

“HOW IT WORKS”:
AN INTERDISCIPLINARY PERSPECTIVE ON THE SPIRITUALITY
OF ALCOHOLICS ANONYMOUS

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by

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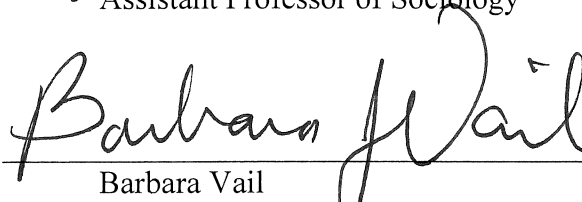
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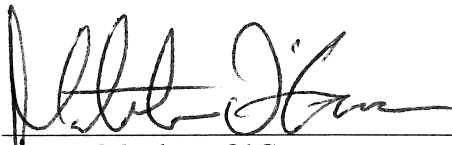
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ABSTRACT

Clinicians and researchers are increasingly interested in the role of spirituality in substance abuse recovery, especially since both fields are generally understudied. Alcoholics Anonymous (AA) proposes perhaps the most well-known spiritually-based program of recovery, contrasting traditional clinical treatments. Not only is AA commonly prescribed, but research shows that AA might be the most effective treatment for long-term sobriety. Even though research has empirically established that AA can be helpful for recovering alcoholics, the process(es) through which AA's spiritual program achieves its abstinence outcomes is less understood, leaving a large gap in the literature on addiction recovery. AA's ubiquity and success provide a catalyst for studying how spirituality can act as a mechanism of change. This project aims to describe AA's dynamic spiritual mechanism from an interdisciplinary perspective. This will include exploring the sociological, psychological, and biological processes through which it appears AA's spirituality operates.

INTRODUCTION

Alcoholism remains a prevalent public health issue, both on the global scale and in the United States. The World Health Organization (WHO) cites alcohol as currently “identified as a component cause for more than 200 diseases, injuries and other health conditions” (WHO, 2014). Additionally, the WHO points out that there were over 3.3 million global deaths in 2012 directly attributable to alcohol consumption. Commonly known as alcoholism, “alcohol use disorder” is a medical diagnosis denoting some level of dependency to alcohol, as defined by the Diagnostic and Statistical Manual of Mental Disorders (NIAAA, 2017). The DSM-5 certainly recognizes the variability of alcoholism severity; for example, a person is diagnosed as having mild, moderate, or severe alcohol use disorder depending on how many of the 11 criteria they exhibit in a year long period. Examples of symptoms include experiencing overwhelming cravings for alcohol, tolerance effects, withdrawal effects, and alcohol use interfering with daily living activities.

According to the National Institute on Alcohol Abuse and Alcoholism, “[a]pproximately 7.2 percent or 17 million adults in the United States aged 18 and older had an [alcohol use disorder] in 2012” (ibid). The National Council on Alcohol and Drug Addiction estimated 10,000 annual deaths that could be attributed to alcohol abuse, “making alcohol and drug addiction the third leading cause of preventable mortality in the United States” (Pittman, 2012, p. 193). Alcoholism is often associated with a multitude of social issues, such as crime, domestic abuse, and mental health issues (ibid). Furthermore, economists point out that states in the U.S. often face extreme financial consequences dealing with the impacts of alcoholism (Barkey, 2009; CDC, 2016). For example, Montana, though one of the less populous states, consumes alcohol at a significantly higher rate than the national average, consistently ranking in the top half of states

(Barkey, 2009). The National Institute on Alcohol Abuse and Alcoholism reports that Montana has maintained a consumption rate 15-20% higher than the national average since 1990 (ibid). Research on cost attributed to alcoholism found that Montana spent approximately over \$500 million in 2005 (ibid). This is in contrast to cost from alcoholism “ranging from \$488 million in North Dakota to \$35 billion in California” according to the CDC (2016). It is for reasons such as these that individual researchers, as well as organizations, advocate for effective alcohol policies, interventions, and treatments that lessen the societal costs and consequences of alcoholism. Currently, however, there is still “a critical need for knowledge about the process of addiction recovery” (Laudet, 2006, p. 2).

Clinicians and researchers are increasingly interested in the role that spirituality might play in successful substance abuse recovery due to “a growing body of empirical research [supporting] the notion that religiousness and spirituality may enhance the likelihood of attaining and maintaining recovery” (ibid, p. 7). Because of its widespread success and the centrality of spirituality to its program, the support group Alcoholics Anonymous (AA) is often the subject of study in this field. Researchers point out that AA is now “widely recommended as an aid in recovery,” both by medical professionals and court systems (Tonigan & Connors, 2001, p. 154). Though medical circles were using the term “alcoholic” as early as the 1850s, the popular understanding of alcoholism did not enter the everyday vernacular until the exponential spread of AA groups in the 1930s (Pittman, 2012). In fact, studies of post-WWI America point out that AA’s disease phraseology for alcoholism played a primary role in alcoholism being commonly understood as a condition influenced by aspects of psychology and physiology (Bliss, 2008). By the early 1960s, addiction researchers began advocating for an increase in studies examining spiritual treatments such as AA’s, which contrasted traditional, scientifically-based treatments

for alcoholism (ibid). As research into spirituality in general increased in the 1970s, as well as research focusing specifically on AA in the 1990s, researchers' findings regularly suggested that "[s]piritual aspects of health may be helpful in understanding, and ultimately in facilitating, the process of recovery" (Miller, 1998). Clinicians have even noted their frustration, comparing the success rates of AA to their own practice: one clinician noted that he saw only a single case of sustained, long-term sobriety among the 50 patients to whom he gave psychoanalytic therapy (Vaillant, 2014).

Researchers highlight the difficulty in studying the effectiveness of Alcoholics Anonymous. For one, those struggling with alcoholism often receive multiple treatments from a variety of approaches, even some simultaneously (Kelly, 2009; Vaillant, 2004). For instance, clinical programs for alcoholism will often include involvement in AA groups, both inpatient and outpatient programs. It is well documented that AA involvement can often be a part of, or coincide with, non-AA related treatments for alcoholism (Vaillant, 2014); as will be discussed later, this is formally encouraged by AA. Even if simultaneous treatments are not taking place, it is not uncommon for individuals to encounter several different kinds of intervention over the course of his/her chronic alcoholism. Additionally, because of its non-professional and anonymous nature, the structure of AA makes it significantly more difficult to study in a controlled, experimental study, especially in contrast to pharmaceutical treatments for alcoholism.

Nevertheless, current research shows that AA might in fact be the most effective treatment for long-term sobriety. Studies have found that "sticking with AA for 30+ meetings...eventually produced sustained abstinence in perhaps three fourths" (Vaillant, 2014). As previously discussed, studies cannot generalize this attendance-abstinence correlation to a

causal mechanism given the number of confounding factors that alcoholics may experience in addition to AA's influence. However, it should be noted that this success rate drastically outweighs that of traditional treatments. Long-term studies have demonstrated that "extensive psycho- or cognitive-behavioral therapy and 28-day detoxification programs all usually fail to produce long-term abstinence" for longer than 3 years (Krentzman, 2011, p. 215). Furthermore, even though AA might not demonstrate 100% effectiveness, which it has never claimed, this does not detract from the effectiveness that it does have for its long-term members, especially in light of the low success rates that clinical treatments usually experience. Researchers point out that it is significant that studies "consistently converge on the finding that AA is, at a minimum, helpful to many as they try to recovery from alcohol dependence" (Kelly, 2009, p. 238)

Additionally, there is a significant "preponderance of evidence [that] supports the causal pathway that AA attendance leads to abstinence" (Krentzman, 2011, p. 6). A longitudinal study compared the outcomes of previously untreated alcohol-use-disorder individuals, between being treated formally and being treated through AA, concluding that "AA works better than any other known treatment" (Vaillant, 2014, p. 216). Project MATCH, a multimillion-dollar controlled study, compared the treatments and outcomes of nearly 2000 alcoholics over the course of three years; it has been called "the largest and most rigorously conducted clinical trial examining 12-step treatment and AA participation" to date (Kelly, 2009, p. 237). MATCH found that merely AA attendance showed better efficacy than cognitive behavioral and motivational enhancement therapy, in addition to "AA participation among Project MATCH clients [predicting] subsequent abstinence, regardless of study arm or condition" (Kaskutas, 2009, p. 5). At the one year follow-up, 24% of patients in 12-step treatment had been continuously abstinent, in contrast to 15% and 14% for cognitive behavioral and motivational enhancement therapies, respectively; at three

years, 12-step treatment showed 36% reporting abstinence, in contrast to 24% for cognitive behavioral and 27% for motivational enhancement (Kelly, 2009). Another study found patients in 12-step treatment experienced a 50% abstinence rate, in contrast to those in cognitive behavioral therapy only experiencing 37% (Kelly, 2009). In addition, a review of international alcoholism literature pointed out that current research suggests that “AA is the most effective means of long-term relapse prevention” (Vaillant, 2005, p. 435). However, even though empirical research regarding AA’s effectiveness has been steadily growing since the 1990s, very little research has focused on explaining how its spiritual mechanism functions.

