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ALCOHOLIC WOMEN IN RECOVERY: A
PHENOMENOLOGICAL INQUIRY OF SPIRITUALITY
AND RECIDIVISM PREVENTION

by

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A DISSERTATION

Submitted to the graduate faculty of the University of Alabama at Birmingham,
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy in Nursing

BIRMINGHAM, ALABAMA

2011

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ALCOHOLIC WOMEN IN RECOVERY: A PHENOMENOLOGICAL INQUIRY OF SPIRITUALITY AND RECIDIVISM PREVENTION

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ABSTRACT

In the United States, 7-12% of women compared to 20% of men, abuse alcohol, yet the social and medical consequences impact women much harder and faster than men. Women aggrieved by alcoholism have unique health and social consequences which are not well understood because women have been marginalized in studies of alcoholism. Little is known about the nature of the lived experience of the recovery process in women who have achieved a stable recovery and prevented recidivism.

The aim of this study was to describe the lived experiences of alcoholic women in a stable recovery, defined as sustained abstinence for 5 or more years, who used spirituality as a resource to prevent recidivism. A purposeful sample of 3 women with stable recovery between 6.5-20 years, with a mean sobriety of 14.2 years was recruited from Central Alabama Alcoholics Anonymous groups. Data analysis followed Giorgi's descriptive phenomenological method.

The findings were revealed in women's historical perspectives of their entry in to alcohol abuse and key events that triggered a move toward treatment and eventual recovery as the context for their sustained recovery. The following meaning structures were identified: (a) structure of historical significance, (b) structure of pivotal episodes, and (c) structure of recovery. The structures and associated constituents detail the experience of recovery in transitional phases across the lives of three participants.

Conclusion from this study provides new insights into the recovery process and sustained sobriety through the narratives of the lived experience from women recovering from alcoholism. The dynamics of spirituality and recidivism prevention was found to be a multifaceted process rather than a simple cause and effect relationship. The participants described Alcoholics Anonymous (AA) as an important safe haven to help them sustain abstinence and as a resource to help them sustain sobriety long enough until the moment of a personal spiritual awakening dynamically transformed their perceptions and a new dimension of recovery began. Their spirituality became the foundation from which all other assets of recovery stemmed.

Keywords: women, alcoholism, recovery, spirituality, recidivism prevention, phenomenology

Dedication

I dedicate this dissertation to my beloved daughters Kaitlyn, Madison, and Lauren. My hope is one day you also will know the liberating value of education and the personal tenacity by which goals are obtained. To my mom Anna, who has attended every phase of my life, often as the complementary and naturally opposing silhouette of Yin. To my devoted husband Tony, who tendered compassion and love through many trying times. To my dad Paul, your pride in me is so high it needs oxygen, but thank you for never doubting I could fly. To Jimmie and Fred, for treating me as one of your own and sharing this success with me. I have tangible evidence of God in my life, because today, I have a family.

I also wish to dedicate this dissertation to Alcoholics Anonymous and the women who allowed me the privilege of entering their world. Thank you for providing the medium for this work to emerge.

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LIST OF ABBREVIATIONS

AA	Alcoholics Anonymous
AIDS	acquired immune deficiency syndrome
AV	Alcoholics Victorious
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CSPI	Center for Science in the Public Interest
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition
FAS	fetal alcohol syndrome
GSO	General Service Office
HIV	human immunodeficiency virus
ICNAP	Interdisciplinary Coalition of North American Phenomenologist
IRB	Institutional Review Board
NA	Narcotics Anonymous
NESARC	National Epidemiologic Survey on Alcohol and Related Conditions
NIAAA	National Institute on Alcohol Abuse and Alcoholism
P1	Participant 1
P2	Participant 2
P3	Participant 3
PI	Principle Investigator
RR	Rational Recovery
SOS	Secular Organization for Sobriety
UAB	University of Alabama at Birmingham
WFS	Women for Sobriety

CHAPTER 1

INTRODUCTION

In the United States alcohol use can be credited with over 100,000 lives lost each year, which exceeds deaths caused by breast cancer and acquired immune deficiency syndrome (AIDS) (Valliant, 2005; Avert, 2009). In fact, following tobacco use and unhealthy diets, the 3rd leading cause of life-style related deaths in the United States can be linked to behaviors associated with alcohol use (Centers for Disease Control and Prevention, 2009; Willenbring, Massey, & Gardner, 2009). The outcomes of untreated alcoholism are devastating with various ramifications for individuals of all ages and have wide-ranging adverse implications to society. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) reports alcohol use in women affects the lifespan from fetal alcohol syndrome (FAS) to the health and well-being of elderly women (NIAAA, 2008).

It is important to be aware that the individual alcoholic is only the nucleus of this disease. Destruction radiates through entire family systems and adversely impacts society. Children raised in an alcoholic environment often experience abuse and neglect from the impaired parent. Consequences of children raised in an alcoholic home have a variety of unfavorable life experiences such as behavioral problems, depression, academic difficulties, and early experimentation with alcohol leading to a regeneration of alcohol abuse in family systems (Jester, Jacobson, Sokol, Tuttle & Jacobson, 2000).

Family structures are affected in many aspects such as diminished social support, frail family unity, and an increase in domestic violence. In addition, the impact of

alcoholism in an individual generates unintended consequences and burdens throughout society. The NIAAA (2008) recently reported that alcoholism excessively encumbers the criminal justice system particularly as a result of, motor vehicle accidents involving impaired drivers, and alcohol related crime.

Women suffering from alcoholism have unique health and social consequences which are not well understood because women have been underrepresented in studies of alcoholism. Recent research evidence indicates that in the United States, 7-12% of women compared to 20% of men, abuse alcohol, yet the social and medical consequences impact women much harder and faster than men (Becker & Hu, 2008). Few studies have addressed the treatment and recovery process from the perspective and needs of women. Thus, there are significant gaps in our understanding of alcoholism as it impacts women.

The effects of such gaps are evident in health care policy that often overlooks the importance of promoting access to treatment options. A recent health policy analysis conducted by Anderson, Chisholm, and Fuhr (2009) found that major existing health policies focus on the prevention of alcohol use and abuse (e.g., improving public information and education, health care response, community prevention programs, drinking and driving, access to alcohol, marketing of alcohol, pricing policies, and harm reduction) rather than on treatment options and outcomes.

The NIAAA recognizes the importance of research in alcohol use prevention and prevalence, the associated adverse pathology, and societal impact, but also recommend research in the treatment and recovery from alcohol abuse (Venner et al., 2006; NIAAA, 2008). Healthy People 2010, Objective 26-21 to “Reduce the Treatment Gap for Alcohol

Problems”, provide researchers with a strong rationale to investigate women in recovery who have experienced and transcended the disease of alcoholism (U.S. Department of Health and Human Services, 2000). It is important for researchers to gain a greater understanding of the phenomena of sustained recovery in order to enhance health policy initiatives and to improve treatment programs that promote early intervention in the health care community. Understanding the factors facilitating behavioral change for women recovering from alcoholism will minimize the gap from alcoholic remission to sustained recovery and recidivism prevention.

Statement of the Problem

The NIAAA (2008) reports that one in twelve adults, or 17.6 million individuals, in the United States are alcohol dependent or abuse alcohol. At some point in their adult life, 10% of males and 3%-5% of females will meet the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV) criteria for alcoholism (McCance & Huether, 2006). According to the Center for Science in the Public Interest (CSPI) (2007), the alcohol related financial liability for citizens is estimated to be more than \$200 billion yearly. Other consequences and costs of alcohol abuse to society include those inflicted on or affected by alcohol abuse through their relationship to abusers such as crime victims, unintentional injuries, premature death, abused children, and fetal alcohol syndrome (Gmel & Rehm, 2003).

According to the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), conducted by the NIAAA (2006), the prevalence of women who

currently drink alcohol is 59.56% compared to 71.82% of men, those who met the DSM-IV criteria for alcohol use disorders was 17.2% in men compared to 8.18% in women. The NIAAA (2011) report health problems manifest earlier in women than in men, even in those women who have lighter drinking patterns as a result of various biological differences such as body mass and hormones.

The number of women alcoholics is likely under-reported due to social stigma surrounding women and alcohol use. Women may tend to avoid social treatment and support options such as AA because of social stigma (i.e., immoral or loose woman) and become isolated in their drinking patterns and denying they suffer from a treatable medical condition (Blum, Nielsen, & Riggs, 1998). Without further investigation and funding to support or dispute such views, many women and society in general could be adversely affected by continued inattention.

Most of what is known about the disease of alcoholism and the recovery process is based on studies of men. Research studies are emerging that focus on the physically and psychosocially destructive impact of alcoholism on women. However, very little is known about women's recovery from alcoholism, and few studies have examined phenomena which facilitate recovery in women from the perspective of women currently in remission from alcoholism (Brewer, 2006; Moos, R. H., Moos, B. S., & Timko, 2006).

There is strong evidence that the 12-step program of AA, is the most successful method in promoting sustained sobriety and remission over the past 70 years (Atkins & Hawdon, 2007; Calhoun, 2007; Carrico, Gifford, & Moos, 2007; Kaskutas et al., 2005; Laudet, Morgen, & White, 2006; , Miller & Bogenschutz, 2007; Moos, R. H., & Moos, B. S., 2006; Tonigan, 2007). While the majority of AA members are men (65%), many

women have ascribed to the 12-step spiritual principles of AA to sustain remission (Alcoholics Anonymous “*Membership Survey*”, 2007). Alcoholics Anonymous is considered to be a spiritual program for recovery that evolves through working a program of 12-steps that lead to recovery (Eaton, 2007). However, little is known about women’s experiences of recovery from alcoholism, factors that play a role in sustaining sobriety, and the role of spirituality in the recovery process.

Significance of the Study

Examining the subjective experience of recovery from the perspective of women who have utilized the 12-step program is under- investigated. Further understanding of how spirituality, founded in the AA philosophy, has engaged women to achieve sustained remission from alcoholism may provide health care providers with intervention strategies that are effective for improving treatment outcomes in women at risk of chronic alcoholism and its associated co-morbidities. While it is important to arrest alcohol abuse, health care providers must be prepared to facilitate long term recovery. For this reason, the epicenter of recovery is initiated in the individual paradigm and research must begin with those who have had success in preventing recidivism.

Statement of Purpose

The purpose of this phenomenological study was to explore the lived experience of spirituality in the process of recovery from alcoholism from the perspective of women members of AA who have been sober for 5 or more years.

Research Question

The research question addressed in this study is: What is the lived experience of spirituality in maintaining sobriety for women who are active members in AA and who have been sober for 5 or more years?

Conceptual Framework

Philosophical Underpinnings of Phenomenology

Phenomenology has been recognized not only as a philosophy, but as a framework for scientific qualitative research (Ehrich, 2005, Giorgi, 2000). Edmund Husserl, the renowned father of phenomenology, recognized that not all phenomenon within the realm of “being human” could be addressed through experimental research (Mapp, 2008). Husserlian descriptive phenomenology is epistemological in nature as it questions the lived experience in order to gain knowledge in the world around us (Racher & Robinson, 2003). Central to Husserlian philosophy is the concept of conscious experiences such as perception and personal significance of the phenomenon. Having a conscious awareness of the phenomenon is a foundation for developing knowledge of

reality as experienced (Lavery, 2003). To further display the importance of consciousness in Husserlian phenomenology, Giorgi (2009) noted Husserl's belief in, "a more secure founding for knowledge can be achieved with consciousness, because no knowledge can be achieved without referring to consciousness" (p. 9). Thus in phenomenology, the phenomenon can only exist if it has been consciously experienced (Sadala & Adorno, 2002). Having conscious awareness allows for rich descriptions by those who have encountered the phenomenon. Women who have experienced active alcoholism can offer unique insights through their personal accounts as to how spirituality facilitated the recovery process.

Scientific Phenomenology.

Qualitative research methods permit the researcher to access the essence of a phenomenon as experienced by the individual and provide researchers with alternative perspectives which have yet to be considered. Phenomenology as a scientific research method of qualitative inquiry contributes to nursing knowledge by recognizing that before objective measures can be made, a subjective description of the lived experience must be confirmed (Sadala & Adorno, 2002). The aim of phenomenological inquiry is to obtain descriptions from individuals who have lived the experience of the phenomenon in order to structure meaning and provide deeper understanding of specific populations (Dinkel, 2005). How phenomena are expressed and how one understands his/her relation to the world around them is one's own reality. The pursuit of grasping these inner meanings of lived experiences from a subjective perspective has the potential to advance knowledge about the phenomenon.

Definition of Terms

The terms employed in this study are defined as follows:

Phenomenon. Giorgi, (2009) defines phenomenon as any object that can be experienced in one's consciousness. Phenomena then, are "things" which have evidence, through the lived experienced of individuals (Reeder, 2010).

Phenomenology. Accordingly to Giorgi (2009) phenomenology is the study of phenomenon in order to determine the structures that constitute the essences of phenomenon as consciously experienced by an individual. In addition, phenomenology can be defined as a discipline that helps us deepen our understanding and meaning of experiences as they are lived through (A. Giorgi, Personal communication, May 7, 2011).

Subjective experience. The subjective experience in phenomenological terms is the reflective report from an individual, to clarify the phenomenon as it was lived (Reeder, 2010). According to Giorgi (2009), subjective experiences yield rich descriptions of the phenomenon from those who encountered and lived through the event.

Alcoholism. Alcoholism is defined as a dependence on alcohol to the point where maladaptive drinking patterns begin to cause physical, emotional, psychological, and social harm to self and others. Individuals are unable to cease drinking regardless of adverse consequences (Brewer, 2006).

Recovery. Recovery has best been defined in the literature by the Betty Ford Institute Consensus Panel (2007), as "a voluntary maintained lifestyle characterized by sobriety, personal health, and citizenship" (p. 222). In addition, recovery can be defined

by abstinence from alcohol of other mind altering substances and efforts to seek a better life through behavioral modifications (Galanter, 2007; Laudet, 2007).

Recidivism. Recidivism is defined as following a period of abstinence from alcohol use an individual returns to alcohol, other mind altering substances, and unhealthy behaviors despite impending or associated consequences.

Spirituality. Spirituality has many proposed definitions in the literature. Attempts to conceptually define spirituality have ignited interest ranging from religious perspectives to biological and genetic origins (Borg, Andree, Soderstrom, & Farde, 2003; Galanter, M. 2006; Tanyi, 2002). For the purpose of this study, especially given that the participants were recruited from AA, the most appropriate operational definition for this term is found in the literature of AA, which suggests recovering alcoholics choose their own conception of a God or Higher Power (Alcoholics Anonymous, 2001, p. 12). This proposal is broad; however this permits spiritual definitions to emerge from the individual themselves as experienced.

Assumptions

1. Alcoholism is a chronic and progressive disease which requires holistic treatment.
2. Alcoholics Anonymous as a recovery medium facilitates recidivism prevention.
3. The lived experience of recovery can be understood through examination of women's stories of their recovery experiences.

4. Women who have experienced active alcoholism can offer unique insights through their personal accounts as to how spirituality facilitated the recovery process.
5. Personal accounts from women can offer insight in the meaning of the experience of spirituality in recovering from alcoholism.
6. Although lived experience is subjective in nature and cannot be observed in the empirical world, it can be understood through analysis of the individual's descriptions of such experience.

