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A Qualitative Study of Enduring Relationships With Alcoholics Anonymous

A Thesis
Presented for the
Master of Science
Degree
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Robert Lee Simpson
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DEDICATION

This thesis is dedicated to my wife Gail and to my daughters Charlene and Kelli whose love, patience, encouragement, and sacrifice sustained me throughout seven years of undergraduate and graduate work.

I give to each of you in return,

All my love,

All my life.

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ABSTRACT

This study explores long term relationships with the program of Alcoholics Anonymous. Utilizing a qualitative model identified as theory-led thematic analysis, the focus is on the transfer of dependency from the substance to the program. Theory-led thematic analysis is a three-stage process of extracting causal attributions from transcripted interviews, separating the causal attributions into emergent themes, and then further dividing the emergent themes into thematic categories. This process produced the four thematic categories of Need and Commitment, Enjoyment, Connection, and AA as a Way of Living. Each thematic category indicated varying manners through which the participants tied their lives into enduring relationships with the program.

Five volunteers who are active members in Alcoholics Anonymous were interviewed for this project. Three of the participants were male and two were female. Lengths of sobriety for these participants ranged from eighteen months to over fourteen years. Although three of the five participants had relationships with Alcoholics Anonymous extending past their present lengths of sobriety, each participant has been active and attending multiple meetings weekly throughout their current sobriety. The study indicates that each of the participants maintains a moderate to strong dependence on the program in order to maintain sobriety.

Balance and honesty are suggested as areas for future research. Honesty with themselves and the program, and the ability to balance outside lifestyles with Alcoholics Anonymous, appear to be key factors towards the acquisition and intensity of program dependence.

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CHAPTER ONE

INTRODUCTION TO THE PROBLEM

Introduction

The heart of this qualitative research project is based on personal experience. I developed a pattern of dysfunctional beverage alcohol use during my late teens and this problem continued for approximately thirty-three years. I have been alcohol abstinent since October 8, 1992. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* or *DSM-IV* (APA, 1994) I am diagnosed alcohol dependent in full remission.

Although I did not gain any success with sobriety until 1992, I initially accepted that I had a serious problem with alcohol in 1987. My first course of action to address this problem was involvement with Alcoholics Anonymous (AA) and this involvement would be sporadic over the next several years as I struggled towards gaining extended sobriety. For a brief period during 1991 my AA involvement was court ordered. My failures at gaining successful sobriety during those years occurred when recognition that I had a serious problem became diluted by denial (Margolis & Zweben, 1998; Wilcox, 1998; S. Brown, 1995).

I can only grant partial credit for my success in sobriety to Alcoholics Anonymous. However, I know many members of AA who grant their successful sobriety totally to this program. I also have observed and know of many AA members who reportedly cast all of their support for sobriety into the tenets and practices of AA and whose sobriety failed. Some of these failures occurred after many years of successful

sobriety (Margolis & Zweben, 1998; Wilcox, 1998; S. Brown, 1995; Littrell, 1991; AAWS, 1981). I have attended many meetings of AA however, and support for my sobriety has been gained through the tenets and fellowship of this venerable program.

My personal affiliation with AA has presented two important factors towards the production of this research project. I have attended AA meetings as a person struggling for sobriety, as a person utilizing AA as a medium for sobriety maintenance, and as a substance abuse counselor assisting clients in gaining successful sobriety. This participation, along with participation experienced while initiating research on this project, has allowed me to meet an important strategy of qualitative research. Pidgeon and Henwood (1996, p. 89) posit that personal observation as a participant is an important component in qualitative research and my attendance at AA became quite intense while researching this project. It was my personal involvement with Alcoholics Anonymous, however, that grounded the basic question and interest that gave rise to this project. Why do some attendees or members of AA seem to require an enduring dependence on the program to maintain their sobriety?

My personal experience with enduring sobriety was initiated after an emotionally traumatic event that Ludwig (1988) would posit as being, "a cataclysmic psychological event." In AA parlance, an occurrence such as this is often referred to as "hitting bottom" (Wilcox, 1999; Brown, 1995; Ludwig, 1988). I was arrested for driving under the influence (DUI). Although I was acquitted of this particular incident, there had been previous events and I was on probation for another DUI conviction at the time of the last arrest. I had experienced other dramatic and life-changing events directly related to alcohol that probably should have influenced sobriety but did not. This problem is not

uncommon for persons suffering from alcohol dependence (Wilcox, 1998; Royce, 1989); however, it was the event and timing of a particular DUI arrest from which my present success in sobriety stemmed.

My initial efforts towards gaining sobriety were in response to serious marital conflict. My first recourse to resolve this conflict was through visits to my pastor and he directed me to Alcoholics Anonymous. This first attempt was not successful and I was still about five years from achieving any success. My first impressions towards AA were, " if I have to be like these people and do this for the rest of my life, I would just as soon be drunk." I later attended AA voluntarily as the result of a twenty-eight day treatment program, again later as the result of a court mandate, and even later as a substance abuse counselor. As previously stated, I do not credit Alcoholics Anonymous with how I gained or maintain my sobriety although AA has had positive effect in this pursuit. I believe that a combination of events and practices, other than AA, occurred to help me achieve and maintain my present sobriety although many similarities to the tenets and practices of AA can be found within my personal experience.

Sobriety for me, and probably for most others, required two distinct phases and although not always addressed as such, are often implied in the literature (Margolis & Zweben, 1998; S. Brown, 1995; AAWS, 1976). Phase one requires the cessation of drinking while phase two is maintained abstinence. Phase one required that I admit and firmly accept that I am alcohol dependent, make a firm decision to cease drinking, and quit the practice. There was also an imperative recognition and acceptance required, for me, in phase one that any future consumption of beverage alcohol in any form, manner, or amount was prohibited. Although absolute abstinence may not be a mandate for

everyone that has had, or has problems with alcohol use (Shute, 1997; Bufe, 1992; Peele, 1992; Littrell, 1991), based on personal experience and study, I believe that total abstinence remains my most secure course of action (Wilcox, 1998; S. Brown, 1995; Littrell, 1991; Royce, 1989). Phase two during the first year, especially the first six months, was by far the more difficult. Except for three or four visits during the first weeks, I did not attend any AA meetings during my first year of abstinence. During the first year of phase two I predominantly relied on support from my immediate family, some very close friends, my church, another Christian community to which I belonged, and God (Clinebell, 1998; Ludwig, 1988; R. Brown, 1995; S. Brown, 1995; Stellato-Kabat, Stellato-Kabat, & Garrett, 1995; Zweben, 1995)

My four closest friends during that time were men with whom I met at least once a week in a Christian support and accountability group. The original intent and purpose of this group was Christian leadership and discipleship, which did not necessarily involve alcohol abstinence. However, this group of men had rallied behind me and gave support during my struggle to gain sobriety and continued to provide support accountability during my first full year of sobriety. One of these faithful friends had at one time suffered from severe multiple drug problems that included alcohol and another had experienced a severe problem with alcohol. Neither of these two men had relied on AA to gain abstinence. The other two friends in this group who provided primary support for me had never experienced an alcohol or other drug problem.

I moved from the area where I experienced my initial sobriety after the first year and basically lost my original support system. As a result of my relocation and the loss of my support group, I started attending AA. I only attended a few meetings of AA after

my relocation and it was not long before I had very little time available to attend. I became a full time student, continued to work, and was busy with family pursuits. I was often concerned that I might be setting myself up for a relapse but discovered that my lifestyle itself appeared to be supporting my sobriety. Concerns and questions about why I did not seem to need AA, along with why I experienced only infrequent thoughts about drinking, continued throughout completion of my undergraduate studies and in to my graduate work. It was through a combination of graduate research and my initial experience in substance abuse counseling that I gained knowledge on how lifestyle, or learning to live sober, is a sobriety support system within itself.

