didn't believe in God or anything at the time...and I came across a guy named Paul Crouch, and I stopped. I know that he was talking to a million people, but for once it felt like he was talking to me, only me. And he said: 'God has a purpose for your life, and you need to ask Him in your heart what it is....' She dialed the phone number and became a Christian. She says that TV show was no accident. "God had me marked." Another event occurred the night before Cara entered rehab which was a very powerful experience to her. "I had a dream. I was sitting on the floor in my dream and just thinking when all of a sudden the Lord came to me and opened book up in front of me. He said: 'Cara, are you ready?' And I said: 'Yea Lord, I'm ready', and He said: 'OK. I just wanted to make sure.' And then He closed the book. What He meant was, was I ready to go through the fire, and face all my fears and demons....so He closed the book on that chapter...I really believe that. For me it was very powerful. The book was my life. The old me couldn't be closed until I brought all that stuff up into the light and dealt with it."

Gerry: states he fell upon hard times. He was trying to sell his house in Detroit. He got on his knees and prayed. He told God he couldn't figure this out. He felt powerless. He didn't have any money. He didn't have any special training to get a job. He describes what happened as his first real insight into God's power. His wife wanted a three bedroom ranch with a finished basement. Jerry wanted to live near a lake where he could meditate and go fishing. They got exactly that. He says he knows that God is in charge. He also joked that God has a sense of humor in that the job he ended up with

after the move was as a beer truck driver! "I feel secure as somebody can in this world of ours."

Seeing Change in Others:

Dave describes seeing many "lost souls" when he was sentenced to a residential rehab program. He knew that he didn't want to be like some of the others who had been repeatedly sentenced to stay there. He says it hurts to see others still suffering with alcoholism, including family members, but he says that one of his brothers is now in recovery having seen such a positive change in Dave.

Fran states that since God made so many changes in her life, her marriage has improved, her husband no longer drinks, none of her children are alcoholics, none of their husbands or wives are alcoholics, and they are all active in church. She said: "He moves in your life." Another incident involved her future son-in-law. "He and his buddies all got drunk...or high...they all passed out and he's the only one awake, and God said to him: 'Do you want this, or do you want Me?' Honestly, he chose God. Since then, he has become a pastor and he and my daughter have a phenomenal family. I mean God can change the whole situation cause before that, he was a hot tempered individual and he has just totally changed and they have a wonderful marriage."

Mike: "Alcees are good at faking humility, we're really good at that. We know. The spirituality allows the truth. We have the capacity to recognize the truth but an alcoholic can read that and won't even know what it means because we're in such a fog.....I have a personal relationship with God, and I don't have to run all over shoving it down people's throats or hitting them over the head with a bible. I like to see people

detoxed and taught by another alcoholic.....I believe that people can recover without God, but you'd be a real a-----. Because for one thing, you're denying a power greater than yourself."

Cara: talked about going to rehab and seeing others continuing in their addiction with no spiritual awakening. She said they couldn't grasp a higher power. One woman told her to deal with her pain now rather than to be like her in her late fifties. She described being helped by other women aged eighteen up into their sixties. "Jesus has saved my soul and gave me a purpose and destiny. I think that's what people are striving for, purpose and destiny. I know. I've been there, it's like there's blinders on the eyes of the abusers. And the whole purpose of spiritual awakening is to get those blinders off, because as long as they're on there, that person is only going to see the alcohol, they're not going to pay attention to having a happy life. When I went through rehab, I saw people that had been battling addiction for years and years and the ones who had the spirituality (awakening) were the ones that looked like they were succeeding. That's when I totally gave everything over to the Lord, and I said, 'This is yours God. It's not my problem. It's your now, I give it to you.'

Gerry: said that he was most helped by watching the miracle in others. He saw people who were really lost and had a willingness to turn their lives over to a higher power. He felt that if it worked for them, it could work for him. He said: "People who have the most trouble in recovery are smart people who think they've got all the answers or people with a lot of money in their wallets. It's harder for them to let go and turn their lives over, to understand and really believe that there's something out there that's really

worth while. Getting out of our own understanding." He believes God loves all of us but "I think He has a real soft spot for recovering alcoholics. I've seen a lot of them turn the corner. Really change and get sober."