Summary

The chronic disease of alcoholism is not only a significant liability for the individual; it has become a chronic disease for individuals close to the alcoholic and society as a whole. Because the use and abuse of alcohol is a life-style choice, alcoholism is often highly correlated with a social stigma. Women aggrieved with alcoholism often fail to seek help and fail at efforts to recover. Barriers which hinder diagnosis and sustained recovery from alcoholism in women have been under investigated. Therefore, going beyond on prevention of alcoholism in this population, examining how other women have successfully treated their alcoholism can provide evidentiary clues in restoring health of women suffering from alcoholism.

Husserlian philosophical phenomenology helps us to understand any given phenomena through examination of descriptions given by those who have lived or personally experienced the phenomenon (Reeder, 2010). Phenomenology then can serve

as an on-ramp to gain access to those individuals who have and are, successfully treating their alcoholism. Examining the constituents of what sustains treatment of alcoholism in women may help nurses and other health care providers develop interventions to further assist and support this population in recovering from a devastating and fatal disease.

Chapter 2 presents a review of relevant literature concerning spirituality and recovery from alcoholism. Chapter 3 discusses the study design and implemented procedures. Chapter 4 presents the findings of this study. Chapter 5 provides a discussion of the findings, conclusions drawn from the study and implications and recommendations for the discipline of nursing.

CHAPTER 2

REVIEW OF LITERATURE

To identify supporting evidence for the proposed research, a review of literature was conducted using the following resources: Academic Search Premier, Cumulative Index to Nursing and Allied Health Literature (CINAHL), NIAAA, and Pubmed. The time period was limited to within the last 10 years. Search terms included the following in singular and joint form: Alcohol, alcoholism, Alcoholics Anonymous, addiction, concept analysis, coping, structure, recidivism, recovery, religion, spirit, spirituality, and social support. Primary resources included articles that examined the etymology of spirituality and research studies relating spirituality to recovering from chronic illness, specifically alcoholism.

Spirituality

Scientific research of spirituality and associated manifestations may be limited due to the inability to concretely define spirituality. Spirituality has many dimensions and personal meanings which creates ambiguity in providing a scientific and quantifiable definition (McSherry, Cash, & Ross, 2004; Tanyi, 2002). Therefore, a qualitative research method is a valid approach to inquire about the lived experience of female alcoholics in recovery. Common components of the concept spirituality found in the

literature are as follows: meaning and purpose in life, connectedness, self-actualization, transcendence, faith, inner strength, peace, and belief in a God, Supreme Being or Higher Power that provides hope to assist individuals to transcend otherwise unmanageable life experiences even for those who do not believe in a Higher Power (Bauer-Wu & Farren, 2005; Chan, Ng, Ho, & Chow, 2006; Dezorzi & Crossetti, 2008; Laudet et al., 2006; McSherry et. al., 2004; Meraviglia, 1999; Narayanasamy, 2004; Tanyi, 2002, Whitford, Olver, & Peterson, 2008).

While various and differing conceptual components of spirituality have been posed in the literature there is little agreement on conceptual or operational definitions of spirituality. McSherry and Cash (2003) conducted a review of literature spanning two decades and found attempts to define spirituality as a singular concept remains broad, abstract, and indefinable. Individuals and various cultures have unique characteristics, attitudes, and beliefs which make it harder to develop valid measures of spirituality generalizable to all populations.

Over the last several decades, a shift from religious theocentricism to nondescript spirituality in the literature has emerged (McSherry & Cash, 2003). Spirituality is often defined in terms of religious affiliation; however, many spiritual views claim alternative sources other than a Higher Power or God. It is reasonable to acknowledge at this point that one can be spiritual and religious, but one does not have to be religious in order to be spiritual (Chan et al., 2006; Govier, 2000). Thus, the language to define spirituality used predominately in the Judeo-Christian literature may not be generalizable to all cultures and religions or spiritual experiences (Hodge, 2006; McSherry et al., 2004).

The Western view of spirituality does not often reflect the views of various cultures, religions and sects (e. g., witchcraft, voodoo) (Lobar, Youngblunt, & Brooten, 2006; Paley, 2008). For example, Gilliant-Ray (2003) argues that certain cultures and religions such as Islam do not seek to find individual meaning or purpose in life, or individual purpose or personal fulfillment, yet it is the world's second largest religion. Therefore, there are limits in using current conceptual definitions of spirituality which include meaning in life, purpose, and fulfillment (Gilliant-Ray, 2003). Being able to identify common concepts and structures of spirituality, as reported by recovering alcoholic women, may provide an operational definition of spirituality applicable to the population recovering from alcoholism.

Spirituality and Recovery

The research community has established a vast amount of evidence that spirituality promotes recovery from chronic diseases. Evidence supporting spirituality as a resource for healing has been researched in a variety of chronic illnesses. For instance, there is evidence that spirituality mediates the impact of breast cancer in those struggling to survive this illness by nurturing psychological well-being (Meraviglia, 2006). Likewise, HIV-infected patients have reported spirituality to be essential in searching for meaning of their illness and in the search for quality of life while managing their illness (Grimsley 2006; Sowell et al., 2000). African Americans coping with diabetes, report their ability to cope and self-manage their disease is founded in cultural and spiritual beliefs (Polzer & Miles, 2005). Similarly, the program of AA describes

alcoholism as a progressive and chronic disease in which, “recovery from a hopeless condition of mind and body”, can be obtained through a spiritual solution set forth in 12 spiritually founded steps (Alcoholics Anonymous, 2001, p. 20).

Narrowing the focus to alcoholism, a few studies indicate that spirituality founded in the 12-step approach facilitates the recovery process (Green, Fullilove, M., & Fullilove, R., 1998; Weegman, 2009). Green and colleagues conducted focus groups with a cohort of 24 recovering poly-substance users who used the 12-step program of Narcotics Anonymous (NA) to support their recovery which emphasizes spirituality. In their study, spirituality was shown to help the participants establish a relationship with a Higher Power that they could turn to in facing life’s difficult experiences and losses instead of turning to addiction practices. In addition, spiritual practices such as prayer and meditation had become a routine daily practice to cope in recovery. While this study supports the 12-step philosophy, participants of this study were recruited from a treatment center and were in early recovery which only provides insight to the initial flush of spirituality found in early abstinence.

Weegman and colleagues (2009), in an interpretive phenomenological study of 9 members of AA found spirituality was an essential aspect of long-term recovery. All members had achieved at least 9 years of continuous sobriety. In their study diverse interpretations of spirituality were reported, yet all agreed spiritual transformations whether expressed through religious orientation or other existential beliefs initiated moral character changes and inner peace. While this study was able to affirm spirituality evolved within the 12-step philosophy, descriptions of how these changes occurred were not represented in the report.

Research studies specifically examining the supportive relationship between spirituality and recovery from alcoholism specifically in women are meager. While it is evident spirituality supports recovery in several chronic diseases, the influence of spirituality in the behavioral change of recovering alcoholics is not well understood and research of this process is limited (Carrico et al., 2007; Miller & Bogenschutz, 2007). While empiric evidence may suggest spirituality fosters abstinence in alcoholics, determining the essence of spirituality in women recovering from alcoholism remains vague.

Wright (2003) conducted a phenomenological study of 15 African American women recovering from addiction between 15-39 months who reported spirituality to be a significant contributor to their recovery. This phenomenological study reported recovery did not begin until the women had experienced a “bottom” which led them to surrender everything to God. For some of the participants this surrender occurred as an immediate spiritual awakening or gradually for others. Regardless of the time in establishing a relationship with God, all participants reported experiencing a transformation leading to sustained abstinence and recovery.

Five themes were identified which supported recovery from addiction in this population: (1) experience of abandonment from God without spirituality; (2) having a spiritual awakening after surrender; (3) reconnecting with God and others; (4) transformation and transcendence of substance use; and (5) attaining a new life. While the results from this study indicate processes of recovery using spirituality, the sample was not limited to alcoholic women and included women recovering from other substances. In addition, while some of the women reported programs such as AA and

NA had supported their recovery initially, most had returned to the church for further support instead of the 12-step model. The implication of the finding was that 12-step models may have limited usefulness for women's sustained recovery. Wright's (2003) study affirms spirituality plays a role in recovery, however once again the sample for this study was in early recovery and had not reached what is considered as a stable recovery time frame of 5 years.

The philosophy of AA does not ascribe to any particular culture, denomination or sect, yet encourages members who have an interest in recovering from alcoholism to choose their, "Own conception of God, however inadequate, is sufficient to make the approach" (Alcoholics Anonymous, 2001, p. 46). The encouragement to select a Higher Power of their understanding provides the freedom needed to capture individual beliefs from various cultures (Zylstra, 2006).

Spirituality has been represented as a phenomenon that supports individuals in transcending difficult life events. Results from this review of literature indicate there is a gap in knowledge regarding the role spirituality has in supporting the process of recovery in women alcoholics who may or may not be religious. Further examination of the recovery process in women alcoholics may elucidate the role spirituality has in transforming the life of women alcoholics, enabling them to thrive as they confront alcoholism, and avoid recidivism.

Remission and Recovery.

A crucial phase for initiating recovery in alcoholics is to attain remission, characterized by the cessation of drinking or using any mind altering substances. However, the goal to attain temporary sobriety and reduce symptoms is insufficient in restoring health. Sustained remission without recidivistic behavior is required to develop a functional recovery (Kelsey, 2004; Kane, 2007). The alcoholic who obtains remission still remains at grave risk for recidivism. Therefore recidivism occurs when an individual who has attempted remission, is unable to remain sober despite awareness of destructive behaviors and the associated consequences. Recovery as it pertains to alcoholism can be observed, not only by remission, but through sustained life changes where physical and mental symptoms are no longer present and recovery is persistent.

Because the term recovery is frequently used in association with chronic diseases, several studies have specifically sought to provide a definition amenable to the recovering alcoholic in remission. The Betty Ford Institute Consensus Panel (2007) defined recovery as, “a voluntary maintained lifestyle characterized by sobriety, personal health, and citizenship” (p. 222). Other studies suggest other dimensions of recovery that include the improvement in quality of life, becoming a functional, industrious member of society, and restoring positive relationships with family and social groups (Galanter, 2007; Laudet & White, 2008).

Three qualitative studies explored factors associated with remission and recovery from alcoholism (Brewer, 2006; Hanson, Ganley, & Carucci, 2008; Weegman, et al., 2009). Key findings from these studies showed that not only is sustained remission

necessary for recovery, a multifaceted program that includes self-improvement, personal growth in a positive manner, and improving life conditions is also important to stable recovery.

Bewer (2006) conducted a phenomenological study of 11 women who had been in recovery from 2 up to 37 years, examining the lived experience of factors that foster recovery. Brewar (2006) discovered factors which foster recovery were: working a program of recovery, developing a support system, making amends for past behaviors, recovery is a lifelong process and helping others to recover. Most of the women in Brewar's (2006) study were members of AA (n=8), and the remaining 3 participants were actively involved in religious organizations, yet all had developed a recovery plan that involved spirituality. All participants felt developing a support system with other women was extremely crucial due to the ability to share similar problems and solutions of being an alcoholic. The participants in Brewar's (2006) study all reported that making amends for past transgressions also supported their recovery.

The women reported it was a necessary part of recovery to accept that recovery is a lifetime commitment. In addition, helping others supported their own recovery because being able to share their experiences of how they had recovered from alcoholism also served to remind them what life had been like before recovery. While Brewar's (2006) study identified key factors which foster recovery, details of how each theme had been executed was not discussed.

Hansen and colleagues (2008) investigated the recovery experience in 9 recovering addicts whose findings indicate abstinence from substance abuse does not

yield recovery. Recovery is described in their report as a process of personal growth and behavioral changes over time which requires effort. All participants considered themselves lifetime addicts, who although physiologically free from addiction, had to invest in their recovery. Primary actions conducted by these participants were reported to be service to others in order to rid selfishness, a perceived root cause of their addiction, and implementing principles of honesty and sincere humility.

Weegman and colleagues' (2009) phenomenological study of 9 participants in stable recovery reported their participants felt a personal program of recovery was important in preventing relapse. The participants reported that surrendering to a Higher Power, making amends, and becoming involved and immersed in the AA fellowship, helping others, and establishing a support system with other alcoholics helped mature their own personal growth in recovery.

The above studies confirm recovery requires vigorous maintenance of self help practices to support remission and prevent recidivism. Thus, the term recovery is appropriate for exploring spirituality as an overarching phenomenon for recidivism prevention in alcohol abuse. However, the role that spirituality may play in women's recovery was not extensively explored in any of these studies.

Alcoholism Treatment

Again, alcoholism is a chronic and progressive disease where the individual has become physically, mentally, and emotionally compromised. Those afflicted by alcoholism are often unable to cease drinking under their own merit. Currently there is not a cure for alcoholism, however many approaches assist individuals to achieve recovery (Brewer, 2006). Modes of recovery such as treatment facilities, religious organizations, and psychotherapy may offer viable solutions.

Solutions to treatment for alcoholism other than AA can be found in organizations such as: Secular Organization for Sobriety (SOS), Women for Sobriety (WFS), Rational Recovery (RR), and Alcoholics Victorious (AV). The SOS is a non-religious organization and an alternative to the 12-step model of traditionally accepted alcohol treatment (Secular Organization for Sobriety, 1999). Established as an alternative to a spiritual approach, SOS takes a scientific approach to alcoholism and promotes personal recovery is the responsibility of the individual through education and self reliance. The WFS program assists women through 13 statements which promote positive thinking, emotional, and spiritual growth (Women for Sobriety, 1976). Rational Recovery believes alcoholism is a psychological problem and can be solved through addressing psychological issues as a form of self-recovery (Rational Recovery, 1986). Rational Recovery uses family centered approaches in assisting the addicted individual to achieve recovery from alcohol and drug addictions. The organization of AV is founded on Christian values and uses the AA 12-steps with Biblical references to help individuals who recognize Jesus as their “Higher Power” (Alcoholics Victorious, 1948). While recovery rates for these programs could not be found they should be noted as possible

treatment support for those individuals who are uncomfortable with the 12-step recovery approach of AA.

Given these alternative approaches to treatment of alcoholism AA is still considered to dominate the treatment for alcoholism worldwide with a reported 2 million members, in 150 countries meeting in 100,800 groups (Alcoholics Anonymous, 2011).

AA is described by the Alcoholics Anonymous World Service (2011) as follows:

“A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety” (Alcoholics Anonymous, 2011).

Alcoholics Anonymous helps alcoholics not only achieve abstinence, but pursue a lifelong personal commitment to recovery. Alcoholics Anonymous is a 12-step program that is directed at personal actions taken through practicing each step to gain and sustain a spiritual relationship with a Higher Power and helping other alcoholics and newly sober individuals, “newcomers” to achieve recovery as well. The 12 steps of AA (2001, p. 59-60) are as follows:

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.

No statistics of success rates could be found to validate any of these approaches. Currently there is not a consensus on what constitutes a successful recovery, however according to a worldwide literature review on alcohol treatment and recovery conducted by Vaillant (2005), AA appears to be the most effective program to sustain recovery.

Summary

This study aimed to further examine the role of spirituality in preventing recidivism. There were no studies that defined spirituality as it relates to recovering alcoholics. The literature posed several conceptual definitions of spirituality, however it was determined for the purposes of this study that spirituality should be allowed to emerge as defined by the individual.