There is nothing unique regarding the importance of learning to live a fulfilling lifestyle in order to maintain successful sobriety (Margolis & Zweben, 1998; Royce, 1989). It was while being questioned by a group of inmate substance abuse clients in a county jail regarding this topic that a comprehensive system of sobriety support was identified. The four primary components that we identified that make up this system are ***people, work, leisure, and spirituality.*** The abstinent alcoholic must acquire sober people with whom to interact. The scope of the people component can range from family and friends to supervisor, pastor, counselor, and probation or parole officer. Work is necessary to provide sustenance but also confidence and self worth and includes such aspects as vocation, school, and volunteer work. Leisure pursuits are required to fulfill our needs for pleasure for which alcohol and other drugs that most likely in the past have provided an overpowering substitute. Spirituality is the component where Alcoholics Anonymous performs such a serious role but also within which a myriad of other forms of spiritual expression can be vital. Although there is little to be found in the literature

linking these particular components as a specific system of support, there is nothing unique regarding how crucial these four components can be or are in sobriety maintenance. References regarding the benefits of these components towards substance abuse treatment and successful, long-term abstinence can be found throughout the literature (Glasser, 1998; Chappel, 1997; Sommer, 1997; Bristow-Braitman 1995; Katz & Ney, 1995: Kadden, 1994; Beck, Wright, Newman, & Liese (1993); Ludwig, 1988; and Lazarus, 1981). Myers, Sweeny, and Witmer (2000) incorporate these four components within their "Wheel of Wellness" model as a design for the prevention and treatment of mental health disorders in general.

Ludwig (1988), Littrell (1991), and Sommer (1997) present some of the most supportive commentary on the integration of this type of support system into an abstinent lifestyle. Ludwig (1988) posits that abstinence is not the end but the means to obtaining a fulfilling lifestyle. To maintain successful sobriety, he contends that the abstinent individual, "needs to get involved in and appreciate the variety of opportunities and experiences that life has to offer (p.132)." Ludwig continues by discussing the importance of "affiliative and social needs," the need for recreation and entertainment referring to Glasser's (1976) work on how some leisure pursuits can form "positive addictions," and discourses at length on spirituality. Litrell (1991) draws from research completed by Vaillant (1983) of emergent findings from subjects reporting will power alone as their source of enduring sobriety. Vaillant reportedly discussed these emergent findings as active religious involvement, improved marital relationships, and new hobbies. Sommer (1997) argues that, "the struggle is not how to not be an alcoholic, but

how to integrate what you are into the other aspects of life: family, friends, work, play, and spirituality."

As a result of working with alcohol and other drug dependent persons, I have had the opportunity of learning and observing various methodologies through which substance dependent persons have gained and maintain sobriety. My personal and professional experiences have also offered me the opportunity to know a number of persons who have gained success over substance dependence with no, or relatively limited experience, with the Alcoholics Anonymous program.

In a U. S. News & World Report (1997) article Nancy Shute writes, "the majority of people who cut back or quit drinking do so on their own." Ms. Shute's contention gains support through Peele (1992), who has written extensively on controlled drinking, and Bufe (1998) who is an ardent critic of AA. Additional support that abstinence can be acquired through individual effort or through resources other than AA can be found in arguments presented by Davis & Jansen (1997), Galaif & Sussman (1995), Tucker, Vuchinich & Pukish (1995), Bean-Bayog (1993), Trimpy (1992), Littrell (1991), and others.

Conversely, there seems to be many who gain sobriety exclusively through AA and then remain active in the program for many years (Littrell, 1991). For some members, AA participation appears to become a lifetime involvement. Then there are others who gain sobriety through a strong initial dependence on AA, and after gaining a certain amount of personal strength, drop out of the program and continue to live successful lives of sobriety (Wilcox, 1998). Personal experience has indicated that some,

if not many, of those who remain active in AA over an extended period of years have become addicted to the program.

AA was conceived and originated in 1935 by Bill Wilson and Dr. Robert Smith. These two professional men had struggled for many years with a debilitating dependence on alcohol and had discovered the profound effect that mutual support presented in maintaining extended sobriety. Over the past sixty years, the growth of Alcoholics Anonymous has also been quite profound. According to Le, Ingverson, & Page (1995), who cite Alcoholics Anonymous World Services Triennial Survey of 1989 (AAWS, 1990), Alcoholics Anonymous has grown into an international organization consisting of over 1,800,000 members in 134 countries and is gathered into 87,000 local groups. According to Bufe (1998), citing a more recent triennial survey completed by AA in 1995, the worldwide membership of AA is over two million and a 1998 AA membership survey (AAWS, 1999) reports more than 97,000 member groups worldwide. Due to its phenomenal growth and active participation, it is easy to recognize that AA is the world's most successful organization dedicated to the recovery of persons suffering from the addictive and debilitating affects of alcohol. Further implication towards the success of AA is supported by the fact that AA's Twelve Steps (AAWS 1976) has been adapted by numerous self-help groups (Le, et al., 1995). Additional implications of success are found through research which indicate that over 90 % of all addiction treatment programs in the United States utilize or insist on AA participation (Bristow-Braitman, 1996; Mavis & Stoffelmayer, 1994; Montgomery, Miller, & Tonigan, 1995).

The fact that large numbers of alcoholics and other drug dependent persons have gained sobriety through the AA program cannot be questioned. R. Brown (1995)

however, posits that sobriety cannot be equated to recovery. Recovery in this sense is perceived as being able to function in society free of any dependence that inhibits the desire and ability to regain past or pursue new avenues of enjoyment, social interaction, and work. Recovery, or being in a successful state of abstinence, should empower the formerly psychoactive dependent person towards new or renewed pursuits, risks, and challenges without unreasonable fear of relapse. Some practices found in AA are believed to inhibit these pursuits and AA has often been criticized as just being another form of negative dependence (R. Brown, 1995; Galaif & Sussman, 1995; Royce, 1989). These writers further posit that many of the persons who achieve success in sobriety through the AA program simply transfer their dependence from the substance to the program while maintaining many if not all of the old negative behaviors.

Although negative dependence on the program can be found in Alcoholics Anonymous, R. Brown (1995) further argues that this is not the fault of the AA program itself but is found in the manner through which the program is used. Galaif and Sussman (1995) present support for Brown's contention from multiple sources arguing that the way the program as practiced by members encourages dependence on the program while also discouraging participation outside of the program.

Not all addiction, or physical and emotional dependence, is seen as negative. Although it has been over twenty years since publication, Glasser (1976) in his book *Positive Addiction* not only recognized positive addiction to AA as a benefit but also endorsed addiction to AA as necessary for successful sobriety. Riordan and Walsh (1994) cite others who also endorse the positive aspects of addiction to the AA program and argue that some dependence allows intimacy that further encourages personal

expansion. They also argue that complete independence and autonomy can be problematic to successful sobriety and this argument endorses the idea that many persons that have alcohol and other drug problems are often perceived as loners with inadequate social skills.

Since alcohol is popular as a social lubricant, it becomes easy to hypothesize that persons who do not develop social skills easily can become dependent on the substance while others will never experience a negative affect (Wilcox, 1998; Littrell, 1991). It is from within these considerations that a concern over the possibility that a positive or negative polarization of dependence on AA can develop. What positive gain has been achieved if the person who has previously ignored family, work, and other social responsibilities due to substance dependence (Wilcox, 1998) now fails in these same pursuits because he or she has hence become too dependent on AA for sobriety maintenance? These negative behaviors, and others, are identified as character defects throughout the literature of Alcoholics Anonymous (AAWS, 1988; AAWS, 1981; AAWS, 1976) and are specific topics of steps four, five, six, and seven of the Twelve Steps.

If the addiction is transferred to the program and this dependence is negative, instead of society gaining a recovering alcoholic (R. Brown, 1995) AA has gained a sober drunk who has difficulty functioning outside of the program (Galaif & Sussman, 1995; Royce, 1989). The term, "dry drunk," a term that is often heard in AA meetings, easily applies to this type of dependence (Wilcox, 1998; S. Brown, 1995; Littrell, 1991; Royce, 1989; Ludwig, 1988) although this term is also related to other alcohol withdrawal and abstinence related problems (Gogek, 1994; Shipley 1982). If there is truth in any or all of

the above considerations, two research questions present themselves: 1) Do participants in Alcoholics Anonymous become addicted to the program? 2) If so, is this addiction positive or negative?

The purpose of this study is not meant to be a criticism of Alcoholics Anonymous. Although AA may not be a program that benefits everyone who suffers from alcohol dependence or abuse, it is a program through which many find relief (Galaif & Sussman, 1995; Le, et al., 1995). Trimpy (1992), an ardent critic of AA, even supports this statement. The purpose of this project is simply to explore the nature of the chronic and compulsive participation of some members in the program and to determine if this participation is either is a form of dependence on the program.