Empirical research has established that AA can be helpful for alcoholics pursuing recovery, but the process(es) through which AA’s spiritual program achieves its abstinence outcomes is not as well understood. Studies examining *why* or *how* AA is effective are a comparatively new line of inquiry in recovery literature (Kelly, 2009). In general, researchers note that there is even a need for research to establish how evidence-based treatments work (Kelly, 2009; Nock, 2007). Researchers argue that better elucidating the processes through which successful treatments work will only aid in understanding those treatments more comprehensively (Nock 2007). For AA specifically, “studies suggest that AA works through increased self-efficacy, coping, and motivation for abstinence,” “by facilitating changes in social networks,” “by reducing depression,” and “by engagement in AA-related helping” (Kelly, 2009, p. 2). Surprisingly, very little of this research has examined how AA’s reliance on spirituality relates to these outcomes. Those who have begun to elucidate the processes at work within AA have pointed out that AA’s central proposed mechanism is the spirituality found in its “Twelve Steps” (Kelly, 2009); for a complete list of the Twelve Steps, see Appendix A. For example, the 12th Step speaks of experiencing a “spiritual awakening as the result of [the Twelve] steps” (AA,

2001, p. 60). Additionally, empirical research supports the notion that AA involvement and spiritual awakenings can be separated as different constructs. For example, a longitudinal study found that “AA meeting attendance did not predict drinking outcomes, whereas self-reports of a spiritual awakening between T2 (one month) and T3 (approximately one year) predicted abstinence” (Strobbe, 2013, p. 8). In other words, research suggests that the success of AA hinges on its spirituality, not necessarily in meeting attendance alone.

A number of researchers have argued that “spiritual awakening” could be regarded as “the true mechanism of change in A.A.” (Forcehimes, 2004, p. 504). According to AA, one experiences a spiritual awakening as a result of the 12 steps (AA, 2001). Even though researchers have noted the nuance in the term, “spiritual awakening” could be generally regarded as some increase in one’s spirituality over time (Forcehimes, 2004). This does not, however, presuppose that individuals are strictly non-spiritual preceding AA membership, even though this sometimes might be the case. Research has found that AA has a direct influence on increasing individuals’ self-reported spirituality and religiosity, for varying levels of spirituality prior to AA. Additionally, studies have “revealed that atheists and agnostics are less likely to seek recovery assistance through AA, but those who do, appear to benefit equally compared to more religious/spiritual individuals” (Kelly, 2011, p. 3). The Big Book views this spiritual transformation as an all-encompassing paradigm shift for the individual: “we have had deep and effective spiritual experiences which have revolutionized our whole attitude toward life, toward our fellows and towards God’s universe” (AA, 2001, p. 25).

Even though the “few studies that have examined spirituality, have not found it to be a clear mechanism,” researchers argue that this only warrants additional research, since AA’s ubiquity and success provide a catalyst for studying how spirituality can act as a mechanism of

change (Kelly, 2009, pg. 254). “[M]echanism of change refers to the process or series of events through which one variable leads to or causes change in another variable,” but should not be confused with *cause* (Nock, 2007, pg. 5S, emphasis in original). “Cause” refers to what exactly caused change, whereas “mechanism” refers to how this change occurred. To illustrate, Nock offers alcohol intoxication as an example to distinguish these concepts:

Although alcohol is the active ingredient, we should not conclude that we have identified the actual mechanism or process through which the drink leads to intoxication, because this of course does not provide an explanation of how alcohol causes change. Instead, our explanation of the mechanism of action of alcohol would include a discussion of the cascade of chemical and biological changes that occur between the introduction of alcohol into the body and the clinical manifestation of intoxication (Nock, 2007, p. 8S).

Similarly, identifying AA as an effective agent for overcoming alcoholism does not adequately describe the biological, psychological, or social processes at work within AA. Because of this, researchers point out the need for studying AA’s spirituality as a mechanism of change (Kelly, 2009; Forcehimes, 2004).

Of course, the research that has established AA as an effective agent of recovery paves the way to better understand the process(es) through which this occurs. Researchers point out that “the exact same change in behavior can be simultaneously explained by social, psychological, behavioral, and neurobiological processes,” since mechanisms can be conceptualized on virtually any scale (Kelly, 2009, p. 241). For example, this multilevel conceptualization is very similar to viewing alcoholism as a combination of biological, psychological, and sociological variables that affect the individual’s likelihood to be alcoholic (Roebuck & Kessler, 1972). The limited research looking at mechanisms of AA points out that “no single mechanism is likely to account for its entire effects,” given its complexity and nuance as an organization (Kelly, 2009, p. 241).

Project Aims

This project aims to describe AA's dynamic spiritual mechanism from an interdisciplinary perspective, by clarifying the role that spirituality plays in how AA members successfully recover. Part of this project will involve distinguishing AA's spirituality as a unique approach, in addition to exploring the sociological, psychological, and neurobiological processes through which AA's spirituality operates. Though this thesis will explain AA's spiritual experience at length, AA's spirituality can be briefly defined as "belief in divine intervention and reliance on a higher power to maintain sobriety" (Brown, 2006, p. 654). AA's main text, commonly referred to as *The Big Book*, sees AA's spiritual program as more than a "mere code of morals or a better philosophy of life" (AA, 2001, p. 44). Some researchers differentiate two constructs through which AA facilitates behavior change: the spiritually-based AA program (i.e. the twelve steps) and the AA fellowship (i.e. social support and networking) (Kelly, 2009). However, AA views both of these as part of its spiritual program: "from the beginning, AA has made no clear distinction between God and 'the fellowship of AA'. There has always been a tacit, if not explicit, permission to replace the concept of God, with the 'home group'" (Vaillant, 2005, p. 435; Rudy & Greil, 1989). Researchers have highlighted the need for understanding "what characteristics made the twelve-step recovery model function well," especially when so many participants report no other treatment working for them (Mercadante, 2014, p. 176). In fact, The Twelve Steps are listed in the *Big Book's* fifth chapter, "How It Works." Ironically, very little interdisciplinary study has examined exactly how it works, i.e. the various mechanisms through which AA's spirituality operates. By better defining AA's spirituality, this project adds to the growing literature examining addiction and spirituality, especially since "spirituality" often lacks a consistent, multi-dimensional definition (Cook, 2004).

This thesis will be divided into four main chapters. This first chapter will help contextualize AA's approach, by highlighting the biological, psychological, and sociological approaches that AA's approach directly contrasts. The main point of this chapter is to show that Alcoholics Anonymous offers an observably different approach to alcoholism, while also not contradicting the traditional approaches. Examining these traditional approaches helps clarify that AA's spiritual approach to alcoholism is different from those traditional approaches, regardless of how AA's effectiveness compares to the effectiveness of those treatments. This chapter will also include a general summation of what this spiritual approach to alcoholism entails for members.

The second chapter of this thesis will examine AA's "spiritual but not religious" nature as an organization (AA, 2001). To do this, this chapter will trace the development of AA's spiritual ideology, which ties directly to the founding of the organization itself. The bulk of this chapter will outline the sociological mechanisms behind AA's spirituality, in addition to research that while not conducted by sociologists, still focuses on its group processes. This chapter will more clearly define AA's "spiritual but not religious" structure as an organization by differentiating AA from religious movements and religious approaches to dependency. Additionally, this part will examine cultural differences in the AA experience, as well as the paradoxical social nature of AA's spirituality. Studying AA's spirituality on the group level will help to clarify *how* AA is a unique spiritual organization and not a religious one.

The third chapter of this thesis will focus primarily on the intrinsic processes seen in AA's spirituality, particularly highlighting the psychological and biological processes. This will include examining how AA's spirituality can function as a form of dependency, as well as functioning similarly to positive psychology. This part will also look at how AA's spirituality

reprograms reinforcement for the individual. Along these lines, this chapter will also outline the biological processes behind limbic system restoration, and studying the spiritual experience of AA that is mediated by the brain.