Several studies show that spirituality helps individuals cope during recovery from a variety of chronic illness. However, in examining spirituality in recovering alcoholics there were no studies that had examined the population of women recovering from alcoholism, who are members of AA and have a stable recovery of 5 or more years. While three studies support alcohol remission does not indicate a stable recovery and actions and behavioral changes are essential to recovery, these qualitative studies did not indicate specific actions that had been followed in order to obtain recovery.

It is important to narrow the focus of recovery in women alcoholics from a homogenous cohort where a definition of spirituality may emerge that is amendable to this population. In addition, specific descriptions should yield more knowledge in what

actions are taken to not only remain remitted from alcoholism, but what specific actions promote a stable recovery.

CHAPTER 3

METHODOLOGY

Study Design

The purpose of this study was to describe the lived experience of the phenomenon of spirituality in recidivism prevention in a cohort of recovering alcoholic women. This chapter discusses the research approach from the philosophy of Husserl's phenomenology, phenomenological method of Giorgi, research procedures, protection of human subjects, setting, sample, data collection, rigor, and data analysis.

Phenomenological Approach

This study utilized the qualitative methodology of phenomenology to describe the meaning of spirituality in women recovering from alcoholism. Qualitative research is an inductive approach for examining the phenomenon of interest and is provided by those who have lived experience of the phenomenon through subjective accounts (Magilvy & Thomas, 2009). According to Nicholls (2009), inductive reasoning initiates when identification of a phenomenon is discovered, one that is not well understood, and then seeks to reveal essential elements of the phenomenon to generate theories. Therefore, qualitative methods are an appropriate approach when knowledge of a phenomenon is not

well known or understood and further clarification from those who have lived the experience is necessary (Glacken, Kernohan, & Coates, 2000).

This study was approached from the qualitative research tradition of phenomenology guided by Husserlian philosophy (i.e. the description of the phenomena, by those experiencing them) (Donalek, 2004). The goal of phenomenology is to describe the essence of a phenomenon as it is expressed, directly or indirectly, in shaping the lived experience of an individual.

Husserlian phenomenology centers in understanding conscious experiences of phenomena in the life world. In regards to consciousness Giorgi (Personal communication, March 16, 2011) states, “Husserl decided to start with how objects and events appeared to consciousness since nothing could be even spoken about or witnessed if it didn’t come through someone’s consciousness”. For simplicity, philosophical phenomenology is interested in how “things” are given to consciousness from the perspective of those who have experienced those “things” (Giorgi, 2009). It is then, that the descriptions of these experiences permit access to the phenomenon through those who have lived them which provide advancement of knowledge.

Giorgi, reports he was the first person to develop the philosophy of phenomenology into a rigorous research method which was established in 1975 (Giorgi, personal communication, March 16, 2011). Giorgi adapted his method from Husserl’s ideal of the phenomenological method which consisted of three steps: the phenomenological reduction; imaginative variation, and description of the essence of what is invariant in the description. Giorgi’s phenomenological scientific method is

designed as follows: descriptions are obtained from the participant; the researcher enters an attitude of scientific reduction, assumes the attitude of the discipline, and becomes acutely attentive to the phenomenon under investigation (Giorgi, personal communication, March 16, 2011). Each of these phases is described in detail in the data analysis section later in this chapter.

Research Procedures

Protection of Human Rights

Approval for this study was granted by the Institutional Review Board (IRB) of the University of Alabama at Birmingham (UAB) before any data was collected (see Appendix A). Participants were provided with an IRB approved informed consent document which explained the research procedures, risk, benefits, procedures of confidentiality, and right to refuse or withdraw from the study without penalty (see Appendix B). Participants were asked to sign a copy of the consent form with a copy being provided for them to keep. Participants were asked to complete a demographic questionnaire which had been approved by the UAB IRB (see Appendix F). All demographic questionnaires were numerically coded to protect identity of the participant.

Following informed consent and demographic questionnaires, completion of the interviews were conducted with digital voice recorders. All audio data was reviewed to eliminate potential participant identifiers and submitted to a transcriptionist for conversion into a textual document. Following verification of accuracy of the transcription audio recordings were deleted. Transcripts were secured in a password

protected computer. Demographic questionnaires and signed informed consents were locked in a secure file cabinet in the PI's office.

Setting

This study was conducted in communities of Central Alabama where recovering women attend AA. The participants were recruited from the Central Alabama Alcoholics Anonymous District 8, Area 1 meeting area. These groups are registered with the General Service Office (GSO) of AA in New York, NY. There are 83 available AA meetings weekly in District 8, Area 1 of Central Alabama.

Data collection was conducted in participants homes (n=2) or in a private environment selected by the participant (n=1). Collecting data in an atmosphere where the participant felt relaxed and at ease was viewed as an appropriate setting for sharing private and personal information about their alcoholism and recovery. The interviews were held at a time which was convenient for the participant.

Study Sample

In order to capture the essence of the phenomenon under investigation, purposive sampling was used in this study. Purposeful sampling in the tradition of phenomenology permits small sample sizes because individuals are selected based on their experience and knowledge in living the phenomenon. The sample size should detail the experience of participants so individual experiences can be thoroughly analyzed for depth of the phenomenon, rather than a broad range of various descriptions of the phenomenon (A. Giorgi, Personal communication, March 17, 2011). The objective was not intended to

generalize the findings, but to achieve a new understanding of the phenomenon (Mapp, 2008; Sandelowski, 1995).

In determining the length of sobriety for this sample, most research conducted in the recovering alcoholic population has only focused on the first 12 months following treatment for alcoholism where the recidivism rate is approximately 70-80% (Dawson, Goldstein, & Grant, 2007). Given that alcoholism is a chronic, progressive, and fatal disease, only examining the first year of recovery is insufficient in estimating long term outcomes to those who ascribe to and comply with treatment interventions.

While there is no consensus on what period of time represents sobriety in the literature, The Betty Ford Institute Consensus Panel (2007) established 3 time frames to indicate the stability of sobriety. Early sobriety is defined as 1 month up to 1 year, sustained sobriety 1-5 years, and stable sobriety is considered to be of 5 or more years. In accordance with these criteria, to investigate the influence of spirituality in recidivism prevention, a sample of women with a stable sobriety of more than 5 years was obtained.

Alcoholics Anonymous considers anonymity to be essential in the survival of the program. Early in AA, anonymity served to protect individual identity from the public view in order to reduce the risk of stigma (Twelve Steps and Twelve Traditions, 2003, p. 184). However, early AA members began to realize a greater risk to AA's survival was to hang the reputation of AA on one member. Should that member return to drinking this could cause irreparable harm (Twelve Steps and Twelve Traditions, 2003, p. 187). Therefore, from Tradition Twelve of AA, "anonymity-100 percent anonymity-was the only possible answer" (Twelve Steps and Twelve Traditions, 2003, p. 187).

Due to the AA tradition of anonymity, gaining access to the population of interest was achieved with the assistance of an individual known to the researcher who is a female member of AA. A purposive sample (n=3) of women who identified themselves as recovering alcoholics, from Central Alabama, who are members of AA who met the requirements of the study were interviewed. The intention of this study was to acquire a population with one common experience (i.e., recovering alcoholics) to enhance understanding of sustained remission.

The AA trustee's serving on the Committee on Cooperation with the Professional Community of the AA GSO provided a memo encouraging AA members to participate in research and/or surveys as private individuals (see Appendix E). Bill Wilson, a co-founder of AA wrote, "Today a vast majority of us welcome any new light that can be thrown on the alcoholic's mysterious and baffling malady. We welcome new and valuable knowledge, whether it issues from a test tube, from a psychiatrist's couch or from revealing social studies". The memo provides suggestions for both the researcher and participants which discusses principles of anonymity and professional behavior in conducting research.

Women were recruited who met the following criteria for inclusion: 1) age 19 and older; 2) members of AA; 3) report continuous abstinence from alcohol or other mind-altering substances (i.e., barbiturates, narcotics, etc.) for a period of 5 or more years; and 4) English speaking. Participants were interviewed once to acquire an in-depth description of their spiritual experiences during the recovery process. Comprehensive data describing the phenomena of spirituality throughout the recovery process was

expected to be more than adequate with the proposed sample size of up to 10 participants (Morse, 2000; Sandelowski, 1995).

Study Protocol

Initial contact with participants was achieved in one of two ways. First, an AA member known to the researcher served as an intermediary for the investigator in the recruitment of the study participants. The intermediary contacted female AA members with whom she was personally acquainted and provided them written information about the study and eligibility requirements that included information on how to contact the investigator if they wished to participate. Second, participants were also asked to distribute a flyer that contained written information about the study to potential participants.

When contacted by a potential participant, the PI explained the purpose of the research and requested permission to screen the individual for inclusion criteria using a screening checklist (Appendix D). Those women who did not meet inclusion criteria were thanked for their interest. Those who met the inclusion criteria were invited to take part in the study and a meeting was scheduled to complete written informed consent and conduct the interview. The IRB approved consent form used in the study is included in Appendix B.

The consenting process included: providing participants with written information about the research purpose, the procedures that were to be used, risk and benefits, confidentiality, right to refuse or withdraw without penalty, potential cost to the

participant, and their legal rights. Participants were encouraged to ask questions which were answered to their satisfaction. Once all questions were addressed, participants signed a copy of the consent form and were provided with a copy to keep. The consent included investigator contact information for any further questions or concerns about the study. The participants were also provided with a copy of the Memo on Participation of AA Members in Research and other Non-AA Surveys (see Appendix E).

Data Collection

Following completion of written informed consent, participants completed a self-administered demographic information questionnaire (see Appendix F) that included measures of age, sobriety date, AA membership date, spirituality in recovery, first exposure to AA, race, marital status, current living situation, level of education, number of children living at home under 18, number of children, religious affiliation, paying employment, job category, and household income. Data obtained with the demographic questionnaire were used to describe the study sample. Next the unstructured interview was conducted with each participant allowed for in-depth exploration and to obtain reflective responses that illustrate what was important about the phenomenon (Polit & Beck, 2008). On average interviews lasted one hour and were audio-recorded. Immediately following each interview, the investigator recorded written field notes of observational data (i.e., behaviors and artifacts).

The following interview questions were developed as a guide to initiate conversation and data collection:

1. Can you describe what happened that lead you to stop drinking alcohol?
2. What has the experience of recovery from alcoholism meant to you?
3. Can you describe what has given you strength in recovery?
4. Are there any activities that are important to your recovery and, if so, can you describe them?
5. From your experience in remaining sober, what has been important in sustaining your recovery?
6. Can you define spirituality?
7. How would you describe your spirituality before AA?
8. How has that changed during recovery?
9. At what point did you realize you had tapped into spirituality?
10. How have you used spirituality in your recovery?
11. What is the meaning of spirituality to you?
12. Has your meaning of spirituality changed over the course of your recovery?
13. In your opinion, what would help newly sober women achieve recovery?
14. Over the years, how has your life changed since your sobriety date?

Prior to their transcription, audio- recordings were reviewed, and personal identifiers of the participant were removed. Once the recordings were transcribed, they were checked against the audio-recording for accuracy. Once accuracy of the transcripts was confirmed, the recordings were deleted. Transcripts were securely stored in a password protected computer program that was only accessible to the investigator. All data obtained from participants was coded with a participant identification number to

ensure confidentiality. Field notes, digital audio-recordings, transcripts, and back up data hard drives were stored in a secure safe in the researcher's office. Signed consent forms were stored separately in a locked file cabinet in the investigator's private office.

Ensuring Rigor

Journaling is a common practice in qualitative research studies to ensure rigor. However, in a recent meeting with the investigator of this study, Dr. Giorgi noted that bracketing through journaling is a time consuming and unnecessary exercise, because one can never truly separate one's own experience (A. Giorgi, personal communication, May 6, 2011). Further, Giorgi stated journaling activities unintentionally bind the researcher's creativity through over analyzing their thoughts and feelings. If bias is suspected or needs to be checked, Dr. Giorgi recommended another competent researcher should examine the direct statements (meaning units) found in the first column of the analysis, check how those descriptions were interpreted by the principal investigator (PI) in the second column (transformed meaning units) to ensure data was not unduly influenced by researcher bias (A. Giorgi, personal communication, May 6, 2011).

During the process of data collection and analysis, the investigator used bracketing structured by Husserl, as the practice of the *epoche* (Reeder, 2010). The *epoche* is a form of bracketing where the researcher constantly and mentally sets aside knowledge of the phenomenon from the researchers own experience, so that the data is approached as much as possible fresh and free of researcher bias (Giorgi, A., & Giorgi, B. 2003). Thus, the researcher consciously and persistently practices a naïve perspective,

so the participant's descriptions are allowed to reveal the experience of the phenomenon as lived by the participant, to the researcher (Reeder, 2010). This process of the epoche' is practiced throughout the interview and during the reduction of the data. Again, this form of reflexive bracketing can be audited by any other researcher through examination of the raw data or meaning units in the first column and how they were transformed in the second column.

While reflexivity strives for objective interpretation, in the end a qualitative researcher must acknowledge findings are a result of the researcher's own understanding and experience (Ives & Dunn, 2010; Jootun, McGhee, & Marlan, 2009). Being a novice researcher, personal reflections and emotions were documented following each interview and through data analysis, and were discussed with the investigator's research mentor and Dr. Giorgi.

Data Management

Giorgi's (2009) descriptive phenomenological method guided the analysis of data in this study. Giorgi's (2009) method evolved from the philosophical phenomenological approach, as described by Husserl in *Ideas I* (1913/2009), so that a scientific framework for phenomenological research could be established. Giorgi's method is appropriate for the present study for two reasons. Firstly, it provides a structured framework for data analysis, and secondly, it adheres to the phenomenological philosophy of Husserl in describing how phenomena are consciously experienced, understood, and lived by the individual (Mapp, 2008; Wright, 2003).

The phenomenon under inquiry in this study is spirituality and the aim is to describe the role it may assume in sustained sobriety. Data were obtained in private interviews with each participant who provided descriptions of their lived experience of spirituality and sustained sobriety. Each interview was transcribed and analyzed using Giorgi's (2009) descriptive phenomenological method.

Prior to implementing the steps of this method, the PI firstly, adopts a scientific phenomenological attitude in preparation for phenomenological reduction of the data while simultaneously applying the *epoche'* to monitor PI bias (A. Giorgi, personal communication, May 6, 2011). Entering the scientific phenomenological attitude requires that the PI suspend her "natural attitude" where moments of everyday living are a relatively subliminal activity and become consciously aware of details of the experience.

For example, an individual gladly leaving work walks from their office to where their car is parked. In a natural attitude of consciousness our mind simply leads us on a rote path from the office to the car. However, in a scientific phenomenological attitude, breaking from a natural attitude, an individual now becomes consciously aware of the various floor surfaces (e.g., tile, wood, concrete, asphalt) along the way, or even more specifically at what point those floor surfaces change (e.g., doorways, stairs, elevators). To elaborate, on the *epoche'* in this same scenario, an individual tries to suspend their prior knowledge of what they know certain components of a floor surface they will expect (i.e., tile, wood, concrete or asphalt) to encounter and where the change to another type of surface takes place. Therefore, an individual in the scientific phenomenological attitude takes what is given or experienced at the moment it is presented (Giorgi, 2009).

For this study, the PI attentively approached the data as if living vicariously through the descriptions of the participant noting details of their experience. Practicing the epoche' occurred in minute adjustments of the PI's experience of spirituality throughout the interview and analysis so that the participants' experience took priority of the moment.