Problem Statement

Successes in sobriety for many persons suffering from alcohol dependence come by abstinence gained through the program of Alcoholics Anonymous. Some of these persons appear to maintain this success only through long term participation in the AA program. Other than sobriety, what are the effects of long-term participation? Do many of the long-term participants in Alcoholics Anonymous become dependent or addicted to the program? If so, does this dependence or addiction have a propensity to manifest as negative rather than positive?

Purpose of the Study

The intent of this study is to gain an insight into the reasons why some participants in Alcoholics Anonymous who have gained a significant period of abstinence

from beverage alcohol continue participation in the program. For some, continued participation in the program appears to endure for many years, and possibly lifetimes. Scholastic and other arguments are presented positing that these enduring commitments are an addiction (dependency) on Alcoholics Anonymous and that this dependency or addiction has been transferred from the substance to the program (Davis & Jansen, 1998; Brown, 1995; Chappel, 1995; Herman, 1988). Some writers believe this transfer of dependence to often be negative (Galaif & Sussman, 1995; Ellis, 1996; McBride, 1996; Chappel, 1995) Others (Glasser, 1976; Riordan & Walsh, 1994; Chappel, 1995) argue that addiction to AA is necessary for sobriety maintenance and that this addiction is positive, natural, and essential for well being. Although some references to addiction on the program is mentioned in the literature, and this dependence is alternately perceived as positive or negative, little research specifically addresses the question of positive or negative addiction to AA (Davis & Jansen, 1998; Sommer, 1997; Tonigan & Hiller-Sturmhofel, 1994). Therefore, I suggest that there is a conflict in the literature and that this is an area of concern necessitating further research.

The Need for the Study

Participation at Alcoholics Anonymous is recognized as a primary medium through which persons suffering from alcohol dependence may gain and maintain long term sobriety. Although many of the participants of the Alcoholics Anonymous program are there on their own volition, the literature indicates that most are there at the request or mandate of wives, other family, hospitals, other treatment programs, religious sources, judges, and probation officers (Le, et. al., 1995; Mavis & Stoffelmayer, 1994; Galaif &

Sussman, 1995). Many of the initial participants drop out of AA without success although most of these drop outs are suspected as being those mandated to the program (Galaif & Sussman, 1995; Shute, 1997; Ouimette, Moss, & Finney, 1998). There are, however, many more that gain sobriety through the program and leave when they feel sufficiently secure that the program is no longer needed to remain sober (Davis & Jansen, 1998; Ouimette, Moss, & Finney, 1998; Shute, 1997). However, there are many that choose to remain intensely active in the program for many years (Davis & Jansen, 1998; Sommer, 1997; Galaif & Sussman, 1995).

The key question is: *Why do some, if not many, substance abstinent members of Alcoholics Anonymous continue intense participation in the program for years after success in sobriety has been achieved?*

If continued participation in Alcoholics Anonymous is a source of comfort and security coexisting with a more comprehensive system of social support for sobriety maintenance, the enduring participation is well and meaningful. However, what if an enduring involvement in Alcoholics Anonymous becomes the primary focus in the participant's life? Also, if a participant's involvement becomes so intense and extensive that the involvement is deleterious to family, work, and other life pursuits, how beneficial is the program to the participant in particular or to society in general?

Of course removing a drunk from the street will always present a particular social benefit and there will be an improved physical well being for the alcohol abstinent individual. However, if the individual continues to be dysfunctional in personal relationships and has difficulty in maintaining employment due to a chronic and intense feeling of need for extensive involvement in the program, little effect other than sobriety

has been gained. Additionally, there is consistent evidence throughout the literature arguing the value of comprehensive systems of social support. This evidence conflicts with the possibility that for some, if not many, Alcoholics Anonymous is the individual's only source of social support towards maintenance of sobriety. If this is true, then it is reasonable to consider that the alcohol abstinent individual who is solely dependent on Alcoholics Anonymous is at greater risk for relapse than a person is who enjoys a more comprehensive system of social support. Alcoholics Anonymous has many social functions other than supportive meetings and one only has to peruse an Alcoholics Anonymous bulletin board or AA sites on the World Wide Web to ascertain that members can enjoy everything from potluck dinners to ocean cruises. This type of fellowship can be considered wonderful as long as AA remains an element within a more comprehensive system of social support. However, if the alcohol abstinent individual cannot achieve a functional, productive, and enjoyable lifestyle outside the program of Alcoholic's Anonymous after some successful sobriety has been gained, the benefits of sobriety for the individual and society will probably be marginal.

Gaining an understanding through supportive research that a problem exists is an initial step in addressing and resolving the problem. If this project in some small way infers that enduring participation in Alcoholics Anonymous can indicate problems within the individual, the program, or both, then recognition that such a problem exists hopefully will encourage further research and change.

Assumptions

1. Participants interviewed will be honest and accurate in their responses.

2. All participants volunteering and selected will have an equal chance to be selected regardless of their reasons, purpose, or rationale for long-term involvement with Alcoholics Anonymous.

3. There will be no coercion of any kind from any source in the selection process.

4. Each participant volunteering and selected for an interview meets the DSM-IV (APA, 1994) criteria for alcohol dependence in sustained remission.

5. Each participant interviewed will have a complete understanding of the informed consent contract.

6. Each participant interviewed will understand the basic purpose of the interview.

7. Each participant interviewed will understand that there is no compensation of any kind for participating in the study.

8. There will be no compensation of any kind given to a participant.

9. Each participant will understand that the results of the study will be read and reviewed by different persons and that there is a possibility that the study will be published but that no identification will be made of those who participate.

10. Each participant interviewed will have a complete understanding of the confidential nature of this study.

Limitations

1. All participants interviewed will be volunteers.

2. Interviews will be limited to only those participants who have signed an informed consent contract.

3. All interviews will be limited to persons actively involved in Alcoholics

Anonymous whether or not involved in any other alcohol treatment modality.

4. Interviews will be limited to only those participants who identify themselves as being alcoholic and who would most likely meet the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 1994) criteria for alcohol dependence.

5. Number of participants interviewed will be restricted to not less than four but not more than twelve individuals.

6. Each participant interviewed will have had at least twelve months of continuous sobriety at time of interview.

7. Each participant interviewed will have had a minimum of two years of continuous participation in Alcoholics Anonymous.

8. No persons under the age of 18, pregnant females, or incarcerated persons will be interviewed.

Operational Definitions

Program dependence or program addiction:

When referring to the program of Alcoholics Anonymous or referring to Alcoholics Anonymous directly the words are used synonymously. Addiction to or dependence on the Alcoholics Anonymous program occurs when the participant demonstrates a dependence on Alcoholics Anonymous to maintain sobriety. Symptoms can include but are not restricted to nervousness, apprehension, agitation, and anxiety when the individual believes he or she cannot attend meetings or other Alcoholics Anonymous functions.

Positive addiction or dependence:

Although the participant depends solely on Alcoholics Anonymous to maintain sobriety and is involved in an enduring relationship with the program that includes an extensive involvement, the participant maintains meaningful relationships outside the program. The program does not adversely interfere with family, work, or other social functioning.

Negative addiction or dependence:

The participant has a dependence on Alcoholics Anonymous that is probably exclusive to any other program to maintain sobriety. The participant considers involvement with the Alcoholics Anonymous program to have higher value than family, work, and other relationships and would probably avoid, discontinue, or turn against these relationships if there is a concern or fear that the relationships will interfere with program involvement. The participant avoids any social functioning outside of Alcoholics Anonymous.

Continuous participation:

Continuous participation is defined as regular or chronic attendance in Alcoholics Anonymous meetings, programs, or events. For this study, chronic is determined to be two or more meetings or events per week that has extended throughout the participant's most recent period of sobriety and AA affiliation.

Transfer of addiction or dependence:

Occurs when the addicted or dependent person ceases to be actively dependent on alcohol or other psychoactive substance and becomes actively dependent on Alcoholics Anonymous.

Definitions of Terms Used in Alcoholics Anonymous

Open meeting:

A meeting at which any person is welcome whether or not alcohol dependent.

Closed meeting:

Meetings at which only persons who are admittedly addicted to alcohol, or as defined in AA parlance, "have a desire to stop drinking," are allowed to attend.