The final chapter of this thesis will review what can be concluded from examining AA's spiritual mechanism from an interdisciplinary perspective. This section will also highlight areas for future research.

THE CONTEXT OF ALCOHOLISM AND ALCOHOLICS ANONYMOUS

This first chapter will help in historically contextualizing AA's approach, by highlighting the biological, psychological, and sociological approaches that AA's approach directly contrasts. The main point of this chapter is to show that AA offers an observably different approach, while also not being a competing approach. Examining the traditional approaches helps clarify that AA's spiritual approach to alcoholism *is* different from those traditional approaches, regardless of how AA's effectiveness compares to the effectiveness of those treatments. This will also include giving a general summary of what AA's spiritual approach to alcoholism entails for AA members.

Traditional Approaches to Alcoholism

Alcoholism research typically falls into one of three categorical approaches: constitutional, psychological, and sociological. Because of the prevalence of *ex post facto* studies – investigations of people who have already become alcoholics – alcoholism research tends to be more concerned with variables that continue someone's alcoholism, rather than the factors that cause it in the first place (Roebuck & Kessler, 1972). This of, course, makes it difficult to extend any findings to initial drinking behavior. For example, even assuming some sort of predisposition to alcoholic behavior, the question of what initially caused alcohol use still goes unanswered. It is in this way that research tends to primarily focus on “those variables that combine to perpetuate and maintain drinking behavior once the syndrome of alcoholism has been established,” and therefore what factors might aid in treating the disorder, as opposed to placing heavy emphasis on researching what possible etiological factors influenced it initially (ibid, p. 21).

Constitutional

The constitutional approach frames alcoholism with strictly biological concepts, such as genetics, physiology, or biochemistry. The term “constitutional” refers to the ideology that persons can be “constitutionally predisposed to develop a dependence on alcohol or drugs” (Pittman, 2012, p. 195). More specifically, constitutional researchers aim for “the pharmacological criteria of tolerance and dependence” to define addiction (Roebuck & Kessler, 1972, p. 21). This approach includes a multitude of sub-fields, much like the biological sciences in general. For example, this field of research has particularly led the way in hereditary studies of alcoholism. Additionally, this approach tends to highlight the dysfunction observed in cerebral pathways when affected by immediate or longitudinal alcohol intake. For the most part, constitutional researchers hold that once a biologically predisposed person “begins or continues drinking, he becomes addicted because of peculiarities of his bio-chemical makeup” (ibid, p. 21). These ‘peculiarities’ could entail any physiological dysfunction that might hypothetically aid the addiction process, such as metabolic, endocrinological, or nutritional disorders.

Psychology

The psychological approach primarily focuses on “the relationship of alcoholism to psychological mechanism and personality” (ibid, p. x). Of course, different sub-fields of psychology emphasize different aspects of the process of alcoholism. For instance, cognitive behavioral theories focus on the current consequences of behavior, such as experiencing pleasure or avoiding pain, while psychodynamic approaches look for hidden personality problems that might indicate the formation of dependence (Pittman, 2012, p. 196). Even though this approach to alcoholism can be typically divided into at least six distinct categories, the division between these six sub-approaches does not delineate competing orientations, but rather indicates what

aspect of the individual's alcoholism is the primary focus (Roebuck & Kessler, 1972). Overall, the summation of the psychological approaches suggests "that the alcoholics are basically dependent personalities who have turned to alcohol as a means of escape from internal or external stress" (ibid, p. 128).

Several psychological theories of alcoholism overlap with constitutional research. For example, the alcohol effects orientation works under the assumption that individuals drink alcohol because of its disinhibiting effects, the primary one being the depressant effects on the central nervous system, which certainly involves biochemical processes (ibid, p. 116-118). Additionally, cognitive behavior researchers typically frame the reinforcing qualities of drinking in terms of drive reduction and temporary restoration of homeostasis, which often include overt biological undertones (ibid, p. 118-119).

Though one of the most highly popularized views on alcoholism, the alcoholic personality orientation remains perhaps the most controversial psychological approaches to alcoholism. This perspective hypothesizes that alcoholism is either a byproduct of a personality predisposed to addiction, or that alcoholics can be characterized by specific personality characteristics (ibid, p. 122-123). Despite popular notions of such an "addictive personality," there is a striking "lack of evidence for a single, distinct, personality type associated with alcoholism," or even any "unique, specific personality traits" that might predispose alcoholism (ibid, p. 122). Even though there is not strong support for the individual being psychologically predisposed to alcoholism, the transactional sub-approach supports that social environment in a way predisposes the individual to drink (ibid, p. 119-120). This view considers social variables and pressures for drinking behavior in a way that the other psychological approaches do not; for

example, a town with a high liquor store per capita rate observably predisposes the individual to drink in a way that an alcohol-free community does not.

Sociology

To expand on the social variables that influence drinking behavior, the sociological approach to alcoholism primarily researches sociocultural and demographic factors related to alcoholism. Within this broader category, sociological alcoholism research is usually sub-divided into one of three conceptual levels: substructural, specific cultures, and supracultural theory (ibid, p. 140). Each level denotes a broader or narrower focus concerning the group of interest. Substructural theory primarily examines alcoholism in context of immediate social institutions, such as religion or the family, in addition to demographic factors. This approach, of course, bears similarity to the transactional approach seen in the psychological theories — both theories seeing the immediate social structure as playing perhaps the most significant role in predicting an individual's drinking. Specific cultures theories often isolate research to specific countries or cultures, emphasizing the norms and values of that country or culture regarding alcohol. This approach obviously expands on the substructural approach, but aims to primarily identify the social mechanisms that seem to affect the substructures within a larger society. The elusive supracultural theory imagines a “theory explaining alcoholism and drinking behavior in all cultures” (ibid, p. 215). Given the variance in drinking behavior, drinking norms, and extraneous factors that affect drinking worldwide, such a universal explanation seems out of reach. This does not mean, however, that imagining a supracultural theory explaining alcoholism regardless of the relative culture gives no benefit to sociological alcoholism literature. In general, all three sub-levels of theory purport the concept that culture tends to provide the tensions that cause the

psychic state that alcohol is able to medicate, whether that tension is primarily substructurally, societally, or globally based (ibid, p. 152-153).

The General Approach of Alcoholics Anonymous

Seeing the scientific perspective on alcoholism contextualizes AA as a contrasting, spiritual approach; however, this does not necessarily mean that the spiritual perspective on alcoholism inherently competes with the scientific approaches. For instance, the Big Book views “doctors, psychologists, and practitioners” as divinely supplied, advising that alcoholics should “not hesitate to take...health problems to such persons” (AA, 2001, p. 133). In fact, a number of “researchers have proposed that one etiology theory is not sufficient” to explain all the aspects of alcoholism (Pittman, 2012, p. 197). Because of this, alcoholism researchers have alternatively proposed that alcoholism is a multivariate problem requiring a multivariate solution (Roebuck & Kessler, 1972). In a way, AA seems to view itself as a part of this multivariate solution. Similar to the emphases seen in traditional approaches, AA emphasizes factors that play into treating alcoholism, rather than focusing on initial causality. In other words, AA is primarily concerned with the alcoholic overcoming his/her alcoholism more so than it is with helping the alcoholic gain the etiological language to understand his/her initial consumption. AA’s multivariate approach emphasizes multiple factors, but focuses on spirituality. In other words, AA understands alcoholism “to have biological, psychological, and social influences, but primarily offers a spiritual approach to recovery” (Pittman, 2012, p. 200).

In some respects, AA has “attempted to bypass the problems of etiology” entirely, by offering “a pragmatic program of recovery that is based on the person’s spiritual life and understanding of a higher power” (Pittman, 2012, p. 197). AA proposes a paradigm shift in understanding how best to approach alcoholism, instead of solely relying on traditional

treatments (Brown, p. 654). In their own words, AA's view of alcoholism in the 12-steps can be summarized by the following quote: "The alcoholic at certain times has no effective defense against the first drink. (...) His defense must come from a Higher Power" (AA, 2001, p. 43). Though the AA meeting is probably the most well known facet of the organization, research has pointed out that AA affiliation extends beyond meeting attendance alone. AA affiliation implies an adherence to prescribed practices, which "include having a sponsor, working the 12-steps, having a home group, reading recovery literature, being active before and after meetings (e.g., setting up chairs and making coffee), and having between-meeting contact with other 12-step members" (Laudet, 2006, p. 8). More importantly, AA views these practices as inherently spiritual, seeing them as a part of the 12th Step: "12. Having had a spiritual awakening as the result of these steps, we tried to...practice these principles in all our affairs" (AA, 2001, p. 60).