Secondly, the PI assumes a nursing perspective, thus questioning how the phenomenon under investigation weighs on protecting and restoring health and how the discipline of nursing may help individuals overcome similar illness by further understanding of the phenomenon (A. Giorgi, personal communication, May 6, 2011). For instance, spirituality is an essential component in the holistic nursing care of patients. In this study, assuming a nursing perspective was implemented to further understand the main value spirituality has in restoring health to women recovering from alcoholism with the ultimate goal of gaining insight to share within the nursing discipline.

Lastly, the investigator becomes acutely aware, operating outside the natural attitude being attentive to the phenomenon under investigation. In this study the PI became mindful and interested in descriptions of spirituality as it related to the participant sustaining sobriety. Through the effort of implementing these three directives prior to and during the data analysis the researcher becomes, "Concerned with the individual meanings that a person attributes to their experiences" (A. Giorgi, personal communication, March 17, 2011).

The procedure for Giorgi's (2009) analysis consists of four essential phases described below:

Phase 1: The entire descriptions are read to obtain an overall sense of the whole: The primary purpose of this step is to familiarize the researcher with the language of the participant and obtain a general sense about the participant's lifeworld as they are describing it. This step is not intended to be part of the phenomenological inquiry only a foundation for the next step (Giorgi, 2009).

Phase 2: Discern "meaning units" from the descriptions: The researcher rereads the entire transcript while being mindful of the phenomenological reduction taking place, being attentive to the phenomenon of interest (i.e., spirituality and recidivism prevention). With each change of topic, meaning or description of experience, a slash is made at the end of the comment to create a "meaning unit". At this point the meaning units have been created to simplify the entire description into more manageable parts and do not have theoretical implications (Giorgi, 2009). The discerned units of this step are a result of the triple attitude assumed by the researcher as described earlier (i.e., scientific phenomenological attitude, a nursing perspective, and acute awareness of the phenomenon of interest). Therefore, the perspective of the researcher is closely associated with the demarcation of meaning units (Castro, 2003; A. Giorgi, personal communication, May 6, 2011). In other words, each meaning unit created is a result of how the descriptions of experiences in the transcript, correlate with the attitude and perspectives of the researcher (Giorgi, 2009, p. 130). The identified meaning units from the entire verbatim transcript are placed in the first column of a table.

Phase 3: Meaning units are transformed from the participant's descriptions into a scientific language aligned with the scientific attitude of identifying the phenomenon of spirituality and recidivism prevention. Each meaning unit is

converted from the language of the participant (i.e., first person) into expressions written by the researcher (i.e., third person) therefore transforming what is implied into more explicit descriptions while remaining true to the participant's experience (Castro, 2003).

This third step of Giorgi's method is a vital link to Husserl's phenomenology, of free imaginative variation. During this transformation, the researcher uses free imaginative variation to examine those meaning units which most represent the essence, relevance, and meaning of spirituality in recidivism prevention as it was consciously experienced by the researcher. To elaborate, since it is impossible for the researcher to actually live the experience of the participants as described, the researcher must hold in abeyance his/her own lifeworld, (i.e., bracketing in *epoché*) and imaginatively enter the description. Imaginative variation allows the researcher to reflect on the phenomenon as concretely described by the participant, deconstruct the experience, imagining what might be altered and yet still retain what is absolutely essential about the phenomenon (Castro, 2003, Giorgi, 2009). The transformed meaning units are displayed in the second column of the table.

Phase 4: Describe the structure of lived experience. Transformed meaning units, those listed in the second column are synthesized into a structured statement concerning the essential aspects of the phenomenon, which for this research study, is the lived experience of spirituality and recidivism prevention in women recovering from alcoholism. The primary objective in this phase is to identify structures and supporting constituents that are "essential for the phenomenon to manifest itself" (Giorgi, 2009, p. 9). The researcher reviews the transformed meaning units in the second column and through imaginative variation first identifies structures that present themselves to the

researcher's consciousness which describe the phenomenon of interest. Next if the structure is significant invariant constituents will be identified. An essential criterion is that the structure will collapse if a constituent is removed (A. Girogi, personal communication, May 6, 2011). The final structured statements are intended to suggest what is essential about the phenomenon from individuals with similar experiences.

Women recovering from alcoholism in this study offered unique insights through their personal accounts as to how spirituality has facilitated the recovery process and restructured their lives. The exact nature of the experience of spirituality in women recovering from alcoholism is of interest because arriving at a stable recovery and preventing relapse is a phenomenon which holds the potential benefits for women struggling with sobriety. Chapter 4 presents the findings from this study.

CHAPTER 4

FINDINGS

The purpose of this study was to describe the lived experience of women recovering from alcoholism and how they utilized spirituality in supporting recovery and in sustaining sobriety. The research inquiry considered the following research question: What is the lived experience of spirituality in maintaining sobriety for women who are active members in AA and who have been sober for 5 or more years? It is reasonable to acknowledge this study cannot illuminate every aspect of this phenomenon. However, the literature suggests practicing the 12-steps, and spirituality as an essential component, has unequivocally contributed to the restoration of health and well-being of those seeking to recover from alcoholism. Therefore this study aspires to contribute to the knowledge of supporting women in recovery. Phenomenology as a philosophy and scientific method guided the phenomenological data analysis and structure of the experiences.

Profile of Participants

Three women responded to the flyer distributed by an AA member known to the researcher. All three women met the criteria of the study: had 5 or more years of continuous self-reported abstinence from alcohol or any other mind altering substances

(i.e., barbiturates, narcotics, and illegal substances), report spirituality is part of their recovery, are members of AA, and are able to write and speak English.

Participant 1:

P1 is a 53 year old white female who has been sober for 16 years. She entered AA by choice and had not received any care at a treatment facility. Spirituality is a significant aspect of her life and she reports AA and her religion support her recovery. P1 reports she is a non-denominational Christian and attends a minimum of 4 AA meetings a week. Currently she is married, lives with her spouse and does not have any children. She is a high school graduate and is currently employed.

Participant 2:

P2 is a 41 year old white female who has been sober for 6.5 years. She had several interventions and was admitted to numerous treatment centers spanning a 16 year period before voluntarily entering AA. Spirituality is a significant aspect of her life and she reports AA and her religion support her recovery. P2 reports she is a Methodist and attends a minimum of 4 AA meetings a week. She is currently divorced and has 1 child who lives at home with her. She has a college degree and is currently employed.

Participant 3:

P3 is a 37 year old white female who has been sober for 20 years. She was first exposed to a recovery program for children of alcoholics, Ala-teen, at the age of 16 where she was referred to and voluntarily joined AA at the age of 17. Spirituality is a significant aspect of her life and reports AA and religion support her recovery. P3 reports

she is a Ukrainian Catholic, currently does not attend church and attends a minimum of 4 AA meetings a week. She is presently divorced and lives alone. She has a graduate college degree and is currently employed.

Data Analysis

To organize the data analysis, a table is created consisting of two columns. Meaning units derived from the transcript are placed in the first column. What is important to note is that every comment and every word in the transcript will become a meaning unit and can be found in the first column. Each meaning unit will have a corresponding transformation of the raw data, from the second column; generalized structures are identified with supporting constituents and synthesized into statements which support the relevance of the phenomenon.

Following the first step of Giorgi's (2009) scientific phenomenological method the transcripts were read and reread to familiarize the investigator with the participants lived experience as concretely described. The next step required the investigator to return to the text, while mindful of the phenomenon under investigation, being sensitive to any changes in meaning, descriptions or topics. During this process, "meaning units" are created and placed in the first column of a data analysis table recommended by Giorgi. The following is an example of how to organize the first two phases:

Table 1

Data analysis example

Column 1	Column 2
<p>1. Interviewer: Can you describe what happened that led you to stop drinking alcohol?</p> <p>P¹ I mean I can tell you exactly what happened. I'm just gonna say what happened alright.</p>	<p>Interviewer: prompted P¹ to recall what led her to stop drinking alcohol</p> <p>P¹ is able to specifically recall the events which led her to stop drinking alcohol.</p>
<p>2. Umm, my life was miserable I had thought I was an alcoholic, but I was surrounded by alcoholics so they just always told me...that I like to get drunk, but that I wasn't really an alcoholic.</p>	<p>P¹ was aware she was miserable and that alcohol may be a serious problem she believed the perception others in her life at the time that she just like to get drunk therefore there really wasn't any merit to her inner concerns that she was an alcoholic.</p>

To exercise the third step in Giorgi's method, imaginative variation was employed to interrogate participant descriptions to identify essential meanings found in the descriptions. The natural descriptions of the participants were redescribed in statements by this researcher so that: individual circumstances were not so distinctive, to make the implicit explicit, and to articulate the natural descriptions in a more scientific language identifying what was determined to be essential and relevant about the phenomenon. The transformed statements are placed in a second column of the data analysis table.

To fulfill the last step of Giorgi's phenomenological method, the transformed meaning units provided the evidence for the structures. The use of imaginative variation was again applied in order to identify stable and essential constituents of the phenomenon. The criterion for determining if a constituent is essential is that, should the

constituent be removed, collapse of the entire structure would ensue. In this study three structures with supporting constituents describing the lived experience of the participants emerged. The following structures were identified (a) structure of historical significance, (b) structure of pivotal episodes, and (c) structure of recovery

Table 2

Structures and supporting constituents

Structure	Constituents
1. Structure of historical significance	<ul style="list-style-type: none"> a. Consequences b. Denial c. Spiritual distress
2. Structure of pivotal episodes	<ul style="list-style-type: none"> a. Primary pivotal episode: willingness to change b. Secondary pivotal episode: spiritual awakening
3. Structure of recovery	<ul style="list-style-type: none"> a. Spirituality b. Recidivism prevention

Findings from the Analysis

As a whole, the structures revealed the experience of recovery in transitional phases across the lives of three participants. The variation of individual life stories provided the ability to see what may be invariantly essential to the phenomenon of women recovering from alcoholism. The findings from this study disclose in a general way what their life was like, what happened to them, and what their life is like presently.

Structure of Historical Significance

The first structure describes the participant's lives before they stopped drinking. This structure serves to archive what their lives were like before entering recovery. The importance of this structure is to establish evidence of the disease and to observe the experience of recovery as transformation occurs in the life of the participant. Supporting constituents for this structure are identified as: consequences, denial, and spiritual distress.

Consequences. The women were able to recall significant consequences which they identified were directly associated with their drinking. At some point in their drinking careers, the participants recalled their health and well-being (i.e., physically, emotionally, mentally, and spiritually) had greatly suffered as a result of what happened during or after drinking alcohol. P1 describes her drinking often led to a state of temporary amnesia. P1 described her experience as follows:

I was just a miserable, falling down drunk. I was the type that had blackouts all the time. I would wake up in the morning covered in bruises and not know what had happened. You know the type that went to the window to see if my car was out there. Don't even remember coming home. Would be told, "Yeah, you drove home." and don't even remember anything.

Even after she stopped drinking, the mental, physical, and emotional repercussions of active alcoholism remained. P1 stated in the interview:

You know, I couldn't help but not start feeling better physically, but that didn't mean I was feeling mentally, because I was a very sick woman. I started drinking when I was 15 and I got sober when I was 36. So I had a lot of years of emotional nothingness...I didn't know how to have an emotion without drinking.

P2 faced social and economic consequences as a result of her declining mental, physical, and emotional health. She recalls that she was unable to work because of her poor health related to her alcohol abuse. She was emotionally unavailable and void, therefore was unable to be a friend or mother. P2 explained she did not have an identity and became whatever people wanted her to be. During the interview P2 said:

I was unemployable...I wasn't a good friend to anybody. I was hardly a mother at all, um I didn't know who I was. I had never had a chance to come out. I was whatever my friends wanted me to be or whatever the guy wanted me to be at the time or you know. I couldn't fit in at the country club and so here I was left, world shattered, prospect of not drinking for rest of my life, not knowing one thing about myself. I didn't even know what I liked to wear.

P2 further explains in addition to her external consequences she described how she had come to see herself: "I had lost a soul. My dignity was gone you know. I couldn't even look at myself in the mirror".

P3 was as an adolescent with a poor self-image and the behaviors which occurred when she drank added additional self-loathing to her already suffering self-esteem. P3 described in the interview:

I would have a drunken experience that I did not want. I would drink “X” number of drinks, whatever it was and then suddenly was doing really, really outrageous, out of control, embarrassing bizarre things...I basically became unpredictable in was I found incredibly embarrassing, shameful.

Yet, P3 clarifies her main problem was not being able to admit alcohol was harming her mentally, physically, and emotionally, she was aware of her alcohol problem, however for her, it was the struggle of living that she found most challenging.

I was not a woman, who was a girl then I guess, but I wasn’t a person that was crazy about herself generally, but the things that happened when I drank and because I drank, I hated so much and I hated myself so much... But so for me the thing was not so much that, like I knew, that I was powerless over alcohol and that this thing was killing me and blah, blah, blah ...I just knew that I found being alive really, really challenging. I wasn’t super clear I wanted to be alive.

A common characteristic in each of these descriptions is the awareness of the negative side of their drinking that began to influence and disrupt all aspects of their lives. Baffling events following drinking, declining health, and depression emerged from the participants’ descriptions of consequences.

Denial. Even with mounting consequences and evidence that their lives were becoming harmful and unmanageable, retrospectively each participant could draw on moments of denial. P1 was aware that she was miserable and that alcohol may be a serious problem, yet she believed the perception of others in her life at the time that she just liked to get drunk, therefore there wasn't any merit to her inner concerns that she was an alcoholic. P1 states in her own words:

My life was miserable. I had thought I was an alcoholic, but I was surrounded by alcoholics, so they just always told me that I like to get drunk, but that I wasn't really an alcoholic.

In addition, P1 reported her initial exposure to the idea she might be an alcoholic occurred 2 years before she stopped drinking. She took a test that revealed she had all the characteristics of an alcoholic, yet rebuffed any objective evidence.

I really didn't start thinking that I was an alcoholic until about two years before I got sober. So, that was around age 34. I thought "you know I think I might be an alcoholic" and I even took this test. I found this test, I think it was like in...a magazine. But it had 20 questions and I answered them honestly. And, then when it got down to the bottom it said "if you answered 1 or 2 of these questions with a yes, you might need to look at your drinking if you answered 3-4 you might have a problem and if you answered more than 4 with a yes you definitely are Alcoholic" I answered 16 of those 20 questions with a yes. I was like, oh my God well, now I

know I'm an alcoholic. Okay, now what am I gonna do? Now that was 2 years before I got sober. I'll just go get drunk and that's what I did.

P2 explains that the illusion of alcohol as a social activity and denial was so influential and customary she had resisted any evidence to the contrary. P2 said during the interview to clarify this point:

I mean I had fought for my drinking for years. This is just me. (If) I'm accused, I drink. This is just what I do. My dad drinks. I drink. If you're powerful and successful you drink. If you have a lot of friends you drink.

P2 explained even after entering AA and aware alcohol was a predator that had almost killed her she was slipping back to denial, romanticizing she could control her drinking. She described this clearly during the interview:

I just couldn't imagine a life without it. I mean how do you have fun and not drink? Even though I finally realized I couldn't do it, evidently alcoholism gives you a good scare and it's not long before I start thinking well, maybe I can start drinking again if I just have a little bit of time, but I had to realize that I couldn't and I didn't like it, and it was tough for me and there were times when I wasn't sure I was going to make it from one meeting to the next, sober.