Twelve and twelve or step meeting:

Generally a closed meeting at which one of the twelve steps or twelve traditions is discussed in an open format.

Big Book meeting:

Meetings that can either be open or closed at which a particular topic or topics is selected from the book *Alcoholics Anonymous* (AAWS, 1976) for open discussion.

Speaker meeting:

Generally an open meeting at which a designated speaker, who usually is a member of Alcoholics Anonymous, reflects on his or her experiences with psychoactive substance dependence and recovery.

Recovering alcoholic (or recovering drug addict):

A term as used in Alcoholics Anonymous to designate a person who has admitted addiction to alcohol and/or other drugs and is currently abstinent. There is no specified length of time that abstinence has to have occurred or be present.

CHAPTER TWO

REVIEW OF THE LITERATURE

Alcoholics Anonymous and Program Dependence: A View from the Top

The Alcoholics Anonymous 1998 membership survey (AAWS, 1999), a triennial project that has been conducted regularly since 1968, surveyed more than 6,800 AA members in the U. S. and Canada. The reports that the intention of this on-going service is to, "provide information regarding current trends in membership characteristics." According to this survey, members currently attend meetings on an average of twice weekly and that the average sobriety of members is seven years. Unfortunately, this survey does not present any information on the average number of years that members stay active in the program, with or without relapse, or the percentage of members who consider active membership a lifelong process.

There is no direct statement in AA literature regarding effective length of stay in the program in order to gain and maintain sobriety. In the pamphlet *44 Questions* (AAWS, 2000), AA responds to the question, "Do AA's have to attend meetings the rest of their lives?" with, "Not necessarily." In the same sentence however, the pamphlet quotes a member who comments that most members, "*want to spend the rest of their lives in AA participation and that some members may need to* (p. 24, emphasis added)." The writer indicates:

> Almost without exception, the men and women who find their sobriety most satisfying are those who attend meetings regularly, never hesitate to work with other alcoholics seeking help, and take more than a casual interest in other activities of their groups (p. 25).

A lifelong dependence on the program is strongly inferred, however, throughout cofounder Bill Wilson's (Bill W.) commentary on Step Three in the book *Twelve Steps and Twelve Traditions* (AAWS, 1981):

> Let's look at how practical it actually is. Every man and woman who has joined AA and intends to stick has, without realizing it, made a beginning on Step Three. Isn't it true that in all matters touching upon alcohol, each of them has decided to turn his or her life over to the care, protection, and guidance of Alcoholics Anonymous (p. 35).

Bill W. continues in the next paragraph with:

> But suppose that instinct still cries out, as it certainly will, "Yes, respecting alcohol, I guess I have to be dependent upon AA, but in all other matters I must still maintain my independence. Nothing is going to turn me into a nonentity. If I keep on turning my life and my will over to the care of Something or Somebody else, what will become of *me?*

Bill W. later continues by arguing that dependency on AA allows the recovering alcoholic to become independent in other areas of life:

> Every modern house has electric wiring carrying power and light to its interior. We are delighted with this dependence; our main hope is that nothing will ever cut off the supply of current. By so accepting our dependence upon this marvel of science, we find ourselves more independent personally. Not only are we more independent, we are even more comfortable and secure (p. 36).

Bill W. closes his comments on AA dependence with:

> We realize that the word "dependence" is as distasteful to many psychiatrists and psychologists as it is to alcoholics. Like our professional friends, we, too, are aware that there are wrong forms of dependence. We have experienced many of them. No adult man or woman, for example, should be in too emotional dependence upon a parent. They should have been weaned long before, and if they have not been, they should wake up to the fact. This very form of faulty dependence has caused many a rebellious alcoholic to conclude that dependence of any sort must be intolerably damaging. But dependence upon an AA group or upon a Higher Power hasn't produced any baleful results (p. 38).

"I am responsible. When anyone, anywhere, reaches out for help, I want the hand of AA always to be there. And for that: I am responsible." This phrase is ritually quoted at the beginning of AA meetings, can be found on the back cover of AA handout literature, and is also found printed on page 332 of *As Bill Sees It* (AAWS, 1967). This slogan ties directly into AA's Step Twelve. Dr. Harry Tiebout, one of the medical profession's first ardent supporters of AA, authored a paper that was originally printed in *The American Journal of Psychiatry* in 1944 and has been reprinted in the "Big Book (AAWS, 1976)." In his paper, Dr. Tiebout argues that the twelfth step is essential for continued sobriety (AAWS, 1976).

Committing one's life to the helping of, "others who still suffer (AAWS, 1967)," is inferred throughout the literature as a necessary process for successful sobriety and is referred to within the language and literature of AA as "twelfth-stepping." Bill W. considered this step important enough to devote a complete chapter to it in the "Big Book" of *Alcoholics Anonymous* (AAWS, 1976). This step is considered a "maintenance step" and as such places a responsibility on the recovering AA member to be consistently ready and willing to reach out to the practicing alcoholic. The philosophy that the recovering AA member can best keep what he or she has received by continuously giving it away is also a theme found often repeated throughout the literature of AA and is often heard repeated at meetings. On page 130 of *Twelve Steps and Twelve Traditions* (AAWS, 1981) Bill W. ties the process of working Step Twelve into AA as a way of life. He also argues that working the twelfth step is important to the integrity and maintenance of group unity and that, "no personal sacrifice is too great for preservation of the Fellowship."

AA literature also repetitiously presents that anything the recovering AA member does that benefits others who may still be suffering is twelfth step practice. Twelfth step practice includes bringing practicing alcoholics into the program, verbally sharing and speaking at AA meetings, and doing service work (AAWS, 1981; AAWS, 1967). Service work may include anything from planning social events to sweeping floors, cleaning ashtrays, or making coffee. Perusing bulletin boards at almost any AA clubroom, and now even the Internet, will reveal AA sponsored events for AA members such as fundraisers, dances, picnics, and even ocean cruises. "AA is essentially a way of life (AAWS, 1984, p. 16)."

Acquiring AA Dependence through Spiritual Commitment

As a medium for alcoholism recovery, Alcoholics Anonymous considers itself first and foremost a program of spirituality. Support for this statement can be found throughout all AA literature or by attending any AA meeting. The core of AA as a spiritually based treatment program lies in its Twelve Steps (Wilcox, 1998; Le et al., 1995) and seven of the Twelve Steps have a direct reference to a transcendent, spiritual authority. The other five contain a definite inference of spirituality based on spiritually sound behavior and moral turpitude. The five steps that do not have a direct reference to a spiritual entity have a basis found in the Christian Bible, and inspiration for the Twelve Steps was acquired through Bill W.'s experience with a Christianity based alcohol treatment organization known as the Oxford Group (Bufe, 1998; Le et al., 1995; AAWS, 1985).

One of the many problems that people have with AA is being able to differentiate

between AA as a spiritual based organization rather than a religious entity (Wilcox, 1998; Bean-Bayog, 1993). This problem is not only true for the newcomer attempting to find sobriety on her or his own, but can also be true for alcohol treatment professional and non-professionals seeking aid for another. Alcoholics Anonymous ardently defends itself as a *spiritual* organization and *not* a *religious* organization (Wilcox, 1998; Clemmons, 1991; Chappel, 1990; AAWS, 1985; AAWS, 1976). Spirituality is perceived in this context as the existence of a transcendent experience (Wilcox, 1998; Kassel & Wagner, 1993; Clemmons, 1991) which cannot be reached through any of our five natural senses and through which the individual involved identifies his or her own transcendent authority (Davis & Jansen, 1998; Clemmons, 1991; Chappel, 1990). Spirituality as a transcendent experience in the art of alcoholism recovery can be much more than surrender to the ultimate authority of a Higher Power. Spirituality also exists through newly gained abilities of the recovering alcoholic to connect with others, in this case specifically within the AA program, which improves quality of life thereby enhancing continued recovery (Clinebell, 1998; Wilcox, 1998; Spalding & Metz, 1997; Clemmons, 1991).