Summary

From a scientific perspective, theoretical approaches to alcoholism have generally been either constitutional (biological), psychological, or sociological. AA's spiritual approach to alcoholism clearly contrasts these traditional approaches. AA's spiritual program does not contradict or deny the biopsychosocial influences on alcoholism and recovery, but rather offers a way to recover that centers around the spirituality of the individual, utilizing reliance on a higher power to maintain sobriety.

THE GROUP: “SPIRITUAL BUT NOT RELIGIOUS”

This second chapter will focus on highlighting AA’s “spiritual but not religious” nature as an organization. To do this, this chapter will trace the development of AA’s spiritual ideology, which ties directly to the founding of the organization itself. In addition, the bulk of this chapter will outline the sociological mechanisms behind AA’s spirituality, in addition to research that while not conducted by sociologists, still focuses on the group processes of AA. This chapter will more clearly define AA’s “spiritual but not religious structure as an organization by differentiating AA from religious movements and religious approaches to dependency. Additionally, this part will examine cultural differences in the AA experience, as well as the paradoxical social nature of AA’s spirituality. Studying AA’s spirituality on the group level will help to clarify *how* AA is a unique spiritual organization and not a religious one.

The Development of AA’s Spirituality

AA’s Theological Roots

AA’s spirituality has been described as “undergirded by a particular theological perspective” despite AA’s present “consciously nontheological form” (Mercadante, 1996, p. 9). The AA ethos does observably borrow a number of concepts from traditional Christian theology, such as “freedom, will, personal responsibility, and bondage,” in addition to “ideas of sin and evil, and conversion and change” (ibid, p. xii). AA’s apparent theological approach finds its roots in the Oxford Group, an evangelical group founded by Lutheran minister Frank Buchman in the early 1900s, which was attended by the founders of AA. The vision of the Oxford Group emphasized personal relationships in gaining converts to Christianity, often sharing personal accounts of *how* change occurred by turning away from sin and toward Christianity. For

instance, Groupers, as they came to be known, would often sit themselves strategically: by sitting next to a newcomer dealing with a difficulty similar to their own past difficulties, they used this as a way to open up to their personal account of how they overcame that specific challenge. Similar methods can be seen in early AA groups – planning extensive interventions for alcoholics and attempting to tell them of the success of the program in overcoming their difficulty with alcoholism.

On the more ideological side, the Oxford Group “focused on awakening one’s recognition of individual sin to the point of despair, a process which was believed to open the way to regeneration” (ibid, p. 60). The Oxford Group saw individual transformation, through the denial of the self, as the key to eventually solving the larger problems of society. In fact, recovery movement scholars have called AA’s generic adoption of the Oxford Groups’ conceptualization of sin as the “key to understanding its program and the metaphor of addiction” (ibid, p. 62). For example, the Oxford Group defined sin as “anything that stood between the individual and God,” usually highlighting one’s selfishness (ibid, p. 61-62). Mirroring the practices of the Oxford Group, AA from the beginning has emphasized personal confession and the giving up of oneself or one’s difficulty to God as tools with which to transcend the addiction.

Interestingly, Buchman became increasingly interested in deemphasizing Christology within the Oxford Group and transitioning to a more generic spirituality, if he felt that potential converts would benefit more from hearing about how they relate to God in general terms. Group leaders similarly explained the “shunning of religious terminology and theological reflection” as a point of efficacy in talking to outsiders (ibid, p. 67). In fact, the Oxford Group’s generality seems to have aided AA branching off into its own generic spirituality.

The Dechristianization of AA

The Big Book does show “practical and theological similarities with the Oxford Group, though they are transmuted and made generic” (ibid, p. 92). Even though AA’s language is purposely nontheological, “there are some significant similarities in the spiritual processes of both groups” (ibid, p. 93). For example, though AA strictly attempts to solve an individual’s alcoholism and the Oxford Group primarily concerned itself with the broader sin concept, both rely on the “complete surrender of the self to God’s will” to overcome each respective dilemma (ibid, p. 93). Additionally, both groups hold to the idea that one’s submission actively elicits and activates God’s power in one’s life. In other words, AA still embodies the Oxford Group’s emphasis on the “problem of self-will versus God’s will” (ibid, p. 93). AA also seems to have borrowed the idea that “evangelistic activity is especially beneficial because it solidifies one’s own conversion” (ibid, p. 93).

Of course, several aspects of the Oxford Group have been noticeably modified or dropped entirely. AA has changed the Oxford Group’s heavy emphasis on receiving explicit direction from God, alternatively advocating “prayer and meditation to improve [one’s] conscious contact with God” (AA, 2001, p. 59). Of course, AA’s Higher Power remains anonymous instead of being specifically Christocentric like the early theology of the Oxford Group (Mercadante, 1996; AA, 2001). Also, AA sees alcohol as the ultimate foe to be conquered by God, rather than a more general evil or personification of evil. In other words, “the symbolic battle between good and evil is not fought on a cosmic scale” for AA, but is rather “restricted to the arena of alcoholism” (ibid, p. 96).

As AA differentiated itself from the Oxford Group, founders specifically penned AA’s basis as spiritual but not religious. The purpose behind this was “to accommodate the world-view

of those early members who were agnostics or atheists,” as well as to make the movement more inclusive of all Christian denominations (Makela, 1991, p. 1406). The Big Book makes this especially evident in its insistence that it does not adhere to any “particular faith or denomination” but is “dealing only with general principles common to most denominations” (AA, 2001, p. 93-94). Even though the Twelve Steps themselves are rooted in Christian thought, the authors wrote them in such a way that would not restrict their use to Christianity, or even an assumed monotheism (Makela, 1991). Researchers note that “[t]he term “spirituality” emerged, because the term ‘religious’ became a somewhat pejorative term in part because of many organized religions’ strict adherence to discriminatory and judgmental doctrines,” which seems to be a similar reason for AA’s dechristianization (Gmel, 2013, p. 1086).

AA founders Bill Wilson and Robert Smith “thought that the anonymity of God in the twelve steps was strategically important” for those purposes (Pittman, 2012, p. 201). In other words, by avoiding any direct reference to a specified deity, the AA philosophy leaves God anonymous just like the members of AA. Of course, this purposeful move could have easily been multifunctional: “to appease those hostile to religion within AA’s early circles, to broaden its appeal to a wider variety of alcoholics, [or] to avoid denominational conflict” (Mercadante, 1996, p. 95). Research seems to reflect the functionality of this decision; a cross-cultural study of recovery via spirituality noted that its participants “used the expressions ‘Higher Power’ and ‘God’ interchangeably, though the latter was not used in the conventional sense of a deity” (Morjaria & Orford, 1991, p. 235). In fact, an entire chapter in the Big Book, “We Agnostics,” acknowledges that one’s concept of “God” is often accompanied by one’s particular childhood experience of religion, along with subsequent skepticism. Furthermore, AA even suggests that the fellowship of AA could function as one’s Higher Power, which is “by definition a power

greater than ourselves” (Vaillant, 2014, p. 221). In other words, instead of demanding that members reflect on a specified deity, “AA asks each member to reflect: Can I admit that the universe is not just about me?” (ibid, p. 221). Additionally, the Big Book contemplates the irrelevance of having a fully-formed concept of God: “Much to our relief, we discovered that we did not need to consider another’s conception of God. Our own conception, however inadequate, was sufficient to make the approach and to effect [*sic*] a contact with Him” (AA, 2001, p. 46).

The Social Processes of AA’s Spirituality

Despite AA’s observable dechristianization, some have still attempted to paint AA as a religious organization. This has included analogizing AA readings as creedal, meetings as ritualistic, personal storytelling as sermon-like, or the Big Book as comparable to holy text (Rudy & Greil, 1989; Mercadante, 2014). However, this seems to be part of the larger problem of struggling to define AA as an organization given its unique nature, with religion seeming to be the most similar comparison group. For instance, researchers of AA on the international scale have pointed out that “AA is at the same time a *system of beliefs* and an *interactional system* based on a set of rules of talk,” a system which remains “rather flexible” (Makela et al, 1991, p. 1405, emphasis in original). Sociologists have pointed out that deciding whether or not AA is a religion does not adequately outline the social mechanisms and structure of AA, especially given the nuance among world religions (Rudy & Greil, 1989). Examining the social processes of AA’s spirituality will give a more accurate understanding of how AA’s spirituality operates.