P3 recalls that she did not always experience consequences from her behavior; and therefore often denied the connection of alcohol to bad outcomes.

I wasn't totally clear, it was just like, "Oh that was a disaster", and like then, lo and behold there was alcohol involved. Like every disaster had alcohol, but every time there was alcohol, there was not a disaster. I can still remember four times where it wasn't a complete mess.

To further understand the power of denial, P3 reported that she had gone to AA for nearly a year before she realized she was in AA because of her drinking. She stated, "It took an entire year for me to really get that it was actually my drinking that was the basis for me being in AA."

Inherent in the participant's descriptions above, each participant recalled specific instances when they had evidence of their alcoholism, yet found reasons to justify their behavior. The participants had become accustomed to the state of their lives which made it more difficult to accept their declining condition. Even after seeking treatment in AA all the participants found denial to be a lingering affect.

Spiritual distress. All of the participants reported spirituality to be currently a primary resource in sustaining their recovery. However, during their active alcoholism all participants acknowledged they were spiritually handicapped and recognized their behaviors, as a result of drinking, significantly contributed to a spiritual disconnect. For instance, P1 claimed that before entering AA and beginning to seek recovery she was disengaged from her spiritual self. She did believe there was a God, but because of her behaviors she denied the possibility of a relationship to God, primarily because she felt too guilty. P1 describes this clearly in the interview:

I had no spirituality really. I mean it was underlying. I mean I believed there was a God, but I just didn't think about God and the reason I didn't think about God and when I did try to go to church all I would do is cry, the whole time, because I knew that I was so awful and I knew what I was doing.

P2 stated that for most of her life, she did not have a spiritual awareness that she was spiritually "bankrupt". P2 explains when she first started attending AA meetings she would hear the members discussing religion and spirituality; however she was unable to identify with anything religious or spiritual. She described that even as a child she felt extreme physical discomfort in church buildings. She perceived everyone in church was aware of her transgressions and as a result she felt exposed and shameful. P2 believed there she was unredeemable and she did not qualify for spirituality or God. P2 states in her words:

Spirituality wasn't even in my vocabulary. I mean bankrupt would be nice way of putting it. In AA they talk about atheist and agnostic and spirituality and religion and I really thought that I was out on all accounts. I was one of the ones when I was a kid, I would go in to church with some of my friends and when I walked in I really felt as if my skin burned. I mean I thought that everybody in the church knew that I was a sinner among sinners and I should not be allowed in there. I thought there was a big light shining down on me I felt horrible. I just I didn't think there was any spirituality or God for me.

P3 describes her sense of spirituality was found in external stimuli such as art and music which stirred something inside her where she felt comfort and solace so that she was aware, albeit deeply repressed, she had a spirit. P3 states she could feel “something”, but could not identify the essence of the relief she experience. As she described in the interview:

Anything that gave me a sense of relief was what I pursued. There were times where I could find certain novels, certain books, that I felt made me feel awake in my spirit. I did have a spiritual connection to those things. There was certain music and certain art I guess, where it stirred something in me enough to know that I had a spirit that there was something greater than just this like purely material life.

P3 also articulated she experienced and internalized conflict early, even before she reached a worldly bottom in life. P3 explains she felt as if she had attained a spiritual bottom through having a desperate need to have emotional, spiritual and mental relief because she believed she was unacceptable and alcohol had falsely treated her symptoms.

I have like a deep down spirit its weird. I think I almost like started like at a spiritual bottom and I don't know what that is, but that desperate, desperate need to not be me. That desperate need to seek relief, like that fundamental sense of my own like core, like that I was fundamentally unacceptable. That I was like bad or whatever...so its sorta like I had really progressed alcoholism in that thread, and then for me, like the way I

understand my own alcoholism, is like I had this very serious untreated alcoholism and then found alcohol and alcohol helped me treat that.

All of the participants could describe being in a state of spiritual distress and separated from the God of their childhood or seeking to replace spiritual beliefs with external stimuli. The lack of spirituality on one hand permitted behaviors that they had become attached to such as promiscuity, and external solutions; however the participants reported the consequences of these behaviors often led to feelings of guilt and shame and separation from a Higher Power.

Structure of Pivotal Episodes.

Moments which motivated transformations in the participant's sobriety will be discussed in this structure. A pivotal episode describes a defining moment where the alcoholic woman experienced a critical insight for the first time. All three participants described they experienced a primary pivotal episode which initiated their recovery and transition into abstinence and to seek help from AA. The participants were either referred to AA or had been exposed to AA through treatment centers. Interestingly, the participants all reported a secondary pivotal episode following their entry into AA. The participants recalled after having achieved a sustained period of sobriety and attending multiple AA meetings, this second pivotal episode led to a spiritual awakening. Supporting constituents for this structure are: 1) primary pivotal episode: willingness to change and 2) secondary pivotal episode: a spiritual awakening.

Primary pivotal episode: willingness to change. As P1 has acknowledged her life was in a disastrous state. P1 was brought to a new awareness of the condition of her life and the poor health of P1's roommate by a visiting friend from another state. Not only was P1 experiencing bad outcomes from her alcoholism, she was living with another alcoholic/drug addict who was in worse shape than her. In an attempt to help her roommate get help, P1 experienced a pivotal episode where she no longer wanted to deny she was an alcoholic. The suggestion to attend a meeting of AA was made by a healthcare professional and it was through a moment of clarity and willingness, P1 decided to take the suggestion and attend an AA meeting. In her own words:

When my friend from (another state) and I took my roommate to treatment because she was, like bonkered on drugs...I went in there I talked to the lady...she asked me a lot of questions about me...And for whatever reason I was honest with this woman... And she said, "It sounds like you're an alcoholic and I believe that you do not need treatment. I believe you need to go to AA". Which actually really made me respect her a lot it made me realize they aren't all out just to get your money. She did not try to get me to go to treatment. But, she thought AA had my answer and she was right. And I went the next day and I've been going ever since.

P1 also described her emerging willingness to change after entering AA was realizing she would return to drinking if her promiscuous behaviors did not change. P1 described her experience as follows:

I had gotten out of bed with a guy I was seeing at the time, went straight to the shower and was just sobbing, because I knew that I was gonna get drunk if I didn't change my behavior. I just felt that. So I wanted sobriety more than I wanted men.

P2 experienced an emotionally and physically harmful pivotal episode before she was able to find the willingness to change. An episode occurred where people who she believed to be her friends poisoned her drink and as a result she experienced an amnesic event over a period of 3 days. P2 awoke to discover her life had begun to collapse even before this significant event and realized she could not continue drinking. The emotional and physical pain was intense, because of her drinking consequences, but also because alcohol had been such a significant part of her life. P2 did not know how she could exist without drinking alcohol. The choice became she would commit suicide or try AA one last time. P2 described in her own words:

I was married and we got into this horrific fight. So I went to my friends and I wanted them to make me feel better... they had put something in my drink and there was this three day period I had no memory of. I don't know what happened during it... my husband... found out what several people had done to me within that period of time..... I had no fight anymore there was no reason to leave the house. There was no reason to live. I truly felt like there was no way I could even go on. I mean, I truly felt like I couldn't breathe cause I didn't know how to live without drinking, because it's all I'd ever known for like 20 years...but yet, I didn't want to do anymore, because it had hurt me so bad. I truly felt like

I was ripped apart by it that's when I truly, truly had to decide, do you end your own life or can you get into the rooms (AA meetings) and so I made one more attempt into the rooms and it worked so far.

Following the evidence of her intense experience P2 had the blunt awareness that her choices and alcohol had begun to consume her life. Once P2 saw herself in a new light, however unbecoming, she was primed to abandon what was destroying her. P2 described her new discernment of her behaviors as follows:

I realized that I was just an idiot here. I was I'd been fighting for this thing that wasn't even a friend of mine. I'd been fighting to hang on to what I thought was this wonderful life and it actually was my own pit you know. It was just the friends weren't friends they were people at the bar you know. The liquor wasn't a friend. It was just a drink that poisoned my body.

For P3, depression and self-loathing augmented her drinking career. She drank to fit in and calm her inner discord; however even drinking was starting to not work for her. P3 experienced a primary pivotal episode when she attended her first AA meeting, because she had an immediate sense of belonging and acceptance. P3 then was willing to keep returning to the meetings of AA. P3 explained her experience during the interview:

I went to ala-teen as a response to a bad drunk that was super humiliating. I basically tried to control and enjoy my drinking... I either let myself drink, and then I would be out of control, or I would try and control it, but then I was obsessed with it and I wasn't enjoying it. I went to my first AA

meeting not with the idea that I was on the brink of never drinking again. I roll into this AA meeting... I heard this thing that lined up with how I felt ... I was not a person who read the 12 steps on the wall and had an epiphany by any means, it made no sense to me, but there was kinda this umm... I would presently identify it as a spiritual frequency, but there was this thing in the room that just felt like truth and umm... I don't know if I really belong here, but this feels right and I hadn't felt anything in a long time, and I surely hadn't felt anything that felt right... in even longer than that....so I went back the following Friday, but I haven't had a drink since that first meeting. That first meeting was in February of 1991.

Secondary pivotal episode a spiritual awakening. All 3 participants had a significant change in the progression of their disease of alcoholism and restoring their health, that is, they were no longer drinking. However, they struggled to stay sober. The act of not drinking, however, led them to experience a second pivotal episode which they described as an intense spiritual experience. In the "Big Book" of AA, a spiritual experience and/or spiritual awakening is an event which occurs in various and personal ways among alcoholics, achieves an entire psychological and personality transformation, "sufficient enough to bring about recovery from alcoholism." (Alcoholics Anonymous, 2001, p. 569). A spiritual connection with a Higher Power of one's own understanding is at the heart of the AA program.

P1 emphasized as a result of not drinking she felt a physical improvement, but still struggled emotionally and mentally. P1 recalls after remaining sober for 2 and a half

years she experienced a secondary pivotal episode which led her to a spiritual awakening.

P1 explained her experience as:

At two and a half years I was willing to totally surrender to my Higher Power and to the program (AA). That's when it started getting better for me. I had started going to church. I wanted to get something else going spiritually or help me with my spirituality in recovery and I just had an epiphany sitting there...I truly believed that I was not gonna to get all the gifts of the program of Alcoholics Anonymous. All the gifts they've had to offer as long as I was whoring around. I couldn't totally open my heart to this Higher Power because part of me was still filled with guilt and shame... it took recovery and it took Alcoholics Anonymous for me to have that kind of relationship though and the beginnings of it was becoming celibate.

For P2, a night of fear and despair lead her to reach out to a Higher Power she was not sure was there for her and in return was able to experience a pivotal episode which she believes was the beginning of a dependence on a Higher Power. P2 said in the interview about her experience:

I had an "ah ha" moment. I was in (another city) it was the first time anybody had given me a break and let me get back into my field of working and uh, I was about 3 months sober barely making it... I had just found out (my husband) had just done something horrific and my son was around when he did it... and here I am an hour or so away busting my butt

and I'm trying the best I can and scared to death and still you know shaking and you know trying not to drink... I told God I said look...I don't think I'm gonna make it to tomorrow. I told him...you're gonna have to hold me still tonight. I'm gonna have to know that you're here somehow. I'm gonna get in my truck and... its gonna be on again. If you can hold me then I'm yours tomorrow, from then on. And before, I had really thought all my prayers were just kinda making it maybe to the ceiling tiles... I felt him hold me he calmed me down and I got up the next morning... and I thought, "oh my God what now?", because something in my inner most self, knew I was going to do this. I was going to be a sober lady.

P3 admittedly had a more subtle, though no less critical experience where she became spontaneously aware of her relationship with a Higher Power. P3 describes her experience as follows:

I was at a candle light Big Book meeting. It was in my first year of sobriety... (someone) said "God" and for the first time I didn't feel annoyed. I felt like, "Oh there's something to this" ... I just didn't have a closed mind to it. Something was shifting... and then around that same time, I was asked to lead a Big Book meeting and I can't remember what chapter it was, but I was reading it and I thought, "This is so weird, I believe in God! This is so weird, I believe in God!", I just kept having the thought over and over again, I'm like, I don't know when this happened. They brain washed me! I believe in God! What in the hell happened...

There wasn't like some magical point where it was like "Oh, God I believeth", there's was nothing like a rational decision. It's just like this flower I had in me all along had bloomed and that I couldn't deny it, it just had happened. I was wow! I totally believe it.

Essential to the structure of the descriptions above, is the awareness and experiences of significant events which led to transformations that altered the state of alcoholic remission into recovery. The willingness to change may be referred to "hitting bottom" where the individual becomes sick and tired of being sick and tired. According to the participants the pivotal event of having an experience where God became real to them encouraged them to seek recovery and a closer relationship to the God of their own understanding.

Structure of Recovery

Following the enthusiasm of a spiritual awakening the women began to seek a course of action to protect their personal recovery. Essential to this structure is nurturing a relationship with their Higher Power. And secondly taking actions prescribed by AA to prevent a return to drinking and prior behaviors. The constituents of this structure are: spirituality and recidivism prevention.

Spirituality. All three participants reported the relationship they have with a Higher Power significantly contributes to their sustained sobriety and recovery from alcoholism. Each participant gives immense credit to the program of AA for introducing them to a relationship with a God of their own understanding. The participants of this

study explained they had arrived to AA with remorse, guilt, and shame as a result of their drinking, which had disconnected them from their God-consciousness.

P1 described her spirituality as having a unique relationship with God of the Bible which revolves around trust even when life is difficult. P1 believes her spirituality enables her to feel united with others and be one among many. She expresses her religious faith as a Christian correlate with the principles of AA. P1 describes her spirituality in the interview as follows:

God is my Higher Power and spirituality to me is trusting that my Higher Power has only the best in store for me even when I go through rough times....it's to teach me something to draw me closer... spirituality is having a walk with a Higher Power and not feeling better than and not feeling less than... knowing that I'm just one among many on this earth and I'm just a woman trying to do the best I can with the help of my Higher Power... I'm a Christian and I'd totally turned away from my Christian beliefs. I mean they were always kinda there, underlying, but of course all the time I was drinking it was like I couldn't be spiritual and have any fun. My spirituality, it's also it's reading the Bible...and it's been very interesting because the principles in the Bible are the principles I have learned in AA.

In addition, P1 illustrated her spirituality is a relationship that has become an innate aspect of her life. P1 reported that now she realizes God loves her regardless of her actions, yet because she has a spiritual dependency her actions are not weighted with

the same degree of guilt and shame that had interfered with a spiritual relationship while she was drinking or even early in her recovery. She expressed a more developed relationship with God as a result of recovery in AA in the interview.

I'm a Christian I have a relationship with Jesus. And, I believe that the Holy Spirit dwells within me and I cannot, not, have spirituality, because I was promised that with having Jesus in my life. It's just awesome. I know, that spirituality is to me too, is knowing that no matter what I do that I'm still loved that I am loved by God. I'm loved as much if I'm not doing right as if I am doing right. It took recovery and it took Alcoholics Anonymous for me to have that kind of relationship though.