It has been well established that the precepts of AA and the program's spiritual nature is acknowledged and endorsed by the vast majority of addiction programs in this country. However, it is either suspected or accused of being a religious organization or a religious cult by many others. This includes those not really familiar with the organization (Davis & Jansen, 1998; Chappel, 1995; Galaif & Sussman, 1995; Bean-Bayog, 1993) along with those who are serious detractors, some of whom consider the affiliation as a negative dependence (Bufe, 1998; Trimpy; 1992; Ellis; 1996; Ellis &

Schoenfeld; 1990). In response to an article by Ellis & Schoenfeld (1990) in which these authors denounce AA as a religion that is incongruent with its own program of recovery, Chappel (1990) presents a succinct discernment of spirituality versus religion:

> AA does not meet any of the modern criteria for religion. The only requirement for membership is a desire to stop drinking, which has nothing to do with religion. There is no creed, dogma, or theology to be learned with accompanying ceremonies for joining. AA is not in competition with any other religion. It is not unusual for AA members to belong to a Christian, Moslem, Buddhist, or other religion, or to have no interest in any religious affiliation. Further evidence that AA is not a religion is that it is compatible with every known religion.

Expressly stated, not only is AA not a religion, it is not even a form of theology (Chappel, 1990; Talbott, 1990).

The majority of addiction professionals in this country (Clinebell, 1998; Clemmons, 1991) recognize the need for spirituality as a positive, if not a necessary, conduit to recovery in addiction treatment. Clemmons (1991) continues in her support of AA spirituality as a critical component in the recovery process by arguing that for the addict, the cessation of alcohol use creates a void and that spirituality is a primary resource through which to refill this void. Clinebell (1998) quotes an anonymous AA member who described himself before AA as having, "a God-shaped hole in me filled by alcohol." That alcohol was an addicts only form of spirituality before recovery was a statement I often heard paraphrased at AA meetings while researching this project. Failure to find some form of transcendence in an inebriate's search for sobriety can have tragic consequences. When alcohol as a source of illusory transcendence or spirituality fails, the need to find a new conduit for a sense of being is created (Clinebell, 1998; Clemmons, 1991; Flores, 1988). If this need is not fulfilled, the emotions of remorse,

depression, hopelessness, despair, and helplessness develop and suicide becomes all too viable of an option (Clinebell, 1998; S. Brown, 1995; Vaillant, 1995: Clemmons, 1991).

Can dependence on AA be acquired through commitment to the program's foundation of spirituality? Humphreys (2000) argues that AA participation becomes a way of life as a spiritually based community. Vaillant & Hiller-Sturmhofel (1996) present evidence from extensive longitudinal studies occurring over a span of fifty-five years indicating that AA becomes a substitute dependency for alcohol. These authors further suggest that AA and a Higher Power are only two of a plethora of dependency behaviors, ranging from the aberrant to the religious, which is often substituted for alcohol. There are numerous other studies that also denote developed dependence on the program itself but for the most part these studies do not indicate the role spirituality plays.

There is, however, the concept of "surrender" (Clinebell,1998; S. Brown, 1995; Clemmons, 1991) that plays a powerful role in the ability of spirituality to function within the concepts of Alcoholics Anonymous. Surrender in this context is referred to at least twenty-one times in the booklet *As Bill Sees It* (AAWS, 1967). The concept of surrender in AA is commonly accepted as capitulation to one's Higher Power, i.e., "Let go and let God" (Davis & Jansen, 1998; Chappel, 1995), and the individual working towards sustained abstinence who is not capable of this surrender is at risk for relapse (Katz & Ney, 1995).

Clemmons (1991) posits that spiritual awakening through surrender is not a static experience but a multidimensional force that takes place over time. Since the spiritual experience must occur along an infinite time continuum, a dependent necessity is created.

When the individual surrenders to his or her Higher Power this person, in effect, has surrendered to a dependency on the program of Alcoholics Anonymous in support for the new found spirituality. Davis and Jansen (1998) posit that many of the longer-term members "depend on AA meetings to help them maintain their spiritual program, not just their sobriety." How this transformation works is perhaps best described by Clinebell (1998):

> Most people, including recovering addicts, need to feel themselves a part of something that is bigger and more enduring than themselves. The sense of a shared mission in religiously oriented groups can satisfy not only the longing to belong but also the powerful need to belong to something that has abiding significance (p. 284).

Alcoholics Anonymous appears to meet the criteria as a program of "abiding significance" for many of its members.

The Impact of Language on Dependence to the Program of AA

Davison, Pennebaker, & Dickerson (2000) argue that for support groups in general, including AA, "suffering elicits intense emotions and hence the desire to talk to others. Through interpersonal exchanges, patients develop an understanding of their illness." Interpersonal exchange is a key element to the success of Alcoholics Anonymous (Humphreys, 2000; Clinebell, 1998; S. Brown, 1995; Galaif & Sussman, 1995). Over a history spanning almost seven decades, a unique language has developed within AA that facilitates a deeper understanding of alcohol addiction, and recovery, through interpersonal exchange (Humphreys, 2000; Wilcox, 1998). By learning a common language, AA members gain an ability to universally express thoughts, feelings, and past experiences to each other in a manner that promotes trust, bonding, and healing

(Davison et al., 2000; Humphreys, 2000; Hopson & Beaird-Spiller, 1995). The uniqueness of AA language has developed through the blending of program driven slogans, phrases, and clichés with a unique method and style of relating personal feelings and experiences (Humphreys, 2000; Davis & Jansen, 1998; Galaif & Sussman, 1995; Hopson & Beaird-Spiller, 1995; Bean-Bayog, 1993; Clemmons, 1991; Flores, 1988; Thune, 1977). The language of AA, however, also has the propensity to encourage program dependency (Bean-Bayog, 1993; Thune, 1977).

The slogan, "Keep coming back! It works if you work it but you have to work it every day," is a slogan that can be heard frequently at almost any AA meeting. This slogan is not only heard frequently throughout the meeting, it is commonly chanted at the close of the meetings. It is usually recited in unison by all attendees immediately after reciting the Lord's Prayer, also in unison, and while all present are joined by holding hands. After having shared for the past hour often deeply intimate reflections on one's feelings, inebriate past, and current endeavors at sobriety, this closing ritual has the portent to provide an intensely bonding moment. The members are reinforcing to each other the healing process that can be created by coming together (Davison et al., 2000).

The slogan, "keep coming back," as a closing statement potentially creates in the mind of the participant that AA is a place to where he or she must always return. This slogan, however, is not only the last heard at an AA meeting but can also be heard repeated frequently throughout any general discussion meeting. Whenever a member expresses having problems keeping their sobriety intact, this phrase along with phrases such as, "glad you are here," "thanks for sharing," and, "thanks for coming," are encouraging statements usually heard immediately after that member has finished

speaking. As encouragement, these words have the capacity to create powerful bonding and a belief that for sobriety to work, for the program to work, the person seeking or wishing to maintain sustained sobriety must continue to, "keep coming back."

Although all of the literature in Alcoholics Anonymous focuses on spirituality, the cofounders of AA saw language as a very important component and an effective process of the AA program. The use of language is referred to numerous times in the book *As Bill Sees It* (AAWS, 1967). Bill W. writes that communication within the parameters of the AA experience is a "lifesaving force," (p. 195). He contends that faith in itself is insufficient and that understanding must be developed (through language) between members to gain and encourage sobriety (p. 212); and that communication within the AA process is a privilege that cannot be experienced by those outside the program (p. 231). Dr. Bob had a strong spiritual life before and after gaining sobriety and he and Bill W. contribute his initial gaining of sobriety to language (AAWS, 1967, p. 212). In his letter in *Alcoholics Anonymous* (AAWS, 1976), Dr. Bob writes about the day he gained sobriety:

> Of far more importance was the fact that he was the first living human with whom I had ever talked, who knew what he was talking about in regard to alcoholism from actual experience. In other words, he talked my language.

Hopson and Beaird-Spiller (1995) argue that, "intense affective experiences are accompanied by a failure of language," and that this failure is a significant part of the alcohol addictive experience. These two authors further suggest that through the AA program, the participant learns how to express feelings through language that heretofore, he or she had a distinct inability to articulate. Hopson & Beaird-Spiller (1995) also discuss the use of clichés, or slogans, in AA as a form of language that for many

members is an unskilled effort towards articulating an understanding of their sense of being.

AA members, over time, learn a litany of slogans, phrases, and clichés that develop into a form of personalized expression that is unique to the program. Ludwig (1988) states that these expressions then become, " simplistic prescriptions for living that are not only antithetical to the alcoholic way of life but are consistent with the rationality, maturity, and other positive qualities attributed to the sober state of mind."