Defining AA’s Spiritual Experience

In its publications, AA self-defines as a “fellowship of men and women” that is specifically “not allied with any sect, denomination, politics, organization or institution” (Greil

& Rudy, 1983, p. 7). This conceptualization seems to be at the forefront of AA's self-definition as an organization, as evidenced by its pseudo-creedal repetition in nearly every piece of published literature, as well as at every AA meeting. It should also be noted that this negative phrasing extends the same pattern as the spiritual but not religious phraseology. AA's denial of religiosity and strictly generic spirituality are "integral to the structure and functioning of the organization," which seems to be one of the major ways in which AA sees itself as inherently different from other organizations (Rudy & Greil, 1989, p. 41).

Despite popular claims of AA resembling a cult or new religious movement, the contrast between the two are clear. Sociologists point out that the term "cult" is usually meant pejoratively, under the assumption that the group somehow characterizes an unconventional religious group that ultimately causes harm to individuals and society at large (Shepherd, 2007). It is for this reason that sociologists have opted to use the term "new religious movement" in replacement of "cult," "to emphasize the need to examine every group on its own observable merits rather than simply stigmatizing unconventional religious organizations on the basis of a pejorative stereotype" (ibid, p. 887). However, even this more neutral term does not adequately characterize AA, given its strictly spiritual but not religious nature. For instance, "the A.A. belief system does not depart in a radical way from 'mainstream' norms and values" much like the dissociation seen in numerous new religious movements (Greil & Rudy, 1983, p. 20). Additionally, "the dependence engendered by AA differs from the dependence engendered by cults" (Vaillant, 2014, p. 221). Researchers argue that dependence on AA is more analogous to a dependence that strengthens the individual, such as depending on one's family, than it is to a dependence that weakens the individual, such as cigarette smoking (Vaillant, 2014; Mercadante, 1996).

AA's non-religiousness can be primarily seen in its lack of qualities that tend to describe most religious systems. In addition to the lack of a specific Higher Power, "AA does not advocate any theological or ontological beliefs," such as those that often characterize religion (Makela, 1991, p. 1406). In other words, AA's ambiguous spirituality does not offer any creation or origin narrative, nor even a general eschatology, either in literature or in informal discussions; "AA speaks of this life and has nothing to tell about the afterlife" (ibid, p. 1406). The lack of these themes are explained by researchers as AA being "only interested in the relationships of an individual to her/himself, to other people and to some Higher Power" (ibid, p. 1406).

Perhaps the best example of AA's spirituality differing from religious structure is AA's lack of governing structure. Generally speaking, religious movements tend to be characterized by "[c]harismatic leaders with infallible powers and an autocratic governing structure" (Vaillant, 2014, p. 221). However, the second tradition of AA calls its leaders "trusted servants" who "do not govern," explicitly pointing out that God is the "ultimate authority" of the group (AA, 2001, p. 562). This "lack of rigid control and centralized authority" allows responsibility within AA to constantly rotate to encourage new member participation (Jones, 1970, p. 182). This also seems to function as a precaution against the consolidation of power within the group (Vaillant, 2014). In this way, AA maintains egalitarianism among alcoholics, differentiating one another only by the length of their individual sobriety. AA sees this lack of authoritarian hierarchy as one of the major cornerstones in what distinguishes it as being a spiritual but not religious organization.

AA's Membership as a Conversion Process

Sociologists maintain that AA's spiritual experience is qualitatively different from the well-researched religious experience, and that the emergence of AA does not mirror the branching of a denomination or even a fringe religious movement (Greil & Rudy, 1963).

“Although AA states that this ‘awakening’ can take the form of a sudden shift in belief and perspective, it also characterizes this transformation as a gradual change of an ‘educational variety’ that leads to ‘...a profound alteration in [his] reaction to life’” (AA, 2001, Appendix II; quoted in Kelly, 2009, p. 240). Interestingly, the Big Book often quotes testimonials of people never identifying with a group before coming to AA (ibid). In one sense, “[t]he condition of membership for A.A. is simple ‘the desire to stop drinking’ and there are no doctrinal requirements, members being free to believe what they will” (Jones, 1970, p. 186).

AA members clearly describe a process that, at face value, does seem similar “to the majority of cases described in the religious conversion literature,” (Greil & Rudy, 1983, p. 19). Of course, there does remain some ambiguity in religious and social science literature in how to define “conversion.” The term can be used to refer to a wide variety of processes, such as “relatively minor transformations of personal identity” or simply a “change in religious affiliation that might be unaccompanied by a change in perspective” (ibid, p. 5). However, sociologists argue that AA’s conversion process is not best characterized by those definitions, but rather entails “a radical reorganization of identity, meaning and life,” by which converts are able to practice sobriety while also gaining a qualitatively different world view through which they can interpret their experience (ibid, p. 5). In other words, AA proposes “a new ‘true’ epistemology to replace the old false epistemology of the alcoholic” (Rudy & Greil, 1989, p. 43). Generally, this new epistemology is characterized by “vulnerability, dependence, and relatedness to others and to the larger world,” and a concurrent rejection of “pride, control, [and] dominance” (ibid, p. 43).

Though Lofland and Stark’s model of the psychosocial conversion process is arguably the most “widely accepted model,” it does not appear to adequately characterize the AA

membership process (Greil & Rudy, 1983, p. 19). Lofland and Stark describe their seven-part model for psychosocial conversion:

For conversion, a person must (1) experience enduring, acutely felt tensions, (2) within a religious problem solving perspective, (3) which leads him to define himself as a religious seeker, (4) encountering the (cult) at a turning point in his life, (5) wherein an affective bond is formed (or preexists) with one or more converts, (6) where extra-cult attachments are absent or neutralized, and (7) where if he is to become a deployable agent, he is exposed to intensive interaction (Lofland & Stark, 1965, p. 874).

Even though Lofland and Stark's model seems formulaic, sociology of religion literature tends to agree that "there is probably no single conversion process," (ibid, p. 21). Sociologists of religion note that research has characterized other groups as having conversion processes not adequately typologized by Lofland and Stark's model, pointing out that a group can still exhibit an apparent conversion process, which certainly seems to be the case for AA's conversion process.

AA's model of conversion differs from Lofland and Stark's for a number of reasons. For one, "[n]ot all potential A.A. converts experienced acutely felt tension," according to qualitative research on the AA experience (Greil & Rudy, 1983, p. 19). Additionally, AA's converts are never so far removed from society that their social ties outside of AA are cut off; rather, existent familial, occupational, and even religious roles are maintained throughout AA membership (ibid, p. 20). Though AA's ethos might seem "amenable to Christian interpretation," the AA perspective does not assume that its potential convert operates within a religious perspective like Lofland and Stark's (Mercadante, 1996, p. 6). As previously discussed, AA's founders made its perspective more ambiguous so that its spirituality would not be restricted to religion (Makela, 1991; Brown, 2006; AA, 2001).

AA's Process of Conversion

Focusing on the nuance of AA's conversion experience allows research to emphasize "the situations and variables that condition the conversion process" (Greil & Rudy, 1983, p. 21). With AA as a particular example, sociologists warn against the "process model approach," which often gives the impression that there are "a certain number of set stages through which the social actor is obliged to pass on the road to conversion" (ibid, p. 21, emphasis in original). A conversion experience can therefore refer to a seemingly universal pattern through which members *tend* to identify with a group and internalize its principles. With that in mind, there does appear to be an identifiable six-phase conversion process in AA: "hitting bottom, first stepping, making a commitment, accepting your problem, telling your story, and doing Twelfth Step work" (ibid, p. 8).

As defined by AA literature and members' self-reported experience, the term "hitting bottom" refers to the lowest point in an alcoholic's active drinking experience, which typically catalyzes their help-seeking (AA, 2001; Greil & Rudy, 1983). Even though this concept seems to correlate with the idea that converts experience some sort of tension or stress pre-conversion, this prerequisite remains subjective rather than objective. AA members seem to acknowledge this subjectivity in the hitting bottom experience as well, noting that others might have "higher" or "lower" bottoms than others (Greil & Rudy, 1983, p. 13). For example, one alcoholic's 'bottom' might have been critical hospitalization while another's might have been losing employment.