P2 summarized her spirituality as knowing she was not alone, feeling calm in her life and of being of service to God. Because of her profound personal relationship with God she can transcend any problem and enjoy pleasant life experiences. P2 states God is a priority in her life and from the moment she wakes up until the moment she goes to sleep she is mindful of him. P2 makes a simplistic statement that God is everything to her. P2 described her spirituality as follows:

I have a connection now with my God that I've never had. I've got a spiritual and a religious connection we don't talk about religion in AA we talk about spirituality, but it's because I have self worth now that I've got a religious connection and that's thanks to the spirituality I got in AA...Spirituality to me is knowing that I always have someone carrying me. I always have God beside me. Spirituality to me is it's the calm that I

feel... I have calmness about me, there's no chaos with God. Spirituality is knowing that I have defects, but allowing God to use them or remove them or dilute them. God has given me my life. God. ..He's this awesome, awesome person to me who has kept me alive long enough to where I can love myself. God is in heaven waiting for me. God to me is my best friend now. God gets me though everything I go through, he gets me through the good and the bad. God is who I talk to first thing in the morning and I ask him to keep me sober and I talk to him last thing at night and I thank him for keeping me sober throughout the day.

An important aspect of P2's spirituality is an immense trust. She utilizes her spirituality when she experiences problems or calamity and can meet those events with serenity in the form of a faith in a Higher Power, because the initial transformation (spiritual awakening) was powerful and complete that as long as she stays within the paradigm of her faith and sustains her constant relationship with her Higher Power she remains sober and sane.

I can have a solid foundation no matter what storms going on you know. Whenever there's a storm brewing around me, I look up so that I can't see it. Now if I keep my eyes on God he's' gonna to eventually calm the storm and you know as long as I don't step out in it, I'm not a part of it you know. I'm not affected by it, but if I step out in it, I get swept up. I get lost. I lose contact with God and there's no telling what my parts gonna be in it.

P3 described spirituality as becoming aware of one's spiritual inner self that is already present, just unacknowledged. She stated a belief that her Higher Power assigned her a spirit in a human body and she is to nurture her spirit so it grows and aligns with a greater spiritual frequency that is a part of everything so that she is unified with all beings. P3 explained her spirituality in the interview as:

It's about tuning into like the spirit self. This inner knowing. And so what spirituality is, it's a community practice, it's like creating sorta avenues or opportunities for each person to come to their own connection with their own inner knowing... I feel like God or the Higher Power gives us, to take care of these bodies and then we're sorta assigned our souls and our spirits...so, in terms of spirituality...getting to the point where the spirit in me, aligns with the spiritual frequency that is in all things.

Recidivism prevention: Recidivism prevention for the participants had become largely a dependence on a Higher Power; however their recovery from alcoholism could not stand on a personal relationship with a Higher Power alone. The importance of being involved with AA provided a rich medium to nurture their spiritual growth and recovery through unity and service to other alcoholics. The AA "big book" claims that, over the history of AA, "nothing will so much insure immunity from drinking as intensive work with other alcoholics" (Alcoholics Anonymous, 2001, p. 89). The ability to help other alcoholics through sharing their personal experience, strength, and hope, provided the opportunity to stay mindful of their own history and how they had transcended their alcoholism. Therefore, being able to help others recover from alcoholism enhanced their own recovery. In part, attendance at meetings helped others, but also served to treat their

own alcoholism. During the meetings, openly sharing struggles and solutions to problems serve to remind the alcoholic of the remedy to their troubles was through working the various 12 steps of the AA program.

P1 explains that her solution today, instead of drinking at her problems when difficulties occur in her life, she attends AA meetings and describes the support she has formed with her AA sponsor, meetings, and the AA people, all help her remain in recovery. P1 states she is aware that she did not accomplish sobriety on her own. In P1's own words:

I go to a meeting and it's just like my medicine. I mean I can feel, if I've had a particularly rough day, it'll take about half an hour usually, but sitting in a meeting within half an hour I start feeling the stress just flow out of me so it is umm....the meetings and the people and my sponsor. I mean that is what has gotten me through. You know, that is still what gets me through, cause I know, I could not do this on my own. It makes me know that I'm not the only one. So I don't have to isolate even in my thoughts..... And a lot of us can't get it in church. I was one that could not get it in church. I just felt more guilty in church...AA teaches you a whole new way of life. I mean it teaches you so many things. How to live life on life's terms....Starting with Step One and going all the way through Step Twelve. That is how I learned.

In addition to going to meetings, P1 explained maintenance actions she employs to prevent recidivism such as prayer, reading the AA literature and practicing the AA 12-

steps constantly in her recovery to monitor her behaviors. P1 illustrates her actions in detail as follows:

I pray. I believe that Alcoholics Anonymous is a, was divinely inspired. I believe that God gave it to us drunks because he knew we needed something. I read the literature, but AA teaches me by the 12 steps that are on the wall (in the meetings). I still work the Steps on a regular basis...And there's a step for everything so the way it taught me to live was practicing the Steps in my life. Of realizing I was powerless over alcohol and my life was unmanageable and what that even taught me is, like that's Step One and it was all about alcohol at first, but now the way I can use Step One, is realize that I'm powerless over my husband's behavior and my life is unmanageable if I'm trying to make him behave in a manner I think he should behave. I would have never known that without AA. Without getting sober first through the Steps and realizing....wait a minute, these Steps, I stayed sober long enough to see these Steps work in actual life....(If) I'm feeling crappy and I look at a Steps and say why am I feeling so crappy? I read the Steps. I take a look at it. Well no wonder, because I'm gossiping and gossiping is a way...its character assination and what is it doing? It's making me feel better about myself, because somehow I'm lacking some self esteemso I've got to talk about this person so I'll feel better about myself. I mean there's a Step for that. I mean there's a Step for everything.

P2 emphasizes that AA is a program that centers on concentrating on one's own needs and affairs, in order to restore one's own health and eventually to evolve toward helping others restore their health. Therefore, it is important to maintain a sense of equilibrium between self and others which becomes unity. P2 states in the interview:

AA is a selfish program where you know, where you have to help yourself so you can then help others you know it's just keeping it in balance you know I'm important but others are important too...its kinda the same thing with the spirituality its there's magic in the rooms. I can't explain you know. We're the only group that can heal ourselves you know by stayin' with each other. We make each other better rather than sicker you know. The chaos turns to calm.

When asked what specific actions P2 employs to sustain her sobriety, attending meetings was a primary tool when life events disappoint or upset her meeting attendance helps restore her sense of well-being.

I mean I can walk in at six o'clock and be upset or let down or disappointed from something else exterior, have that hour with these people that I don't know anything about really, other than the fact that they're and alcoholic like I am and I leave recharged and my spirituality has been bumped up a notch you know whether I shared or not I gained something.

Additionally, P2 mentions other instruments and actions she uses which are important in sustain sobriety such as working the 12-steps as she refers to as "the

Program” and meditation in order to be engaged in life and prevent alcoholic thinking to reclaim her life. She describes her actions in the following statements:

Not drinking. Showin’ up when I’m suppose to being accountable being honest you know always putting you know peoples interest up there you know in front of my own, you know not having that selfishness you know. making sure that I’ve got my program together so then I can help y’all cause if I’m not goin to my meetings I’m probably gonna curse out the coach, um have road rage all the way to the grocery store you know. I’m not a nice person without the program you know. The program keeps me humble the program keeps me lovin’ life. The program keeps me seeing Gods fingerprints all throughout the day... in the morning meditation it’s almost like some people work out first thing in the morning and they say it gives them energy for the day and they have more energy to do things meditations mine... I leave the house in a good frame of mind knowing that I’m not alone and the days not up to me and that you know I just have to walk through the day he’s gonna handle it. I just have to walk through it.

P3 believes there are certain measures that can increase the odds in favor of recovery which is to connect with the social support aspect of AA. P3 explains the isolation alcoholics have self-imposed through their drinking can dissipate over time, or for some, even instantly, because of the common experiences shared among AA members. Therefore, attendance at meetings is important, because it helps to establish support from other recovering alcoholics who have not only been able to remit their

alcoholism, but have recovered from alcoholism. P3 describes this clearly in her own words:

I do think there are things you can do to improve your odds and I think that again, it's like the "We" thing. I think having a community and plugging into a group of people is really, really, really useful cause I think to the extent to which we alcoholics generally come from extreme, extreme isolation and a sense of lack of belonging everywhere. Like we're just aliens, like that thing that just feels like, "Oh! I found my spaceship, like these are my space ship people"... so I think that that's a big part of it is just plugging into a community. I think where AA is kind of healthiest, the community doesn't really care how it happens, they just want you alright.

P3 also reported personal strategies to help her sustain recovery were through meeting attendance.

Going to meetings there's something that happens in meetings that doesn't happen anywhere else. It's almost like a ctrl alt delete. Like inside my body, like no matter what I'm messed up about like I can only think of like a handful of meetings like in the 20 years I've been sober where I thought "WHY did I do that?". But even then inevitably, I'm like talking to someone else where like, I want my money back that was a waste of my hour and it's like something good ends up coming of it anyway even if it's about tolerance or its about something.

Taking actions such as prayer and meditation are important aspects of P3's recovery:

We ask God to direct our thinking. I literally stop and say, "Okay God please direct my thinking", and then when it says we consider our plans for the day. I write out, you know my little plan for the day. I do read three al-anon books, an AA book, the Big Book, and then I try to sit for 5 to 10 minutes and just be in silence, um and I don't always get on my knees when I pray out loud. I like it better when I pray on my knees, but I just don't always do it.

P3 also stated her experience is being mindful that relapse is not a requirement for getting sober.

I can say, is that I have not had a drink since my first AA meeting and I don't really think I'm not responsible for that. I've done a lot of dumb stuff in sobriety. The one dumb thing I haven't done is pick up a drink. I think it's easy, I mean the thing I will say, is that you know recidivism is not a requirement like it's not "Oh you need to relapse "X" number of times before your really serious."

P3 also illustrated the importance of being honest and transparent with others to prevent isolation.

I think like not having secrets is the other thing. I think we come from so much shame and secrecy and hiding and there's one thing about the 5th Step that's like real good. The history of secrets I mean. Like the daily

secrets of the like well, I don't plan on drinking, but I do plan on giving my dealer back the twenty dollars that I owe him and maybe we'll have sex. It's like, probably that's not a great idea, but if no one knows you have that idea no one can help you. So I think to the extent that there's I don't know, a community reliance and less self reliance to be accepted as possible is really helpful.

The two main constituents that appear to support recovery in this cohort are spirituality and actions to prevent recidivism. Spirituality had become a substantial aspect of caring for their recovery. All participants had returned to the religion of their childhood, however reported their spirituality was a personal relationship with God and experienced as greater connection to others.

Recidivism prevention was primarily assigned to reliance on a Higher Power; however the participants reported that was not enough to sustain sobriety. Actions such as going to AA meetings, practicing the 12-steps, being honest, and helping others increased the likelihood they would remain sober.

Additional Findings.

Following the conclusion of the research interview guide, the participants contributed their opinions as to what would help newly sober women achieve recovery. The participants all agreed women face enormous challenges in trying to stay physically sober long enough to give themselves a chance at recovery. The personal experiences of the participants revealed that meeting attendance was paramount during the initial phase

of recovery. They reported women come to AA with heavy burdens and guilt; however once they start to feel better they often return to the family and other responsibilities long before they are prepared to do so. Another problem the participants identified was the stigma associated with alcoholism in women impacts the chance the women will sustain meeting attendance and the process of recovery. Retaining women in the program of AA continues to be a significant challenge especially due to the often ingrained social norm of women as caretakers in the home and social circle.

One of the participants reported she has witnessed many nurses attain recovery only because they were mandated to come to AA and stay for a specific amount of time in order to retain their nursing license. The success rate, from her experience as an AA member, in these women was extremely high. Following the suggestion that women attend meetings regularly, the participants suggested further education in the health care community is needed. Alcoholism should be approached from a holistic perspective; not just the physical signs and symptoms, but also stigma, manifesting consequences, denial, and available solutions such as AA.

Summary

The participants described through various manifestations their lived experience of recovery. Recovery was not achieved spontaneously, yet occurred in transitional phases. The recovery process actually begins with the onset of the disease, as there must be something to recover from. Mounting consequences and misery provided the necessary awareness to arrest the disease of alcoholism. The next phase of development

became proactive where the participants began the process of treating their disease. And finally, the participants had the desire to sustain remission and not only restore their health holistically, but to thrive in service and unity to self, others, and their Higher Power.

CHAPTER 5

DISCUSSION, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

The purpose of this study was to describe the lived experiences of alcoholic women in a stable recovery, more than 5 years, who used spirituality as a resource to prevent recidivism. This chapter discusses the relevance of the findings to current literature, conclusions, implications, and recommendations for further inquiries.

Discussion of Findings

Three women recovering from alcoholism, all active members in AA, contributed to the findings of this study. Three structures with supporting constituents emerged from the study. The findings are discussed in the following sections.

Structure of Historical Significance

The structure of historical significance is supported by three constituents: consequences, denial, and spiritual distress. These three constituents are endorsed and supported by the findings reported from other studies and will be discussed in further detail.

The NIAAA (2008) reported alcoholism has far-reaching consequences throughout the life span of women. The current sample fortunately escaped many dire consequences such as imprisonment, bearing children with FAS, or other co-morbidities, as the literature reports are often associated with progressive alcoholism. The severity of symptoms varies among alcoholics and there is no predictable point at which the individual will experience consequences sufficient enough to initiate change. Several studies suggest that recovery does not initiate until alcohol consumption produces consequences and suffering they can no longer endure (Venner et. al., 2006; Yeh, Che, Lee, & Horng, 2008) however, it appears that what constitutes unendurable consequences and suffering differs for each individual.

According to the literature of AA (Twelve & Twelve, 2005, p. 21) severe personal cost (e.g., prison, loss of family, co-morbid diseases) must occur before the individual admits complete defeat. This “bottom” as it is often described in AA, has fortunately been elevated to reach those before irreparable losses occur. The particular phenomenon of “raising the bottom”, occurred due to “old timers”, recovered alcoholics, sharing their stories in meetings and among the growing fellowship of AA. Regardless of the current sample having what may be regarded as more benign consequences in contrast to current literature, their personal consequences nonetheless contributed to the mounting evidence of their disease.

The second constituent, denial, is supported in similar reports of alcoholism and addiction (Allsop, 2010; Edlund, 2009). Allsop (as cited in Teesson et al., 2010) reports it is very common for alcoholics to decline the perception they are alcoholic, therefore it is not surprising they do not seek help long before necessary. Edlund (2009) found denial

is characteristic of alcoholics, yet the factors which hinder the perceived need for treatment remain elusive. The findings of the current study are similar to a study by Plant (2008) which found denial is often fostered by external sources such as the alcoholics social support system (i.e., friends, family). In addition, Plant (2008) found internal factors of denial act as an emotional defense mechanism to protect what is valuable to them such as status, or reputation, or what is comfortably considered to be normal, align with the current study findings. Prabha, Chandra, and Desai (2007) report denial to be a common and complex response to any serious illness which serves to buffer fear and uncertainty.

Lastly, spiritual distress as defined by the North American Nursing Diagnosis Association (2001) is: “the disruption in the life principle that pervades a person’s entire being and that integrates and transcends one’s biological and psychosocial nature.” In the current study, spiritual distress was described as an emptiness of a spiritual self, or a self-induced shame which led to rejecting their relationship with a Higher Power. This finding is in contrast to Wright’s (2003) phenomenological study which reported recovering addicts felt they had been rejected and abandoned by God and therefore blamed God for their addiction and spiritual disconnect.