Samples of AA slogans and clichés are salted throughout the literature produced by AA, as well as literature about AA, and can be heard throughout any AA meeting as individual members struggle to understand and express personal meaning. Disparaged as "homely homilies" by Bufe (1998), samples include: "It works if you work it but you've got to work it every day;" "this too will pass;" "wait a minute;" "first things first;" "keep it simple;" "let go and let God;" "we must maintain an attitude of gratitude;" and the well known, "one day at a time." As slogans, many of these clichés can be seen on placards at any meeting location as well as replicated in the literature (Hopson & Beaird-Spiller, 1995; Ludwig, 1988). The "keep it simple" slogan is originally attributed to, and was considered a favorite of, AA cofounder Dr. Bob Smith (AAWS, 1967; AAWS, 1981). A more current version used by some AA members is called the KISS principle or, "keep it simple, stupid (Bufe, 1998)." Additional phrases, slogans, and clichés frequently heard during the course of this investigation are: "I really need to be here;" "I'm only one drink away from my next drunk;" "I am happy, joyous, and free;" "my experience, strength, and hope;" "without this program I would be dead."

Humphreys (2000) posits that, "Storytelling (relating personal experiences or life stories) is an extremely common activity in the spiritually-based mutual help organization Alcoholics Anonymous." The recounting of "life stories" provides an intricate dynamic within the healing process of Alcoholics Anonymous (Davis et al., 2000). Through storytelling, AA members learn to share each other's worlds, opinions, and how they should be thinking and feeling (Davis et al, 2000; Humphreys, 2000). Thune (1977), Flores (1988), and Humphreys (2000) argue that the recounting of one's life history, whether in an hour long detailed account at a speaker meeting, or in smaller increments at discussion meetings, is a key element in the AA recovery process. Telling life stories also includes the recounting of the personal and emotional occurrences. These personal dialogues are heard at discussion meetings and often relate what is affecting the quality of the AA member's life in sobriety at that particular time and place (Davis, et al., 2000; Clinebell, 1998; Wilcox, 1998; Hopson & Beaird-Spiller, 1995). The relating of personal histories incorporates the successes, humor, and failures that occur after the member has gained a lengthened period of affiliation with the program, especially when heard from the "oldtimers" (Humphreys, 2000).

Thune (1977) believes that the telling of life stories helps the alcoholic, as a participant in the AA program, come to understand "his life as (being) more intelligible" and to view his life with more structure and logic than previously. The abstinent AA member learns to analyze "subjectively" and "objectively" the world he or she lived in as a practicing alcoholic and to differentiate, through this same analysis, from the "phenomenologically real world in which he (or she) exists."

Davis & Jansen (1998) and Flores (1988) posit that clichés incorporated into the authentic and spontaneous language of the AA member's own vernacular enhances the recovering alcoholic's ability to articulate with more comprehension. Enhanced articulation then allows for more coherent insights into the concepts of successful living. In his study on the anthropology of AA, Wilcox (1998) indicates that the incorporation of universal clichés into life histories and personal stories of the AA participant creates a culturally specific language. He posits that through their culturally specific language, AA members may communicate in a meaningful manner. By gaining better insight and understanding through language, and relating of their own stories as well as listening to the stories of others, the AA member develops a sense of hope and a capacity for positive change and successful sobriety (Wilcox, 1998; Davis & Jansen, 1998; Flores, 1988; Thune, 1977).

Does the language of AA suggest that affiliation with the program must be permanent? In her discussion on the process of participation in AA, Bean-Bayog's (1993) commentary not only makes suggestions that this language exists, but also posits that the hearing of this language may be a reason that many newcomers cease to participate in the program:

> When it comes to accepting the other norms of the group, however, many newcomers balk. Common criticisms are of the religious beliefs and rituals; the party line depiction of alcoholism as progressive, arrested but never cured; the insistence on AA as the only way to recover; and the norm that AA attendance must be permanent.

Although Thune's (1977) article was published several years previous, his discussion endorses Bean-Bayog's position on permanence. Thune argues that since language

(telling life stories) provides a therapeutic quality towards sobriety maintenance, but does not provide for cure, affiliation with the program should be life-long:

> Where the problem remains, but new presuppositions are provided, perhaps we can talk of therapy, but not of cure in the conventional sense. And, of course, this is why AA's therapy must be a lifelong project.

The literature provides compelling evidence that language is a major force within the program of Alcoholics Anonymous. Through the methodology of incorporating specific phrasing, clichés, and slogans into the telling of life stories and events, the AA member learns a culturally specific language (Wilcox, 1998). In order to learn and understand this language, many newcomers are told to just listen and not speak during their first few weeks in the program (Hopson & Beaird-Spiller, 1995; Bean-Bayog, 1993). By learning and incorporating this new language into his or her own vernacular, the AA member can overcome his or her particular "failure in language" and learn to articulate a more powerful and comprehensible form of personal expression. The concept that alcoholism is an incurable illness, that the abstinent alcoholic remains in a consistent state of recovery, and that successful recovery is a life long process are primary tenets of Alcoholics Anonymous (Davis & Jansen, 1998; AAWS, 1976). *These tenets, and the beliefs that the program of AA is a viable (and considered by many members, the only) resource for alcoholism recovery, are consistently reinforced in the language of AA.* "Those who do not recover are people who cannot or will not completely give themselves to this simple program (AAWS, 1976)," is a quote from the "Big Book" heard in the preambles of nearly every AA meeting. The

person seeking relief from alcohol dependence through the program of AA learns a language that strongly reinforces life long commitment and participation. The need for a life long commitment to the program of AA is specifically reinforced each time a participant hears or repeats, "Keep coming back. It works if you work it but you have to work it every day."

AA Efficacy and Successful Sobriety through Extended Affiliation

"Attend ninety meetings in ninety days," "obtain a sponsor," "work the steps," and, "get a home group," are additional phrases or clichés often heard at AA meetings (Davis & Jansen, 1998; Emrick et al., 1993) and also in the professional programs incorporating twelve-step methodology. These words suggest a need for at least some extended affiliation with the program if the recovering alcoholic is going to expect any success at sobriety through AA. There is a common belief by members of Alcoholics Anonymous that successful sobriety is acquired only through chronic participation. Zweben (1995) reports that many members continue frequent and regular attendance for years into their recovery. She also argues that many of these long-term members believe that if they cannot attend weekly at least three or four times per week, they are failing the program and drop out.

The National Institute on Alcohol Abuse and Alcoholism ([NIAAA], 2000) statement that "Participation in AA or professional treatment programs is the dominant approach to alcoholism treatment in the United States," indicates a simple dichotomy of treatment resources. The majority of persons in this country requiring help for an alcohol problem either participates in Alcoholics Anonymous or seeks the services of a trained

professional organization or individual. What the statement does not indicate is the influence of AA on professional treatment. The probability of professional entities requiring AA participation or otherwise the utilization of an AA modality, i.e. Twelve Step programs, as part of their treatment regimen is in the neighborhood of ninety percent (Morgenstern, Labouvie, McCrady, Kahler, & Frey, 1997; Tonnigan & Hiller-Sturmhofel, 1997: Bristo-Braitman, 1995; Montgomery et al., 1995; Mavis & Stoffelmayr, 1994). This includes post treatment (aftercare) along with the long-term interventions provided through halfway houses (Farris-Kurtz, 1981).

A preponderance of the literature supports that the affiliative use of AA renders positive results in sobriety maintenance. The NIAAA (2000) report documents that a higher level of AA participation during professional treatment and the use of AA as an aftercare program consistently result in better outcomes. This same article also posits that AA affiliation when not used as an adjunct to professional treatment, does not routinely result in improvement. This particular contention; however, conflicts with other studies (Watson, Hancock, Gearhart, Mendez, Malovrh, & Raden, 1997; Montgomery et al., 1995; Emrick et al., 1993; Clemmons, 1991).