Jim says that: "If I have God, I don't have to tell you. If I don't have God, I don't have to tell you. You can see it."

Spirituality is the Only Cure:

Dave said: "He guides me and works wonders in my life." Dave says that he has made some bad decisions but "Only through Him" he has gained so many things. He said everything is in His hands. Dave said that he must let God take over the controls of his life. "I can't do it alone. The spiritual side of recovery is so important. You have to have a higher power to recover."

Fran discussed: "How long does a new TV make you happy? Two weeks? A new fridge? A new husband? This is real. This joy is real." She said that only God can heal people.

Mike: called alcoholism a separation from God. "AA is the only program where they heal the spiritual illness that separates us from God." He discussed his powerlessness over alcohol. Mike stated that he knows God gave him the realization that he was not a victim, that God is a real presence and that knowledge allowed him to make changes.

Cara: said that God gave her mercy and grace that she didn't deserve and he gave it to her anyway. She also described alcohol as a separating factor. She believes she is called to help others: "God puts people in my path every day, that are hurting, you can see it in their eyes." She also said: "I was trying to fill a void, that now I know only

God can fill."

Gerry: "I've raised four kids. I have a good marriage. I wouldn't have those things without sobriety and the God I've come to believe in. He's taken care of all of us. The kids are all self sufficient. They all believe in God. We're all content. 6/6 ain't bad."

Jim: "I didn't understand the principle of surrender. They said (in AA) that it was a spiritual principle. All I knew about surrender was number one, you lost, and number two, you put your hands up. I was alone, praying...really to something that I didn't know what, or whether it existed or not, but I was asking. I was reaching out for help. I did what I knew about surrender, I physically put my arms up in the air, I put my hands up over my head, and I remember saying 'God help me. Help me to understand this. Help me to know what it means to surrender. I can't do this by myself. I can't recover by myself. I can't take away this obsession to drink.' I had a feeling come over me, no exaggeration, like the hair on the back of my neck was standing up....got goose bumps...got weepy, I was ready to cry and didn't understand why, and to this day I can't say what, but I believe something happened in that moment. I asked for help and I got it"

Patterns

The role of spirituality has a great deal to do with the recovery of these six individuals. In analyzing the themes, one pattern that is apparent to the researcher is that the three older persons, Gerry, Fran, and Mike all spoke in depth about the profound changes that they have seen in others. The younger people, Dave, Cara, and Jim did speak about changes in others but they spoke much more about themselves.

Perhaps the older people have been involved in the recovery process longer. Perhaps if one is following the twelve steps and 'working the program', one naturally becomes more interested in helping others. Mike spoke of alcoholics being very self centered, and Gerry spoke of having to get out of one's own understanding. Or, perhaps as one evolves spiritually, one becomes more concerned about others, as opposed to focusing on one's self.

Role of spirituality

The role of spirituality in the recovery process of the alcoholic has been discussed as being essential, by the participants. Many of the participants have come to believe that they simply cannot recover from the addiction to alcohol without belief in a higher power. Why this is so may be that God does actually intervene in the lives of those who ask Him. Or it may be because the participants believe that is what has taken place, and that belief gives them the strength to abstain from alcohol. As each person spoke to me, I found their words very moving. Very powerful. The conviction with which they spoke was extremely credible. I believe each participant was sincere and wanted to tell an important story to me that represented the compelling truth about their recovery. As to whether or not God has intervened in their lives? That question is beyond the scope of this thesis.

Chapter V

Discussion

The results of this study suggest that the role of spirituality in recovery from alcoholism is the crucial factor cited by the subjects. Spirituality is the reason for their recovery. Many of the subjects have come to believe that recovery from addiction to alcohol is not possible without belief in a higher power. Spirituality is difficult to define and as this thesis is phenomenological in nature, the writer deliberately did not define spirituality for the participants. For the purpose this discussion, spirituality may be thought of as the sense that there exists in the universe a deeper structure of being, a purpose, a meaning, or a divine design. This divine design may be experienced as mysterious, but may be approached through surrendering one's egoistic sense of separateness (Khantzian & Mack, 1994). As some of the participants spoke to me I was moved to tears. I am confident that they were sincere in presenting their stories. It seems that it would be reasonable to say, based on my research, that spirituality is the essential factor in the recovery from alcoholism, for these subjects.