Spiritual distress has been investigated in other conditions and diseases such as cancer, HIV, and abused women and found to be a significant factor affecting the well-being of these populations (Meraviglia, 2004; Villagomez, 2005). Meraviglia (2004) found newly diagnosed cancer patients had a great need for spiritual intervention especially at the time of initial diagnosis. In addition, studies of women who have been abused or are in abusive relationships have been found to have high levels of spiritual

suffering. Copel (2008) found that physical and psychological abuse in women served to erode their self-esteem and personal value. Contributing to spiritual distress in the abused women was the abandonment from individuals they expected would help them such as their church, especially their pastor, who minimized their claims of abuse. Interestingly, alcoholics often commonly experience abandonment from others due to the alcoholic's destructive behavior. It becomes necessary for those close to the alcoholic to protect themselves from harmful actions and conduct.

Structure of Pivotal Episodes

The current study findings revealed pivotal episodes impacted the participants transition into abstinence and recovery. The primary pivotal episode, willingness to change, is supported by the findings of a study of behavioral change reported by DiClemente, Bellino and Neavins (1999) who identified five stages of transition in behavioral change: *pre-contemplation* where the individual is not aware of their need for change, *contemplation* describes an awareness they need to change, but denial may be present, *preparation for change* where seeking for help may begin, *action* indicates the point where individual alters behavior, and lastly the individual seeks to sustain changes through *maintenance*. In relation to the findings of the current study willingness to change refers to the pivotal episode when the participant took action as described by DiClemente et al. (1999). The participants in this study described various life experiences, yet they all experienced a pivotal episode of taking action to change from

their alcoholic drinking to exploring life improvement. Even if the change was unknown, there was simply an awareness something needed to change.

In another study, the primary motivation for change in a sample of Native American Indians occurred when they became aware alcohol was severely hurting themselves and others (Venner et al., 2006). While this finding truly aligned with one participant in the current study it was not a conclusive finding and applicable to all participants of the study. Laudet, Morgan, and White (2006) found negative consequences and the hope for a better life where commonly reported motivators for a transition into abstinence which echoes the experiences of the other women in this study.

Venner and colleagues (2006) also suggests the transition into sobriety is dependent upon the weight an individual assigns to their own view of their condition. Therefore, the willingness to change is influenced by the specific dynamics of each individual. While the individual stories of this study have illuminated several aspects of willingness to change, being able to target specific components that bring about willingness to change may remain elusive. However, the descriptions of this sample have depicted new awareness into the personal experiences of what it took to initiate and motivate change.

The second constituent is the pivotal episode of a spiritual awakening. The findings in the current study suggest that although the women became willing to take the action of abstaining from alcohol, this was insufficient for sustaining sobriety. In a phenomenological study by Weegman and Piwowitz-Hjort (2009), AA members refer to this as being “dry”, meaning they are no longer drinking, but they have not experienced

behavioral or psychological changes necessary to bring about sustained recovery. Venner, et al. (2006) suggest transformation into recovery requires that an individual encounters an experience transferring individual willpower, admitting they are prepared to surrender, and become dependent on a power greater than themselves. The participants in the current study all reported they had a sustained period of abstinence before surrendering to a Higher Power and the program of AA. Venner, et al. (2006) reported similar findings in that recovery versus sustained abstinence was dependent on having a transformation experience. Findings from the current study indicate the participants were aware they had found something of great value in the program of AA, but until they relinquished all self-control to a Higher Power they had been unable to experience all the gifts of recovery. The participants in this study recalled their spiritual awakening occurred as a sudden experience, or awareness and a confidence there was something greater than themselves that they could trust.

The reviews of literature thoroughly describing experiences of spiritual awakening were few. Two studies reported a spiritual awakening as part of the recovery process, however they also reported that working the 12-steps of AA was a necessary step leading to the spiritual awakening (Green, Fullilove, M., Fullilove, R., 1998; Kelly, 2011). This was in contrast to the findings in the current study where the spiritual experiences occurred between 3 months and two and a half years before the participants had fully committed to working the 12-steps of AA. In fact, Bill Wilson a co-founder of AA, still recovering in the hospital from his final bender, also described in his personal story his experience of a spiritual awakening after completely surrendering without reservation, to a God of his own understanding. This transformation occurred from a

bare start of having accepted only a sketch of the current program of AA (Alcoholics Anonymous, 2001, p. 13-14).

Structure of Recovery

The structure of recovery demonstrates a life-time commitment to personal change and growth. The Betty Ford Institute Consensus Panel (2007) defined recovery as: “A voluntary maintained lifestyle characterized by sobriety, personal health, and citizenship” (p. 222). In addition, recovery from alcoholism is a restorative process of personal health, well-being, and quality of life, but also re-establishing social and personal relationships (Galanter, 2007; Laudet & White, 2008). The participants of the current study described two features essential to their recovery: spirituality and actions of recidivism prevention.

Kelly et al. (2011) report that half of the original AA members were atheists or agnostic, yet were able to recover through the program of AA. Green, and colleagues (1998) found participants in their study reported, the AA philosophy did not demand, yet only suggested they believe in something greater than themselves; even if it was another person or the group as a whole. It was at least a beginning. Therefore, indicating AA provides a subtle and undemanding approach and the freedom to find one’s own conception of a Higher Power.

Findings from the current study indicate that establishing a spiritual relationship with a Higher Power is a crucial constituent of sustaining recovery. The participants of

the current study were quick to assert AA had, without stipulation, offered them membership, and the opportunity to find their own concept of a Higher Power.

McSherry and Cash (2003) reported the inability to universally define spirituality. However, various cohorts often seem to identify similarities in their conception of a Higher Power. For example, Wright (2003) found in her study that African American women described their Higher Power as God and found strength in the Black church. HIV-infected patients search for meaning and quality of life in their reported definitions of spirituality (Grimsley; Sowell et al., 2000).

Therefore, spirituality has been shown to contribute to restoring health and well-being of the human condition. Perhaps one approach would be to establish disease specific definitions of spirituality from individuals in specific cohorts. Perhaps it is a lofty endeavor to pose a definition of spirituality for alcoholic women, the participants in this sample while all expressed various manifestations of spirituality, they had similarities as well. A proposed definition for this cohort of recovering alcoholic women would be: a spiritual alignment that is in all people and things, and produces an inner calm.

The participants in this study described they too had entered AA doubting a deity was interested in them, but had come to trust and rely on a new awareness of a Higher Power daily to face life's difficulties as well as celebrate life successes. Similar to the findings of this study Green and colleagues (1998), found recovering alcoholics dependence on a Higher Power helped them to transcend difficulties they previously would not have been able to tolerate without drinking. The concept of a Higher Power

was no longer an intangible, esoteric deity, but their experience of a Higher Power had become innately personified which clearly aligns with the findings of the current study.

Wright (2003) found the women in her study believed God to have an unconditional love for them that was authentic and confirmed through transcending various difficult experiences which further instilled their trust and faith in God. Weegmann and Piwowoz-Hjort (2009) also found spiritual values produced moral changes which helped to develop a sense of harmony with others and an inner peace. Laudet and White (2008) found spirituality is another tool for coping, providing security, and cultivates hope. Brown, et al. (2006) found members who ascribed to the spiritual principles of AA, had an increase in spirituality and fewer relapses.

The participants of the current study unanimously declared God was and is everything to them. They emphasize God has given them everything and every relationship they have today. They reported the epicenter of recovery and recidivism prevention was found in their AA membership. They identified that attendance at AA meetings was an important feature of recidivism prevention. In early sobriety, meeting attendance had meant fellowship with those who understood and accepted them warmly. The participants then described through the willingness to consistently attend meetings; their passive membership had become the foundation for the phenomenon of a spiritual awakening. This finding was supported in a study by Caldwell and Cutter (1998) who found members who attended meetings daily were more like to become involved and adopt the AA program. The participants identified meeting attendance cultivates spirituality and fosters recovery, thereby contributing to recidivism prevention. Kelly, et al. (2011) report that participants who initially scored lower in spiritual/religious beliefs

at entry to treatment, frequent meeting attendance had served to increase their spiritual/religious beliefs over a time frame of 15 months.

In addition, action to prevent recidivism occurs from not only attending meetings but becoming active in the fellowship of AA. The participants in this study reported practicing the 12 steps of AA, sharing experiences in meetings, and working with newly sober women are important aspects of their recovery in preventing recidivism. These findings are supported by Laudet and White (2008) who found meeting attendance alone without involvement in other AA related activities (i.e., sponsorship, practicing the 12-steps) did not sustain a stable recovery. Additional findings from their study suggest AA involvement was associated with less stress and improved recovery, which indicate AA meetings significantly contribute to coping and stress reduction. Likewise, stress was viewed as a trigger for relapse. In a study by Weegmann and Piwowitz-Hjort (2009) most participants found meeting attendance helped them cope with life and provided a stable recovery and to reduce attendance would be harmful to their recovery.

In the current study, participants felt working with other women including their own sponsor on a regular basis was an important aspect of recidivism prevention. Brewer (2006) found women who helped newly sober women through the 12 steps and supported them in the recovery process, reinforced the strength of their own recovery. Helping others achieve sobriety serves to minimize self-centeredness which is a common trait in active alcoholism (Pagano, Zeltner, Jaber, Post, Zywiak, & Stout, 2009).

Conclusion

The purpose of this study was to describe the experiences of women recovering from alcoholism and the impact spirituality has in recidivism prevention.

Phenomenology as a method informs us through the descriptions of those who have a lived experience with the phenomenon of interest. Participant descriptions provide preliminary knowledge of phenomenon that cannot be readily grasped from hypothesis or speculation alone. This study provided new insight through the narratives of the lived experience from women recovering from alcoholism. The dynamics of spirituality and recidivism prevention was found to be a multifaceted process rather than a simple cause and effect relationship.

The participants initially described their emerging awareness of their alcoholism. How personal consequences and their struggle through denial and spiritual distress had led them to seek relief and refuge from alcoholism. The participants clearly experienced pivotal episodes which set them on a new path to recover from alcoholism. Willingness to change can be seen as the motivation to relieve hopelessness, taking concrete actions to arrest active alcoholism by seeking external help from others. The participants found AA as a safe haven and resource to help them sustain sobriety long enough until the moment of a personal spiritual awakening dynamically transformed their perceptions and a new dimension of recovery began.

Their spirituality became the foundation from which all other assets of recovery would stem. Spirituality assured them a new confidence in recovering from alcoholism; however it was through a fellowship with other alcoholics and practicing principles

suggested by AA, which continues to ensure spiritual development. Therefore, recidivism prevention occurs through sharing their experience with others in meetings, sponsorship, and vigilant maintenance of their own recovery, by practicing the spiritual principles founded in AA's philosophy.

Limitations

Several limitations were identified in this study. Firstly, purposeful sampling was used in this study, therefore participants were assumed to have experienced the phenomenon. Secondly, participants were all members of AA which may not represent the role of spirituality in other recovering alcoholics who do not use 12-step programs to prevent recidivism. Third, the participants self-reported they were abstinent from alcohol or any other mind altering substance and no physiological data was collected to verify their claim. Lastly, all participants were Caucasian, therefore culturally diverse perspectives of the phenomenon remain uninvestigated.

Implications

Several findings from this study can contribute to advancing knowledge in the areas of nursing research, nursing education, and nursing practice.

The current study contributes to our understanding of the complexities women face in recovery from alcoholism. The narratives of the participants specifically provided insight of the phenomenon of spirituality and recidivism prevention. Especially noted during the process of this study, was the discovery that other phenomenon are embedded in the phenomenon that was under investigation in this study that is, spirituality and how it influences a stable recovery. Therefore, further research in other phenomena affecting this population and individual recovery efforts is required. For instance, alcoholic women face social stigma which produces shame and a barrier for seeking treatment for a treatable disease. Stigma in the current sample has faded over time, but they noted for many newly sober women it continues to be a significant concern.

Spirituality was found in the current study to permeate all phases of recovery whether it was manifested as spiritual distress or spiritual fulfillment. Further investigation of this phenomenon during each phase will yield knowledge for designing interventions which may support the process of recovery beyond remission or abstinence. Other populations in various stages of recovery could provide greater details of spirituality during each phase as the current sample was homogenous in education, religion, cultural orientation, and recovery stability. More research of women with greater diversity may provide a foundation for generalized nursing interventions.

The phenomenological method is a viable approach in addressing the subtle and intricate development of recovery. Phenomenology permits the inquiry of individuals

closest to the problem to describe the problem providing nurses with primary knowledge about the phenomenon experienced.

Nursing Education

Nurse educators are in a unique position to dissipate stigma and help transform the face of the alcoholic woman before nurses launch their careers. Misunderstanding and apprehension of the unknown stimulates stigma. Exposing students to narratives of women recovering from alcoholism, such as the findings from this study, provides a new approach in educating students on alcoholism and the recovery process through encountering personal experiences of others. Further educating nursing students on treatment options such as AA may provide knowledge of available resources during practice when they inevitably care for women suffering from alcoholism.

Findings from this study affirm the need to investigate and care for patients in spiritual distress. Nursing is a holistic profession which includes the often neglected dimension of spirituality. Spirituality education in nursing programs should be re-evaluated and revived in order for nurses to keenly approach those individuals in spiritual distress.

Nursing Practice

Findings from this study indicate nurses are in a position to intervene and help alcoholic women prior to severe consequences. Becoming thoroughly acquainted with alcoholism, the physiological disease, as well as the holistic progression of alcoholism

may help nurses to intercede and implement better care for women alcoholics. Knowing the signs and symptoms is insufficient. Nurses must prepare to thoroughly assess spiritual distress, denial, and be able to honestly help the patient confront their consequences. Understanding the philosophy and objectives of AA can assist the nurse in providing the individual with more information and what they can expect in seeking help from this particular treatment option. Nurses should be aware that AA provides a cost effective approach to treatment and provide assistance to individuals who are perhaps economically distressed as well. Nursing interventions such as sharing narratives found in this study may help troubled drinkers identify with others and minimize the fear of seeking help from programs such as AA.

Recommendations

The findings and the conclusions drawn from study have been a beginning into understanding the phenomenon of spirituality and recidivism prevention. The following recommendations are suggested to expand nursing knowledge:

1. Further studies should be conducted to capture the experiences of AA in a sample of demographically diverse women.
2. A study should be conducted to explore the phenomenon of willingness to change in women alcoholics.
3. Further studies should investigate spiritual distress in alcoholic women.

4. A study should be conducted exploring the role of the social support found in the AA fellowship.
5. Further research should be conducted to explore the barriers women experience in sustaining abstinence.
6. Further research should be conducted to explore health care provider's knowledge of AA.
7. Future research should explore the role of the 12-steps in promoting spiritual growth.
8. Further research should be conducted in a population of women in recovery who did not use the 12-step AA approach.

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APPENDIX A

IRB APPROVAL LETTER



Institutional Review Board for Human Use

Form 4: IRB Approval Form
Identification and Certification of Research
Projects Involving Human Subjects

UAB's Institutional Review Boards for Human Use (IRBs) have an approved Federalwide Assurance with the Office for Human Research Protections (OHRP). The Assurance number is FWA00005960 and it expires on September 29, 2013. The UAB IRBs are also in compliance with 21 CFR Parts 50 and 56.