"First stepping," primarily entails initial contact with the organization, and learning how AA functions. It is within this phase that an AA newcomer questions whether s/he fits the definition of an alcoholic; evidence suggests that the majority of AA members had not identified as an alcoholic when initially encountering the group as a seeker (ibid). The name for this phase

is of course a reference to acknowledging the first step of AA: “We admitted we were powerless over alcohol – that our lives had become unmanageable” (AA, 2001, p. 59).

Following these initial phases, existent AA members typically exert group pressure around the seeker to “make a commitment” (Greil & Rudy, 1983, p. 14). This third phase can be typically subdivided into behavioral and ideological commitments. For example, newcomers are encouraged to attend 90 meetings in 90 days, as well as encouraging volunteering at meetings (Strobbe, 2013). This period also describes when individuals become more acquainted with AA’s ideology and the concept of admitting one’s alcoholism becomes more hard-pressed (Greil & Rudy, 1983).

Based on testimonials of AA members, the fourth phase of accepting one’s alcoholism seems to be one of the most challenging phases of the AA conversion process, if not the most difficult. Of course, AA members reinforce this admission with each new testimonial at a meeting, stating one’s name and admitting being an alcoholic. AA members have often reported delaying this admission during months of AA attendance, or even initially mimicking the phrase but not fully accepting the identity of “alcoholic” (Greil & Rudy, 1983). Because of the challenge associated with this phase of conversion, this phase is often seen both by researchers and AA members as the phase that solidifies the rest of the conversion process (AA, 2001; Greil & Rudy, 1983). This phase additionally includes the choosing of one’s sponsor, those who serve as “advisors in all matters concerning the [AA] program and the convert’s private life” (Greil & Rudy, 1983, p. 17).

The fifth phase of AA conversion entails the convert giving their personal testimonial to the rest of the group (Greil & Rudy, 1983). Leading up to this, the convert informally relates their personal story to his/her sponsor, who then advises how to tell this story and with what

details for the larger AA group setting. This first storytelling event seems to fit the framework of a final act that fully commits and incorporates the convert to the group. While there is no prescribed time after initial contact at which converts are urged to tell their personal account to the larger group, this usually occurs no later than three months after initial contact with AA (ibid).

Finalizing the conversion process rather openly, the convert carrying out Twelfth Step work, or “carrying the message,” seems to qualify an AA member as a “total convert” (Greil & Rudy, 1983, p. 18). In this sense, AA converts exhibit intensive interaction within the group, working for the organization in a way. Specifically, members are fully expected to meet “all demands that might be faced in spreading the word and strengthening the organization” (ibid, p. 19). Of course, AA’s first tradition formally recognized this concept: “Our common welfare should come first; personal recovery depends upon A.A. unity” (AA, 2001, p. 563).

This six-phase conversion process has been conceptualized by other researchers with slightly differing phrasing (Morjaria & Orford, 2002). However, the process of conversion detailed here remains one of the most descriptive qualitative accounts of the experience that AA members report of converting to AA’s spirituality (Greil & Rudy, 1983). Additional research supports that AA members tend to feel that their conversion was somehow “learnt and internalized” through a process (Morjaria & Orford, 2002, p. 250).

Societal Factors in AA’s Success

The idea that there is probably not any single model for the spiritual experience of AA (Greil & Rudy, 1983) raises the question of the possible impact of differing cultural and religious experience within recovery; in particular, whether AA’s spirituality seems to be amenable to other religious perspectives and cultural experiences as originally proposed by AA’s founders.

AA has been characterized as a “white, Anglo-Saxon social movement,” with an emotional tone “that is modulated by the white, male experience” (Denzin, 1987, p. 164-165). However, this generalization can be somewhat misleading since “the structure and tenor of AA meetings vary a lot even in the Anglo-Saxon world” (Makela, 1991, p. 1406). Only fifty years after its origin, AA saw diffusion to all continents, boasting an approximate membership exceeding 1.5 million before 1990 (Makela, 1991). Even in the last 20 years, “AA membership has increased tenfold in Hindu India, in Buddhist Japan, and in Catholic Spain,” alongside membership rising “exponentially in atheistic Russia” (Vaillant, 2014, p. 220). These statistics offer further evidence that AA’s spirituality does not depend on any one religious background, or even any religious background at all.

The patterns seen in AA’s international diffusion suggest that AA becomes established in countries regardless of existent culture and religious traditions. Of course, in measuring membership, AA’s philosophy of anonymity raises reliability issues: “[a]nonymity is the spiritual foundation of all of our Traditions” (AA, 2001, p. 564). Because AA does not formally maintain membership lists, as well as membership criteria varying, the “figures on the number of groups are probably more reliable than those on the membership,” since AA offices formally record the number of established AA groups (Makela, 1991, p. 1407).

According to this aggregate data, AA diffused “beyond the cultural confines of the Anglo-Saxon and Protestant world” as early as 1986, some of the most prominent growth being in Latin America and Asia (ibid, p. 1412). Perhaps the most substantial example shows in the percentage of groups. For instance, in 1965, the U.S. and Canada accounted for 81.1% of the world’s AA groups, while only making up 57.2% in 1986. Contrastingly, Latin America showed the greatest growth overall, making up only 5.7% of the world’s AA groups in 1965, but 27.8%

in 1986 (ibid). This growth denotes AA's second wave of diffusion, the first being its spread throughout Western societies that were primarily Anglo-Saxon, Protestant Christian. Additionally, AA's presence in a given country no longer correlates with its respective wealth such as it did during its first wave of diffusion. This suggests that AA is spreading to non-industrialized countries. Further documenting the international spread in more recent years, AA recently reported more than "115,000 groups in over 180 countries" (Strobbe, 2013, p. 2).

There is even more recent evidence that AA's spiritual program is indeed universally applicable independent of religious context. "[T]he few empirical investigations of the association between religiosity and 12-step participation have found that extent of religious beliefs does not appear to affect the benefits derived from 12-step participation" (Laudet, 2006, p. 7). This can also apply, however, to those with a lack of religious background. In fact, a growing body of research demonstrates that "previous religiousness or spirituality is not a prerequisite to gaining the benefit of spirituality in recovery" (Laudet, 2006, p. 15). Some studies even show that those who report initially low spiritual/religious beliefs and behaviors seem to gain the most spiritual benefit from AA (Kelly, 2011). In other words, AA's spread throughout diverse cultural and religious backgrounds provides at least partial support for AA's presupposition that "the only requirement for membership is an honest desire to stop drinking" (AA, 2001, p. xiv); of course, this is also held in tension with the idea that an AA member will subsequently believe in a higher power to maintain sobriety.

Social Support

Even though AA has seen widespread success on the global scale since its formulation, its spiritual program aims to mimic the primary group, or a group characterized by interpersonal, long-lasting relationships that is often central to the identity of the individual. In a way, it seems

that AA “promises what was previously provided primarily through religion and family – identification, meaning, and mutual help” (Mercadante, 1996, p. 4). For example, AA functions as a way for members to form social networks: “[i]t is possible to spend significant amounts of time with people in recovery, attending not only meetings but also holiday parties, anniversaries of sobriety, retreats, seminars, and major conferences” (ibid, p. 3). This social dependency formed within AA groups most likely reflects alcoholics usually feeling excluded from society by the time they seek out a recovery group (Sanchez & Nappo, 2008).

AA seems to take advantage of this mutual feeling of exclusion from society, transforming it for its own group purpose. In other words, AA aims to overcome the stigmatization of alcoholism by offering an environment of acceptance towards alcoholics. Findings in research demonstrate that the friendships encountered in recovery groups help form cohesion as a community (Sanchez & Nappo, 2008). In other words, this enables members of AA “to form part of a new micro-society, in which they feel valued” (ibid, p. 6). Even the group initially welcoming the newcomer can oftentimes serve as the “first step in identifying with the group and subsequently helps them to accept spirituality as a form of therapy” (ibid, p. 6).

AA’s function as a primary group reflects research that identifies “the need for recovering persons to establish a social network of persons who can provide encouragement, acceptance, and a sense of belonging” (Laudet, 2006, p. 17). Following the idea of building this healthier social network, “recovery-oriented support may foster greater self-efficacy toward ongoing abstinence because recovering persons can acquire effective coping strategies from their peers” (ibid, p. 4). “Individuals who benefit from AA identify the importance of being in a group of sober people, see AA as a source of support, benefit from others’ experiences, and search for AA meetings and members with whom they find compatibility” (Krentzman, 2011, p. 6).