Theories generated

Two theories generated by this study are that spirituality is the most salient factor in the recovery process of alcoholics attending a 12 step program and that as one evolves spiritually, one becomes more concerned about others as opposed to focusing on one's self. The profound changes that have taken place in the minds and the lives of these participants are directly related to the role of spirituality in their recovery from alcoholism.

Necessity of spirituality

Phenomenology explores the lived experience of individuals. It asks: What is the essence of this phenomenon as experienced by these people (Polit & Hungler, 1999)? In investigating the subjective experiences of the participants, the interpretation of the experience by the participants' is the focus of inquiry. Having reviewed and given much thought to the content of the interviews, the meaning and insight gained is simply that recovery from alcoholism is not possible without spirituality for these participants. The aim of a phenomenological study is to describe the lived experience of the individual. The lived experience of these individuals point to the absolute necessity of spirituality in their recovery. These are very powerful interviews, indicating over and over again the strength to recover from the addiction to alcohol is derived from spirituality. The validity of this conclusion is based on saturation of the data through the thick descriptions of the participants' lived experiences. Even though the sample size was small, (n=6), redundancy was achieved as illustrated in the previous chapter. The core theme, the central phenomenon that integrates all the categories points to the fact that spirituality is the essential factor in the recovery process from alcoholism.

Implications for further study

Implications for further study point to certain challenges. As funding becomes available for recovery programs, the effectiveness and methods of recovery need to be validated by research. If government funding is to be used, as was proposed by the Bush administration, is there a conflict in that 12 step programs are spiritually based?

Will the public endorse tax dollars being used to fund organizations which are clearly spiritual in nature? (Those that employ a 12 step program.) If spirituality is the most effective road to recovery, as evidenced by research, how can the government not fund these programs? These are questions which may offer an explanation as to why spirituality has not been heavily researched in the past.

Further study may be conducted to rule out the power of positive thinking. Is the recovery process of these individuals successful because they believe they have been helped by divine intervention? What is necessary and what is sufficient to make AA work? What if research could show evidence that a higher power does intervene?

Contribution to advanced practice nursing

A contribution of this research to nursing practice is that it broadens the field of study of the concept of holism. Nursing has long held the view that treating the whole patient, mind, body, environment, and spirit, to be an important construct within nursing practice. Research in the role of spirituality is congruent with that construct and further validates holistic thinking within nursing. Nurse practitioners and nurses in every level of practice, work with alcoholics or family members of alcoholics. It is important to have some understanding of AA and spirituality in order to provide accurate information and counsel, as well as feeling confident in initiating a spiritual assessment, or to simply discuss the topic of spirituality with clients. Including spirituality within nursing curriculums would also increase awareness of spirituality of clients as well as increase the practitioner's level of self awareness. As mentioned earlier, many nurses may have problems with codependency and feel a strong need to

please others and to serve others. Introducing the concept of holism and spirituality within the nursing education may assist the nurse in taking care of others, as well as treating themselves in a more nurturing manner.

Limitations

Limitations of this study include the small sample size of six participants. The results are not generalizable to the entire population of recovering alcoholics who attend 12 step programs. Another limitation is that the results do not explain the fact that there certainly are atheists and agnostics within the recovery community, suggesting that spirituality does not play a role in their recovery. Some have proposed that the "higher power" for those without spirituality is the power of the group, or peer pressure within the 12 step program. The influence, or fellowship, of the group may play a larger role in participants' recovery than illustrated by this study, as two clinicians have described in their research of how AA works: AA is based on a powerful group psychology that addresses, interrupts, and modifies core problems in self-regulation. AA allows individuals to examine their tendencies toward arrogance, self-centeredness, denial, and self-destructiveness. The group offers powerful antidotes to these tendencies through a group psychology that insists on members' admitting their inability to control alcohol (Khantzian & Mack, 1994).

Conclusion

This study indicates that the role of spirituality in the recovery process of the alcoholic participating in a 12 step program is vital to these participants. Traditional approaches to the treatment of alcoholism have rejected the therapeutic value of

spirituality and have failed to understand the essence of AA or rejected it by confusing traditional religion with spirituality (Smith, 1994). Given that element, it would seem reasonable to continue research of the role of spirituality in recovery and increase acceptance of that role within the medical, psychiatric, and nursing practice communities.