Principal Investigator: MCLEOD, JENNIFER

Co-Investigator(s):

Protocol Number: **X101028007**

Protocol Title: *Alcoholic Women in Recovery: A Phenomenological Inquiry of Spirituality and Recidivism Prevention*

The IRB reviewed and approved the above named project on 12/10/10. The review was conducted in accordance with UAB's Assurance of Compliance approved by the Department of Health and Human Services. This Project will be subject to Annual continuing review as provided in that Assurance.

This project received EXPEDITED review.

IRB Approval Date: 12-10-10

Date IRB Approval Issued: 12/10/10

Marilyn Doss, M.A.
Vice Chair of the Institutional Review
Board for Human Use (IRB)

Investigators please note:

The IRB approved consent form used in the study must contain the IRB approval date and expiration date.

IRB approval is given for one year unless otherwise noted. For projects subject to annual review research activities may not continue past the one year anniversary of the IRB approval date.

Any modifications in the study methodology, protocol and/or consent form must be submitted for review and approval to the IRB prior to implementation.

Adverse Events and/or unanticipated risks to subjects or others at UAB or other participating institutions must be reported promptly to the IRB.

470 Administration Building
701 20th Street South
205.934.3789
Fax 205.934.1301
irb@uab.edu

The University of
Alabama at Birmingham
Mailing Address:
AB 470
1530 3RD AVE S
BIRMINGHAM AL 35294-0104

APPENDIX B

IRB APPROVED INFORMED CONSENT DOCUMENT



Informed Consent Document

TITLE OF RESEARCH: Alcoholic Women in Recovery: A Phenomenological Inquiry of Spirituality and Recidivism Prevention

IRB PROTOCOL: X101028007

INVESTIGATOR: Jennifer I. McLeod

SPONSOR: University of Alabama at Birmingham School of Nursing

Explanation of Procedures

We are asking you to take part in a research study of women who are recovering from the disease of alcoholism. The purpose of the study is to explore the experience of recovery of women using the 12-steps of Alcoholics Anonymous. It is hoped that the information gained from this study will help us understand the meaning of spirituality in supporting the recovery process.

The study will enroll 10 women from four cities in central Alabama. If you enter and complete the entire study, you will take part in an interview conducted by the principal investigator that will take approximately two hours. During the interview you will be asked about your experiences of recovery from alcohol. We will also ask for information about, your length of sobriety, your age, education level, race, spiritual or religious practices, and attendance at AA meetings. You may be scheduled for a second interview in approximately six weeks if further clarification is needed. The second interview will last approximately 30 minutes. All interviews will be audio-recorded.

Risks and Discomforts

Participation in this study involves minimal risk to you. You may experience some emotional discomfort in responding to interview questions about your experience during recovery, however, the risk is very small. In the event of emotional discomfort the interview will be stopped and only continued if you desire to complete the interview. There is also a very minimal risk that you may experience a loss of confidentiality as a result of taking part in this study. If a breach in confidentiality occurs, all data collection and research will be stopped and the incident will be reported to the IRB within 48 hours.

Benefits

You may not benefit directly from taking part in this study. However, this study may help us better understand the process of recovery from alcoholism in women.

UAB IRB

Date of Approval 12/10/10
Not Valid On 12/10/11

Participant's Initials _____

Alternatives

Your alternative is not to participate.

Confidentiality

Information obtained about you for this study will be kept private to the extent allowed by law. Data for analysis will be collected during the interview by audio-recording the interviews. The audio-recordings will be de-identified and a participant identification number will be used. A brief questionnaire will be used to collect other data about you for this study. The questionnaires and audio-recordings will be stored separately from identifying information (names, phone numbers, Social Security numbers, consent forms) in a locked file cabinet in the investigators office until data has been entered into an electronic data base that is password protected and which is only accessible to the investigator; once data has been transcribed, audiotapes will be destroyed.

However, research information that identifies you may be shared with the UAB Institutional Review Board (IRB) and others who are responsible for ensuring compliance with laws and regulations related to research, including people on behalf of the Office for Human Research Protections (OHRP). The results of the study may be published for scientific purposes. However, your identity will not be given out. Information obtained during the course of the study, which, in the opinion of the investigator(s), suggests that you may be at significant risk of harm to yourself or others will be reportable to a third party in the interest of protecting the rights and welfare of those at potential risk.

Refusal or Withdrawal without Penalty

Your taking part in this study is your choice. There will be no penalty if you decide not to be in the study. If you decide not to be in the study, you will not lose any benefits you are otherwise owed. You are free to withdraw from this research study at any time. Your choice to leave the study will not affect your relationship with this institution.

Cost of Participation

There will be no cost to you from participation in the research.

Payment for Participation in Research

You will receive payment for taking part in the study. You will receive \$20 cash for each interview completed. This money is to reimburse you for your time and the contribution you make to the study.

Participant's Initials _____

Questions

If you have any questions, concerns, or complaints about the research, please contact Jennifer McLeod. She will be glad to answer any of your questions. Jennifer McLeod's phone number is 334-707-3000. Ms. McLeod may also be reached after hours by office phone by calling 334-826-4000.

If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact Ms. Sheila Moore. Ms. Moore is the Director of the Office of the Institutional Review Board for Human Use (OIRB). Ms. Moore may be reached at (205) 934-3789 or 1-800-822-8816. If calling the toll-free number, press the option for "all other calls" or for an operator/attendant and ask for extension 4-3789. Regular hours for the Office of the IRB are 8:00 a.m. to 5:00 p.m. CT, Monday through Friday. You may also call this number in the event the research staff cannot be reached or you wish to talk to someone else.

Legal Rights

You are not waiving any of your legal rights by signing this informed consent document.

Signatures

Your signature below indicates that you agree to participate in this study. You will receive a copy of this document.

Signature of Participant

Date

Signature of Investigator

Date

University of Alabama at Birmingham
AUTHORIZATION FOR USE/DISCLOSURE OF HEALTH INFORMATION
FOR RESEARCH

What is the purpose of this form? You are being asked to sign this form so that UAB may use and release your health information for research. Participation in research is voluntary. If you choose to participate in the research, you must sign this form so that your health information may be used for the research.

Participant Name: _____
Research Protocol: Alcoholic Women in Recovery a
Phenomenological Inquiry of Spirituality and Recidivism
Prevention

UAB IRB Protocol Number: X101028007
Principal Investigator: Jennifer I. McLeod

Sponsor: University of Alabama at Birmingham, School
of Nursing

What health information do the researchers want to use? All medical information and personal identifiers including past, present, and future history, examinations, laboratory results, imaging studies and reports and treatments of whatever kind related to or collected for use in the research protocol.

Why do the researchers want my health information? The researchers want to use your health information as part of the research protocol listed above and described to you in the Informed Consent document.

Who will disclose, use and/or receive my health information? The physicians, nurses and staff working on the research protocol (whether at UAB or elsewhere); other operating units of UAB, HSF, UAB Highlands, The Children's Hospital of Alabama, Callahan Eye Foundation Hospital and the Jefferson County Department of Public Health, as necessary for their operations; the IRB and its staff; the sponsor of the research and its employees; and outside regulatory agencies, such as the Food and Drug Administration.

How will my health information be protected once it is given to others? Your health information that is given to the study sponsor will remain private to the extent possible, even though the study sponsor is not required to follow the federal privacy laws. However, once your information is given to other organizations that are not required to follow federal privacy laws, we cannot assure that the information will remain protected.

How long will this Authorization last? Your authorization for the uses and disclosures described in this Authorization does not have an expiration date.

Can I cancel the Authorization? You may cancel this Authorization at any time by notifying the Director of the IRB, in writing, referencing the Research Protocol and IRB Protocol Number. If you cancel this Authorization, the study doctor and staff will not use any new health information for research. However, researchers may continue to use the health information that was provided before you cancelled your authorization.

Can I see my health information? You have a right to request to see your health information. However, to ensure the scientific integrity of the research, you will not be able to review the research information until after the research protocol has been completed.

Signature of participant: _____
or participant's legally authorized representative: _____
Printed Name of participant's representative: _____
Relationship to the participant: _____

Date: _____
Date: _____

APPENDIX C

RECRUITMENT FLYER

Women in AA needed for a Research Study of the Recovery Process



This study is interested in your experience of recovery. Qualified women will be interviewed about their experience in recovery from alcoholism and the role of spirituality in recovery. Interviews will be conducted privately and your identity will be protected.

Who should participate?

- *Women who have 5 or more years of continuous sobriety*
- *Members of Alcoholics Anonymous*
- *English speaking*
- *Over 19 years of age*

For further details please call Jenn McLeod at 334-707-3000 or email : jmcleod3000@gmail.com

APPENDIX D

SCREENING CHECKLIST

SCREENING CHECKLIST

- 1) Age 19 or older ☐
- 2) Members of Alcoholics Anonymous ☐
- 3) Five or more years continuous abstinence
from alcohol or other mind altering substances ☐
- 4) English speaking ☐

APPENDIX E

AA MEMO ON RESEARCH PARTICIPATION

Service Material from the General Service Office

MEMO ON PARTICIPATION OF A.A. MEMBERS IN RESEARCH AND OTHER NON-A.A. SURVEYS

Since the early days of our Fellowship, the participation of A.A. members in research and surveys has been sought – and has occurred. In recent years there has been an escalation of concerns about alcoholism in all parts of our society. As a result, A.A. can expect that requests for participation in research may increase.

In general, within A.A. there is a favorable attitude toward research. As Bill W. wrote, “Today the vast majority of us welcome any new light that can be thrown on the alcoholic’s mysterious and baffling malady. We welcome new and valuable knowledge, whether it issues from a test tube, from a psychiatrist’s couch or from revealing social studies.” Historically, participation has been worked out on a case by case basis. Some of the attempts to cooperate have led to strained relationships while more have been successful, mutually satisfying, and produced new insights.

How A.A. members might cooperate with research has been discussed by the trustees’ Committee on Cooperation with the Professional Community. At the suggestion of that committee, we offer this memo both to those who would solicit the participation of A.A. members in research and to those A.A. members who will be approached about such request.

1. The best research relationships between A.A. members and researchers have been those in which the researcher has become thoroughly familiar with the Fellowship before making an inquiry about participation. At the same time, the A.A. members who would be involved have become acquainted with the researcher so that they trusted him or her, and have been convinced of the researcher’s commitment, competence, integrity and respect for the Traditions of A.A. The investigator has been forthright in giving the A.A. members all the information about his or her research which they needed in order to make an informed decision about it.
2. For A.A. members, cooperating with the researcher and being part of research program raises most of the same issues as cooperating with any other non-A.A. professional or engaging in any other non-A.A. undertaking. The questions are amenable to the same kinds of solutions. See: “How A.A. Members Cooperate with Professionals” and the C.P.C Workbook. As long as there is frank communication and attitudes of open-mindedness and flexibility, it has proved possible to work out ways of participating in research which do not require A.A. members to compromise A.A.’s Traditions and which permit the researcher to arrive at valid findings.
3. The researcher should be aware that Central Offices in A.A. cannot offer the kinds of assistance he or she may be used to from the headquarters of other organization, e.g. access to records, endorsement, etc. However, the researcher may receive some help from the General Service Office, Intergroup Offices, Intergroup Offices, and local offices of other kinds.

- a. Individuals in these offices may be willing to give the researcher their opinions about the projects and about their feasibility.
 - b. Literature can be provided which will prove helpful to the researcher in understanding A.A., what it is, what it can and cannot do, as well as how A.A. members cooperate with non-A.A. undertaking.
 - c. A copy of this memo can be provided.
- 4. Decisions about whether or not to cooperate in research are always made at the local level where the where the research will occur. Almost always the request for participation has been made to individual A.A. members who have then sought the cooperation of other members. In rare instances, the request has been made to a group. When A.A. members have decided to cooperate, it has been in their capacity as private citizens.
- 5. Those individuals approached about cooperation will want to make an informed judgment about whether to participate and about whether to seek the participation of others. Indeed, with the increased requests for research cooperation, it is necessary that selection take place. Some of the kinds of questions the individual might have are: What is being studied, by whom why and how; who will carry out the research at the local level; what will cooperation involve, e.g. interviews, questionnaires, amount of time; who will evaluate the findings; who will use the findings for what purpose; in the light of A.A. Traditions, is cooperation possible; what arrangements are made to ensure anonymity, etc.?
- 6. A.A. is concerned solely with the personal recovery and continued sobriety of alcoholics who turn to the Fellowship for help. Meetings are devoted exclusively to the A.A. program. No research which could interfere with this goal could be tolerated. Some groups have permitted questionnaires or interviews to occur after meetings provided that participation is on a personal, voluntary basis.
- 7. A.A. and its members are particularly concerned with anonymity. While most researchers are skilled at ensuring anonymity, A.A.'s concerns may raise unique issues. For example, as no A.A. can break the anonymity of another, there may be ticklish issues in soliciting cooperation from others. Some research procedures may also require extra precautions.

And, a final quote from Bill W. about cooperation with non-A.A.'s working to resolve the problems of alcoholism, "So let us work alongside all these projects of promise to hasten the recovery of those millions who have not yet found their way out. These varied labors do not need our special endorsement; they need only a helping hand when, as individuals, we can possibly give it."

We welcome additional information from researchers and from members of A.A. who have experience to share or comments to make.

APPENDIX F

DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

Date:

Participant ID#:

1. What is your age?
2. What is your date of sobriety?
3. When did you join AA?
4. Was AA your first entry into recovery? If not, what other programs have you attended?
5. Is Spirituality part of your recovery process?
6. How many AA meetings do you attend each week?
7. Which of the following groups do you consider yourself belonging to? (circle one)
 1. African-American
 2. White
 3. Hispanic
 4. Native American
 5. Other

8. What is your current marital status?

1. Single
2. Married
3. Living with partner
4. Separated
5. Divorced
6. Widowed
7. Other

9. Which of the following best describes your current living situation

1. Living alone
2. Living with spouse or partner
3. Living with spouse/partner and children
4. Living alone with children
5. Living with friends/family
6. Other

10. Which of the following best describes your level of education?

1. Did not graduate from high school
2. High school graduate
3. Some college
4. College graduate
5. Attended graduate school
6. Other

11. How many children under the age of 18 live in the house with you ? (write "0"if none)

12. How many children do you have?

13. What is your religion? (circle one)

1. No specific religion
2. Baptist
3. Methodist
4. Catholic
5. Lutheran
6. Muslim
7. Jewish
8. Other

14. Do you have a paying job?

15. What category best describes your job? (circle one)

1. Helper's/Laborers (plant production, hotel maid, nurse's aid, ect.)
2. Craft persons, mechanics, installers, trade persons (seamstress, artist, florist, ect.)
3. Service occupations (hair dresser, food & service occupations)
4. Technical/Sales/Administrative Support (secretaries, telephone operators, bank tellers, ect)
5. Executive/ Managerial (administrators, managers, assistant managers)
6. Professional/Specialist (engineers, scientist, law, doctors, nurses, teachers, ect.)

16. What was your household income last year before taxes?

1. \$0-\$4,999
2. \$5,000-\$9,999
3. \$10,000-\$19,990
4. \$20,000-\$29,999
5. \$30,000-\$49,999

6. \$50,000-\$59,000
7. \$60,000-\$69,999
8. \$70,000-\$79,999
9. \$80,000-\$89,999
10. \$90,000-\$99,999
11. \$100,000-\$199,999
12. \$200,000-\$299,999
13. \$300+