Unsurprisingly, lower levels of social support predict subsequent relapse, “while higher levels predict decreased substance use” (ibid, p. 3). Overall, there is a significant body of research examining the social nature of AA’s spiritual program which effectively demonstrates that social immersion in a “recovery-oriented network” predicts decreased alcohol use (ibid, p. 4). These findings also reflect a larger body of literature on social relationships, finding that social interaction can indirectly act as a stress buffer, or “directly, by providing assistance, emotional support and a sense of belonging that can alleviate or buffer stress as well as improve satisfaction with life, whether or not stress is present” (Laudet, 2006, p. 3).

Summary

Though certain aspects of AA can be traced to the religious Oxford Group, AA's formulation of spirituality remains intentionally vague, open to the individual's interpretation or religiosity. AA's unique organizational structure and conversion process also affirm their nature as spiritual but not religious. Additionally, AA's international spread suggests that its vague spirituality can indeed be applicable regardless of an individual's cultural or religious experience. Research on social support factors in AA also suggest that AA's spiritual model functions as a new social network, surrounding the once excluded alcoholic with a new environment of acceptance and inclusion. This, of course, mirrors the idea that the group can function as one's higher power through which one overcomes alcoholism. The next chapter will discuss more about what AA members generally experience at the individual level.

THE INDIVIDUAL'S EXPERIENCE

Even though the group itself is seen as one of the primary components, the main emphasis of AA's 12 Steps is the individual experiencing some spiritual awakening, as previously discussed. Studies find that self-reported spiritual awakening predicts overall drinking outcomes (Strobbe, 2013). One study in particular “found that endorsement of the statement ‘You had a religious or spiritual experience,’ predicted remission and sustained abstinence in non-treatment and treatment samples” (ibid, p. 4). As noted in scholarship on spiritual transformation in AA, “A.A teachings acknowledge that alcohol recovery is not defined by abstinence; recovery is defined by a transformed and sober life” (Forcehimes, 2004, p. 516). With this in mind, it is not surprising that studies find observable differences in the cognition and behavior of AA members. This chapter will highlight these various aspects through which AA's spirituality operates at the individual level.

Positive Emotions

To explain the success of AA from a psychological perspective, practitioners have remarked that AA “discovered the use of positive emotions as a therapeutic tool 50 years before academic psychology discovered positive psychology” (Vaillant, 2014, p. 214). “These positive emotions (joy, awe, hope, love, trust, forgiveness, compassion, and especially gratitude) are fostered in every AA group meeting room,” a process which seems to be analogous to the relaxation response seen in meditation studies (ibid, p. 222). The Big Book even conceptualized and utilized the term “empathy” before it had been included in the Oxford Dictionary (ibid). Particularly in the 11th Step, “AA suggests that emphasizing the human capacity for positive

emotions is what makes us spiritual, and that to focus on the positive emotions is the best and safest route to spirituality” (ibid, p. 220).

The specific interplay of these positive emotions in recovery are only beginning to be quantitatively studied, but initial research suggests that 12-step recovery appears to lead to significantly higher quality of life and lower stress (Laudet, 2006). Of course, the implication of spirituality decreasing stress seems even more relevant in light of research that shows that stress can function to trigger substance abuse relapse. Generally speaking, it seems that spirituality/religiousness can function as a sort of protective buffer against stressful life events, as well as enhancing quality of life during those stressful periods (ibid). Addiction researchers have remarked that “if religious and spiritual involvement can act as a protective factor, it should come as no surprise that it could act as a means of ridding oneself of an addiction” (Morjaria & Orford, 2002, p. 226). As will be discussed more in detail later, AA’s usage of positive emotions also has a tangible impact on the reward pathways in the brain.

Cognitive Behavioral Techniques

Similar to its predated use of positive emotions, it seems that AA also “took advantage of cognitive behavioral techniques that only received concerted psychiatric attention decades later,” even if this was inadvertent (Vaillant, 2014, p. 222). Of course, AA emphasizes behavioral outcomes such as abstinence, meeting attendance, and following the 12 Steps, in addition to cognitive changes, which of course includes the conversion process and gaining a new epistemology. Naturally, AA seems to use techniques that favor these cognitive behavioral outcomes. For one, AA encourages participants to interact with those who have similar problems as well as stressing the importance of forming new, strong, emotional bonds. In fact, psychotherapists have observed that techniques seen in AA bear a striking resemblance to

cognitive behavioral techniques utilized in group therapy, such as consciously keeping in mind the past consequences of one's alcoholism (ibid).

The effectiveness of AA's spirituality relies, at least in part, on four conscious, cognitive behavioral techniques that addiction researchers identified in leading to stable remission from substance dependency (Vaillant, 2014). Firstly, AA takes advantage of the alcoholic seeking a competing reinforcer for drive reduction, or something that will longitudinally suffice in overcoming the craving for alcohol; in a sense, it seems like AA simultaneously offers the group *and* one's higher power as competing reinforcers for alcoholism, perhaps due to the possibility of letting the group function as one's higher power. Secondly, AA utilizes behavioral modification techniques; more specifically, AA regularly encourages members at meetings to "systematically keep in mind the consequences of substance abuse" (ibid, p. 222). Thirdly, successful relapse prevention has been noticeably marked by joining an inspirational group that is substance free and therefore facilitates interaction with substance free individuals; of course, AA remains one of the largest groups that facilitate this specific interaction. Fourthly, research has demonstrated the importance of forming new, loving relationships for recovering individuals: "alcoholics often overcome relapse by forming close, if sometimes codependent, relationships with nonfamily" (ibid, p. 222). This, of course, reflects the primary group emphasis seen in AA: people in recovery are more likely to be involved in community groups, such as AA, which offers a structure that inherently competes with drug dependency behavior, by offering alternative spaces and relationships.

AA as a Substitute Dependency

AA's spirituality can also be understood to function as a substitute dependency. Of course, this works under the assumption that addicts find competing reinforcers post-addiction,

which is well documented (Vaillant, 2014). It is important to note that “substitute dependency” does not merely refer to increased AA meeting attendance, but rather indicates those who become so involved in activities incompatible with substance use and addictive behavior. For AA specifically, studies have found that members tend to invest “a lot of time into AA, from carrying out AA duties and maintaining a close ongoing contact with AA even after sobriety had been achieved” (Morjaria & Orford, 2002, p. 251).

AA acting as a substitute dependency also seems to have a neural and genetic basis. Given the neurological and genetic factors that clearly play a role in spirituality, multiple researchers have highlighted the limbic emphasis specifically seen in AA’s spirituality. For example, secure attachment, which is heavily emphasized in AA, has been demonstrated to operate on similar neural pathways as alcohol, specifically in the amygdala and the nucleus accumbens (Vaillant, 2014; Blum, 2013). Expanding upon physiological psychology, researchers have begun to see spirituality as cerebrally measurable, under the assumption that “the brain mediates all conscious and unconscious experiences” and therefore must also mediate the individual’s spiritual experience (Blum, 2013, p. 2). For instance, researchers have begun to investigate AA as a catalyst for understanding the “unique interaction of spirituality, genes, and the environment,” referring to this interaction as “genospirituality” (Blum, 2013, p. 11); this concept implies that some individuals might have some genetic predisposition to spirituality. At least two different genes, as well as numerous gene interactions, appear to play a role in the individual’s spiritual experience (ibid). Specifically, these genes directly correlate with individuals’ ratings of spirituality. Research in this growing field has also demonstrated that individuals were less likely to abuse substances if they scored highly on a self-report of self-transcendence:

[T]he neurological machinery of spiritual transcendence may have arisen from neural circuitry [limbic system] that evolved for mating and sexual experience. This view is consistent with findings on dopaminergic genes and DA function in relation to their roles in increasing pleasure and decreasing stress (Blum, 2013, p. 8).

In other words, researchers looking into the genospirituality of AA have identified genetic influences in the spiritual experience that operate on the same neural pathways as alcohol, which contrasts the absence of genetic components being identified for alcoholism.