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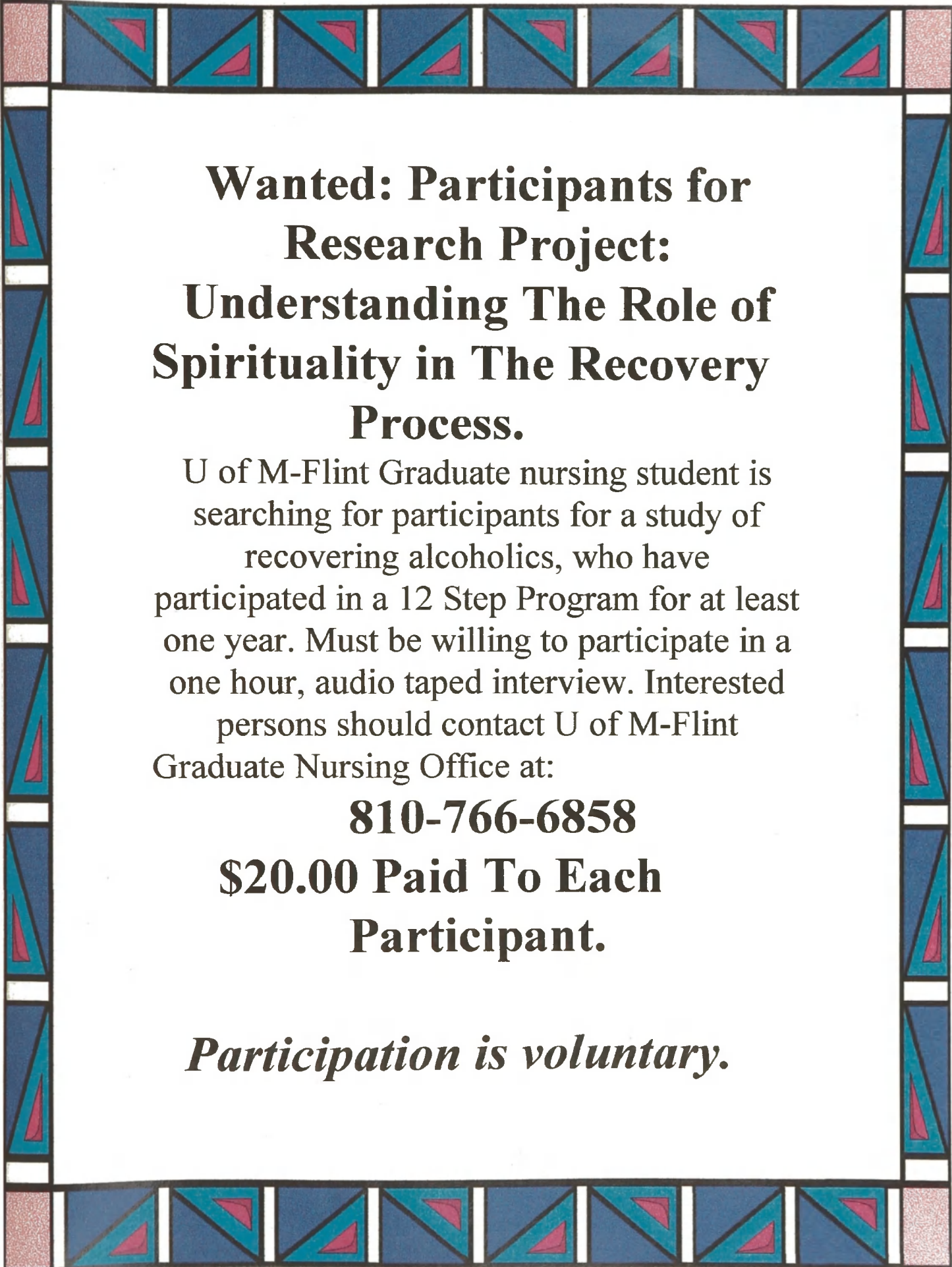
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Appendix A
The Advertisement



**Wanted: Participants for
Research Project:
Understanding The Role of
Spirituality in The Recovery
Process.**

U of M-Flint Graduate nursing student is searching for participants for a study of recovering alcoholics, who have participated in a 12 Step Program for at least one year. Must be willing to participate in a one hour, audio taped interview. Interested persons should contact U of M-Flint Graduate Nursing Office at:

810-766-6858

**\$20.00 Paid To Each
Participant.**

Participation is voluntary.