Cloud's (1999) study regarding AA affiliation as a concurrent process with professional treatment, or as an aftercare program from professional services, conforms to the NIAAA findings. Cloud indicates that efficacy through AA affiliation is also enhanced by the program's general availability. He specifically notes the significance of availability without cost, the timeliness of availability through the multiplicity of meetings and meeting sites, and the availability of twenty-four hour support through sponsorship as important constructs towards AA affiliation. An additional construct

posited by Cloud is the motivation that is inspired through the presence and participation of AA's self-selecting members. Other research support Cloud's findings. Emrick et al.'s (1993) meta-analysis of 107 research documents on AA's efficacy indicated a modest increase in success for individuals who attended AA as part of a professional treatment program or for post treatment aftercare. The longitudinal research projects conducted by Vaillant (1995) indicate that extended AA affiliation, with or without professional treatment, is beneficial to long-term recovery.

AA's own research ties much of this together. Their last triennial survey (AAWS, 1999) reports that 60% of the 6800 plus members polled received some type of treatment or counseling prior to initiating AA affiliation and 62% received some type of treatment or counseling after the affiliation began. Two responses were allowed for the members polled on how they were introduced to AA. Although the results of these responses remain somewhat vague due to the two-response format, a significant number of first introductions to the program appear to be through sources that often mandate participation. These sources, with response percentiles, are treatment facilities, 34%; family, 25%; court order, 11%; counseling agency, 9%; health care provider, 8%; employer or fellow worker, 5%; correctional facility, 3%; or clergy, 2%. According to the triennial study, only 34% of initial entries into the AA program were self-motivated. Lengths of sobriety reported by these responders were 47% for over five years, 26% between one and five years, and 27% with less than one year. Average attendance at AA is two meetings per week. The findings of the AA triennial survey appear to correspond with other research by indicating that long-term affiliation with the program, whether mandated, recommended, or self-elected, produces positive outcomes.

Affiliation with AA through meeting attendance alone is probably not sufficient for sustained sobriety, i.e., there is probably more required in finding AA efficacy than just attending meetings. The literature generally equates successful affiliation with AA in terms of quantification rather than qualification. The longer the alcoholic individual affiliates with Alcoholics Anonymous the more positive the outcomes. However, it is also indicated in the literature that affiliation must be accompanied with involvement for success to be achieved (Davis & Jensen, 1998; Tonigan & Hiller-Sturmhofel, 1997; R. Brown, 1995; Montgomery et al., 1995; Emrick et al., 1993). Emrick et al. (1993) posits that AA members who "work the program," i.e., those who get a sponsor and work the steps, in general, have better outcomes in regards to their drinking behavior. Emrick and his associates (1993) also argue that the notion of program commitment includes the AA participant "investing time, energy, talent, emotions, and ultimately his or her very identity in the organization." Davis and Jansen (1998) argue that members with years of sobriety maintain a dependence on the program in order to provide support and sponsorship to newcomers as well as their own spiritual sustenance and personal sobriety maintenance. Thune (1977) and Flores (1988), along with Hopson and Beaird-Spiller (1995) argue the importance of language and relating of personal stories, plus long-term affiliation, as being vital to the success of the affiliative process. For Thune (1977), the affiliation is expected to be life-long.

The argument for AA affiliation is not perceived as an argument for program dependence. It's quite possible that many research authors use the word "dependence" when "affiliation" would be more appropriate and is closer to the understanding that the writer is attempting to gain. Nor does "long-term" necessarily have to mean "life-long"

(Wilcox, 1998), although some believe that a life-long affiliation, or dependence, is probably necessary (AAWS, 1981; Glasser, 1976; Thune, 1977; AAWS, 1952). The concept that long-term affiliation with Alcoholics Anonymous equates to greater success in sobriety however, is adequately indicated in the literature, whether or not the affiliation is dependent in nature. In synopsis, the literature indicates that long-term affiliation with AA when accompanied with professional treatment produces the greatest amount of efficacy. However, the literature also indicates that it is difficult for efficacy to be achieved unless the participant is willing to be involved with the program. Another comment often heard at meetings and paraphrased here was, "The program wasn't working for me until I became willing to work the Twelve Steps and got (or started listening to) a sponsor (R. Brown, 1995)." However, as Emrick et al. (1993) has pointed out, commitment often involves the member investing his or her very identity in the organization.

Transferring Dependence from the Substance to the Program: An Act of Substitution

Vaillant and Hiller-Sturmhofel (1996), presenting evidence from longitudinal studies spanning fifty-five years, suggest that approximately two-thirds of the alcoholics gaining stable abstinence have transferred their alcohol dependency to some other form of substitute dependency. A plethora of substitute dependencies can be suggested (Vaillant & Hiller-Sturmhofel, 1996) and these substitute dependencies can manifest as either negative or positive. Examples of negative substitutions are pathological gambling, aberrant sexual practices, and participation in certain cults (Blum, Cull,

Braverman, & Comings, 1996; Vaillant & Hiller-Sturmhofel, 1996) or Alcoholics Anonymous (Bufe, 1998; Watson, et al., 1997; McBride, 1996; Galaif & Sussman, 1995; Riordan & Walsh, 1994). While positive dependencies could be activities or practices such as running, weight lifting, various outdoor activities, various forms of spirituality, specific religious practices, or Alcoholics Anonymous (Vaillant & Hiller-Sturmhofel, 1996; Galaif & Sussman, 1995; Vaillant, 1995; Shipley, 1982; Thune, 1977; Glasser, 1976). However, even positive and acceptable behaviors such as sports, work, sex and love, television, computers and the internet, shopping, and religion become negative addictions when participation begins to detrimentally exclude responsibility for other life pursuits (Clinebell, 1998).

Shipley (1982) argues that transfer of dependence is a function explained by opponent-process theory which states that, "given a strong stimulus, the brain will organize a reaction that helps maintain a physiological (or psychological) equilibrium." For the alcoholic, Shipley perceives this phenomena as a reaction to withdrawal. In other words, the organism is exposed to a strong stimulus (cessation of alcohol intake and the discomfort of withdrawal) followed by an abrupt mood change that varies from, "mildly positive to a strong euphoric response." In a study involving eight recovering male alcoholics, Shipley reported that six of his subjects described a rapid mood elevation shortly after their acute period of withdrawal. Another of the eight reported experiencing this feeling during his first talk at an AA meeting approximately one year into sobriety.

Shipley's discussion on opponent-process theory and the theory's application to alcohol dependence can offer explanation for the comment frequently heard at AA meetings of, "I saw what they had and I wanted it for myself." This comment is

frequently expressed by members who have experienced a significant period of sobriety through AA, and of their first impressions and the resultant feelings gained from that experience. Basically, the member is reflecting on the miserable feelings experienced from the effects of alcohol during his or her first initial associations with the program. After observing the more contented state of those with more experience in the program, the desire to gain sobriety through AA is reinforced.

The euphoric feelings that can be experienced during the sober initiate's first few days, weeks, or even months in the program is described as the "pink cloud" in AA parlance (S. Brown, 1995; Littrell, 1991; Shipley, 1988). S. Brown (1995) describes the pink cloud as a period of "profound positive attachment to AA." The pink cloud effect generally occurs when the newly recovering alcoholic is completing transfer of dependence from alcohol to the program of AA (S. Brown, 1995). Others, including AA members, recognize the pink cloud experience for its positive effect; however, they also see it as a period of risk. Littrell (1991) and Zweben (1995) view this period as a time of false confidence in one's ability to remain sober that leads to complacency in working the AA program. Katz & Ney (1995) perceive the pink cloud effect as a form of denial masked by feelings of good health. The pink cloud affect on the new AA member can either lead to a deeper dependence on the program or lead to relapse.

Clemmons (1991) argues her perspective from a feminist agenda; however, her arguments could easily apply to any person in alcohol recovery. Clemmons posits that for the active alcoholic, the need for alcohol internalizes as the alcoholic's own higher power. In order to escape this intense form of selfishness (again, a paraphrase of an expression often heard during AA meetings) the alcoholic attempting to achieve sobriety

must transfer this need for a higher power to an external source. This transfer is best achieved through working the Twelve Steps of Alcoholics Anonymous and failure to do so shortchanges the alcoholic of a major tool of recovery.