Because positive emotions seem to affect brain circuitry in similar ways to alcohol, this seems to reinforce the idea that AA's genospirituality functions as a "competing reinforcer," or a substitute addiction that alcoholics can utilize for drive reduction (Vaillant, 2014, p. 222). These findings about AA's genospirituality support other studies which found that spiritual practices effectively activate serotonin and dopamine reward circuits, since studies have found that individuals with the highest scores of self-transcendence also show the highest levels of brain serotonin (ibid). This seems to be because "individuals whose reward pathways, and possibly other interacting pathways (serotonergic) activated by spirituality, would have less need to artificially activate their reward circuitry with foreign substances" (Blum, 2013, p. 9). In other words, alcoholism hijacks the reward circuitry of the brain, but spirituality seems equally able to work on these pathways. AA's spirituality seems to provide a "safe, nonpharmacological substitute for alcohol" because of the reduction of amygdala activity and the increased stimulation of the nucleus accumbens (Vaillant, 2014, p. 214).

Summary

The AA member's individual spiritual experience tangibly operates through established psychological techniques, as well as neural pathways. AA's spirituality specifically utilizes positive emotions, which were later recognized by psychotherapists as therapeutically useful, in

addition to using at least four cognitive behavioral techniques. AA's spirituality also seems to function as a competing reinforcer, or substitute dependency, for the individual. Additionally, research has begun to elucidate the neural and genetic components that appear to be directly influenced by AA's spirituality in particular. This next chapter will review the interdisciplinary perspective on AA's spirituality functions, as well as discussing the need for future research in this field.

CONCLUSIONS

Overall, AA's spiritual mechanism can be understood as an interaction of these social, psychological, and neurobiological processes, providing a tangible credence to AA's somewhat abstract concept of relying on divine intervention. These processes include, but certainly are not limited to, the processes discussed at length within this thesis: AA's spiritual but not religious group experience, including ideology and self-definition; the AA conversion process, which appears to be unique in nature; the ability of AA's spirituality to be amenable to a variety of cultural and religious backgrounds on an international scale; AA's spirituality being experienced through social support and social networking; and the ways through which its spirituality operates on the individual level – through positive emotions, cognitive behavioral techniques, and as a substitute dependency. Additionally, AA seems to offer a unique look at the ways in which spirituality can interact with the scientific and medical fields, since “the spirituality of AA does not compete with medical science” but rather encourages the proper use of medication and physician consultation (ibid, p. 221).

Of course, this does not suggest that AA's spirituality should be oversimplified to these processes, but rather that it is through these mechanisms that their spirituality takes shape. For example, when neurology was just taking its first steps, 20th century philosopher/psychologist William James astutely pointed out that even “if specific brain regions were found to participate in religious expression, it would not mean that religion was nothing but a misfiring of neurons in that brain region” (McNamara, 2009, p. 81). Paralleling this thought, researchers seem to agree that neurological studies of spiritual/religious experience do not intend to “refute or support the existence of a higher power” (Blum, 2013, p. 2). Instead, the main purpose of this growing

subfield of neuroscience is to document the circuits of brain regions associated with the individual's experience (McNamara, 2009; Blum, 2013). In other words, we can observe that the spiritual experience is "exhaustively mediated by and expressed in the brain," without delegitimizing those experiences (Blum, 2013, p. 8). In the same way, we can view an observable process through which AA's spirituality works, without inappropriately reducing AA's spirituality to that specific mechanism. For instance, just because AA's spirituality operates on neural reward pathways, this does not mean that the neural reward pathways describe the entirety of the AA spiritual experience, given the group processes and social nature seen in its spirituality. Similarly, it would be equally erroneous to assume that AA's conversion process fully characterizes its spirituality, given the various psychological and neurobiological mechanisms at work within the individual's experience of AA's spirituality. Overall, researchers within this field advocate for a more holistic approach to understanding the role of spirituality in recovery (Krenztnan, 2010), which bears a striking resemblance to the traditional interdisciplinary approach to alcoholism. As previously noted, "the exact same change in behavior can be simultaneously explained by social, psychological, behavioral, and neurobiological processes" (Kelly, 2009, p. 241).

Furthermore, even though this thesis took an interdisciplinary approach to deconstructing AA's spirituality, the processes described here should not be considered a comprehensive description of *all* interplaying processes within AA's spiritual program. Rather, this thesis simply provides a starting point for a multi-dimensional understanding of AA's spirituality, which usually lacks such a construct even in addictions literature (Cook, 2004). Researchers even warn that these mechanisms through which AA members find success might be somewhat fluid, especially suggesting that "the mechanisms through which AA may help individuals achieve

sobriety may not be the same as those sustaining it” (Kelly, 2009, p. 241). Leading the way as a focused case example of how to study spirituality holistically, AA effectively provides an unprecedented number of samples with individuals representing a variety of backgrounds, cultures, and socioeconomic statuses (Krentzman, 2011). This certainly warrants additional research into AA-related changes via spirituality.

For instance, future studies could potentially clarify if AA’s spiritual experience in the brain looks different from religious experience, which should help us understand how spirituality and religion might differ at the neural level. Research has already established that spiritual and religious approaches to recovery qualitatively differ (Brown, 2006; Jones, 1970; Greil & Rudy, 1983; Mercadante, 2014). However, it is still unknown how spirituality might affect the brain differently than the religious experience. Neuroscientists call it “a striking fact” that the same brain structures and circuitry have been repeatedly shown to be involved with a variety of religious experiences, in “hundreds of clinical cases and a handful of neuroimaging studies” (McNamara, 2009, p. xi). However, the majority of neurologic studies of religion “are too focused on the theistic forms of religion common in the West” (ibid, p. x). Because of this, neuroscientists are eager for the study of spiritual/religious variables to expand its scope (McNamara, 2009; Blum, 2013). In other words, there still is no corresponding body of literature thoroughly documenting the neural mechanisms of generic spirituality; studying the neural nature of AA’s spirituality could certainly help catalyze the formation of this research.

The scientific investigation of AA’s spirituality also has the potential to give additional insight to similar Twelve-Step programs, all of which were derived from AA’s model. In reviewing the growing body of literature of spirituality and addictive behavior, it becomes strikingly clear how often AA remains the common thread that ties the fields together.

Mercadante calls AA the “ancestor of the current recovery group phenomenon” (1996, p. 3). This mirrors the sociological observation that the “A.A. program has served as a prototype for the development of similar programs to manage smoking, eating, drinking, gambling, drug use, and other behaviors” (Greil & Rudy, 1983, p. 3). This of course includes Narcotics Anonymous, Overeaters Anonymous, Sex Addicts Anonymous, as well as lesser known groups. Even the specifically non-religious (agnostic/atheist) and religious recovery programs that have emerged were modeled after AA’s steps (Brown, 2006). Additional research could even compare the mechanisms between these similar Twelve-Step groups, especially the ones with different recovery outcome goals. Initial research already shows that polysubstance-dependent persons increase their odds of sustaining abstinence when affiliating with Twelve-Step groups (Krentzman, 2011).

Future research could also reveal more on how spiritual practice can improve an individual’s quality of life, as well as how it can positively affect entire social networks. “Scientific literature strongly supports that spirituality and religiousness can enhance health and [quality of life]” of the individual (Laudet, 2006, p. 5). Additionally, research has shown quality of life to be “critical to the recovery process,” therefore making it “critical that we identify factors that influence...[quality of life] among recovering persons” (ibid, p. 15). Researchers also highlight that “the problems created by excessive alcohol and drug use are well documented, but there is no comparable body of research on the recovery benefits that accrue to individuals, families and communities” (ibid, p. 2). In other words, an increasing amount of recovery-centric studies could potentially provide beneficial information concerning those impacted by the recovery process: individuals in recovery, their families and social support, and even service professionals and clinicians. Researchers argue that AA seems to provide the perfect catalyst for

longitudinal research specifically because of its steadily increasing aims to facilitate long-term abstinence and relapse prevention even eight decades after its origin (Vaillant, 1988). Additionally, AA seems to be especially able withstand relapse oriented questions such as “Why Does Addiction Begin?”, “Why Does Relapse Occur?”, and “Why does relapse not occur?” (ibid, p. 1150). More research is needed to determine if “AA can be interpreted as a universally modern phenomenon,” even though initial research suggests its applicability to numerous cultural and religious contexts (Makela, 1986, pg. 1412). The increase of interdisciplinary study of AA’s spirituality clearly has the potential to lead to more effective treatments, as well as the inclusion of spiritual/religious variables as part of the treatment process.

APPENDIX A

The Twelve Steps of Alcoholics Anonymous (AA, 2001, emphases in original)

Here are the steps we took, which are suggested as a program of recovery:

1. We admitted we were powerless over alcohol – that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God AS WE UNDERSTOOD HIM.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God AS WE UNDERSTOOD HIM, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

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