Appendix B

Approval by Human Subjects Committee

THE UNIVERSITY OF MICHIGAN – FLINT

September 16, 2002

To: Dr. Thomas Schaal and JoAnne Woodworth

From: Suzanne Selig, Chair, Human Subjects Committee



Re: The Role Of Spirituality In The Recovery Process Of The Alcoholic Who Is Participating In A Twelve Step Program (Approval #03/02)

This is to inform you that your proposal “The Role Of Spirituality In The Recovery Process Of The Alcoholic Who Is Participating In A Twelve Step Program” has been approved by the Human Subjects Committee. Please take note that your use of human subjects is approved, only as detailed in your approved application. Should you wish to make any changes in the use of human subjects which differ from the approved proposal, you must inform this committee prior to making these changes. If you are seeking funding for this proposal, it is your responsibility to ensure that your proposed use of human subjects in your funding application is consistent with that approved by this memo.

Should you observe any negative change in the health or behavior of a human subject attributable to this research, you are required to suspend your project. If this happens, please inform the committee as soon as possible for our further review and decision as to the continuation /termination of your project.

This approval for your project is valid for a period of twelve months. If your project extends beyond this period (twelve months), please re-submit your proposal for reconsideration.

Appendix C
The Consent Form

Appendix C

Consent Form

The purpose of the study is to investigate the role of spirituality in the recovery process of the alcoholic and that the type of information sought for this study are the spiritual experiences of individuals who are recovering alcoholics in AA for at least one year.

I understand that information that I provide will be used in a research study. I understand that my name will not be published in any report. My privacy will be protected. I acknowledge that the information that I give is voluntary and I may stop at any time during the interview, without any penalty.

I understand that this research will be used toward a degree requirement for the Master of Science in Nursing, Psychiatric Mental Health Nurse Practitioner program, through the University of Michigan-Flint.

I agree to a one hour, tape recorded interview with a graduate student of the above mentioned program, Jo Anne Woodworth, BSN, RN. The tapes and transcription will be destroyed upon completion of the thesis.

I understand that I will be paid \$20.00 in cash immediately after the interview,

whether I answer all the questions or not. The interview is complete when I have described the role of spirituality in my recovery. I will be provided with the name of a counselor should I find the interview stress provoking. I will be provided with a summary of the research results by mail if I desire.

Endorsement of participant: _____

Date: _____

Appendix D
The Interview

Appendix D

The Interview

Some examples of how the interview will begin, after obtaining written consent:

1. Some people say that they have been aided in their recovery from alcoholism by an experience that may be called spiritual. Have you ever had an experience like this?

2. Have you ever felt a presence or felt that you were being guided in a certain direction in your recovery process?

3. The Second Step of Alcoholic's Anonymous (AA) states: "Came to believe that a power greater than ourselves could restore us to sanity" (Alcoholics Anonymous, 3rd ed., 1998, p. 59). Tell me what that step means to you.

4. The Twelfth Step of AA mentions a spiritual awakening. What is your thinking about this?

If the subject answers "yes" or "no," the researcher will then ask open ended questions such as: Tell me about it. Could you elaborate on that? Tell me more. Help me understand what you mean by that.

Appendix E
Concluding Comments

Appendix E

Concluding Comments

Upon termination of the interview, the subject will be thanked and given the \$20.00 gratuity. The researcher will then briefly summarize the subject's story for clarification. The subject will be asked if the researcher summary of their statement was accurate. The researcher will reinforce that the participant's name will not be used in the research project. A referral to a counselor will be offered if the participant has found the interview to be stressful for his/her coping skills at this time. I will also reiterate the phone number where the participant may contact the researcher with any questions that he/she may have. The researcher will, again, thank the participant for his/her consideration in agreeing to be interviewed for this research project.