S. Brown (1995) argues that transferring dependence from alcohol to the program of AA is a major stage change in the transitioning process from practicing alcoholism to practicing recovery. Vaillant (1988) posits that AA is a substitute dependence (Vaillant & Hiller-Sturmhofel, 1996; Chappel, 1995) that provides social and service activities, interaction with supportive former drinkers, and encourages compulsive attendance. Others argue that transferring dependence is a negative crutch that inhibits personal growth and relationships outside the program (Davis & Jansen, 1998; McBride,1996; Galaif & Sussman, 1995; Riordan & Walsh, 1994). This, in many cases, is believed to be true. However, Alcoholics Anonymous still remains the only resource, available or viable, through which many others may achieve successful sobriety (McBride, 1996). Wilcox (1998) argues in his support of AA, that successful and quality sobriety is achieved through a complete transformation of world view and belief systems (p. 112) that was maintained by the alcoholic while still actively drinking. Failure to achieve this positive change results in a negative sobriety lifestyle referred to in AA as the "dry drunk."

Dry Drunk: The AA Concept of Negative Program Dependence

The concept of positive dependence on the program of Alcoholics Anonymous infers that a member believes an enduring relationship with the program must exist if the recovering individual expects to maintain extended sobriety (Davis & Jansen, 1998; S.

Brown; Galaif & Sussman, 1995). For some, enduring relationship equates to a lifelong experience (Thune, 1977; Glasser, 1976). However, the person with a positive dependence on AA should be able to continue through life maintaining healthy and successful relationships without as well as within the program, maintain gainful employment, and have exciting, entertaining, and healthy leisure pursuits and a fulfilling spiritual life (Davis & Jansen, 1998; Sommer, 1997; McBride, 1996). The successfully sober AA member will be able to meet the negative demands as well as the positive attributes of living life on life's terms without the crutch of alcohol or other chemical substance (Sommer, 1997; Flores, 1988). Sommer (1997) and Clemmons (1991) conjecture that this individual will have all appearances of sincerely enjoying life even though he or she displays a dependence on the program.

Some researchers perceive dependence on AA as positive while others perceive AA dependence to be negative. The community of Alcoholics Anonymous endorses dependence on their program as the means for maintaining successful sobriety; however, AA also recognizes that dependence on their program can also be negative. In the language of AA, negative dependence on the program is referred to as "dry drunk" (Wilcox, 1998; Flores, 1988).

According to Flores (1988), the cessation of alcohol consumption is only one component towards true alcoholism recovery in the perspective of AA. The alcoholic not only has to give up alcohol, but also has to surrender the "self-perceived construction of one's self" that remains associated with the alcoholic lifestyle. Being in a state of "dry drunk" occurs when the alcoholic has become abstinent from alcohol but still clings to the old lifestyles.

Wilcox (1998), posits that AA members use the term "dry drunk" to:

> characterize abstinence in the context of hanging on to the same "old ideas," the same self-centered behavior without the alcohol, and even though less acute, the similar personal problems of confusion, suffering, discontent, and even despair (p.112).Wilcox (1998) posits that unless the AA member is willing to accept new perceptions of reality through the "symbolic working" of the Twelve Steps, the recovering AA member cannot expect a "lasting and quality sobriety." Even if the recovering alcoholic who does not work this process achieves enduring sobriety, this person, "will probably experience life as a dry drunk."

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Members of AA refer to the clinging on to old beliefs and behaviors and failure to strive towards a new reality as "character defects." This term is drawn from step six of the Twelve Steps and references to character defects, along with the relationship of character defects to the dry drunk syndrome, can be found throughout *As Bill Sees It* (AAWS, 1967) and *Twelve Steps and Twelve Traditions* (AAWS, 1981).

Ludwig's (1988) perceptions of the dry drunk syndrome extend past the dichotomous nature of the syndrome as argued by Wilcox. Ludwig argues that even the recovering alcoholic who is experiencing a quality sober lifestyle can slip into a dry drunk state in reaction to traumatic events, changes in life style, or changes in cognitive perception. He categorizes ten "preceptors," identified as scripts, that may lead a successfully recovering alcoholic into a period of dry drunk behavior. Examples of these scripts are the "escape script," "improved self-image script," and "to-hell-with-it script."

When the recovering alcoholic slips into one of these scripts, he or she falls back into old cognitive and behavior patterns experienced while active with alcohol but does not resume drinking. Ludwig posits that the recovering alcoholic who falls into one of these scripts places herself or himself at a high risk for relapse.

The dry drunk syndrome appears with other interpretations within the literature besides the ones indicated here (Clinebell, 1998; Gogek, 1994; Royce, 1989; AAWS, 1967). These interpretations in the literature can be exemplified in the stories and discussions heard at AA meetings. However, the dry drunk syndrome keeps one common theme within the AA experience; the failure of the abstinent but "dry drunk" alcoholic who depends on AA to maintain sobriety to consistently follow the tenets of the program.

How Necessary Is AA Involvement for Positive Outcomes?

AA's success as a resource for gaining sobriety is well documented (Fuller & Hiller-Sturmhofel, 1999; Humphreys, 1999; Tonigan & Hiller-Sturmhofel, 1997; Miller & McCrady, 1993) although research does not always concur (NIAAA, 2000; Miller, Brown, Simpson, Handmaker, Bien, Luckie, Montgomery, Hester, & Tonigan, 1995). AA's age, international growth, and tenacity alone should establish at least some prima facie evidence that Alcoholics Anonymous is an effective resource for alcohol addiction recovery (McCrady & Miller, 1993). A footnote in the forward section of the year 2000 printing of *Twelve Steps and Twelve Traditions* (AAWS, 1981) states that an estimated 2 million people have acquired sobriety through the AA program. This footnote fails, however, to indicate the period of time during which these 2 million members acquired

sobriety. Davis & Jansen (1998), citing AA's 1993 membership survey, estimated AA's worldwide membership at 1.5 million (AAWS, 1993). Humphreys (2000) estimates current AA membership at two million and the 1998 membership survey (membership population was not included in this survey) reported that the total number of AA groups throughout the world was in excess of 97,000 (AAWS, 1999). Currently, there is no formal literature available produced by AA regarding U. S. only membership figures. However, the Public Information branch of the Alcoholics Anonymous General Services Office estimates that as of January 1, 2001 there were 51,735 groups currently active in the U. S. with an active participation of 1,162,112 members (personal telephone communication, March 27, 2001). According to AA's most recent published membership survey, 27 % of these members have less than 1 year of sobriety. Extrapolating this 27% from a possible 1.2 million members indicates loosely that approximately 314,000 AA members are in their initial phases of sobriety on any given day. This number would most likely include members who are mandated to attendance through the judiciary or as part of a formal treatment program (Tonigan & Hiller-Sturmhofel, 1997; Miller & McCrady, 1993).

Clinebell (1998), citing figures compiled by the NIAAA for 1990, reports that there were approximately 10.5 million adults in the U.S. who exhibited characteristics of alcohol dependence and an additional 7.5 million adults who were problem drinkers. Fuller and Hiller-Sturmhofel (1999) and NIAAA (2000) citing various resources report that there are approximately 14 million Americans (7.4% of the population) who meet *DSM-IV* (APA, 1994) criteria for alcohol dependence or abuse and that about 700,000 are involved in formal treatment on any given day. It is difficult to find a professional or

formal treatment program in the U. S. that does not either use a Twelve Step approach or require AA involvement (Fuller & Hiller-Sturmhofel, 2000; NIAAA, 2000; Humphreys, 1999; Morgenstern et al., 1997; Spalding and Metz, 1997; Le et al., 1995; Montgomery et al., 1995; Riordan & Walsh, 1994; Miller & McCrady, 1993). Others estimate that 80% to 95% of all formal treatment programs in the U. S. utilize AA or its tenets as part of their treatment modality (Bristow-Braitman, 1995; Le et al., 1995; Mavis & Stoffelmayr, 1994). This infers that on any given day approximately 637,000 clients or patients who are involved in formal treatment for alcohol problems are also in some manner involved with AA. These numbers roughly indicate that 2% of the population in the U. S. who may need help with alcohol problems are in the AA during their initial year of sobriety. These numbers also indicate that approximately 4% (Watson et al., 1997; Emrick et al, 1993) of the U. S. population meeting criteria for alcohol dependence or abuse, and who are involved in a formal treatment modality, are also either directly or indirectly involved with AA.

These figures lend credibility to Emrick et al.'s (1993) suggestions that less than 10% of individuals recognizing a need to address an alcohol problem will credit AA for their subsequent success. The numbers presented here can also be compared to those compiled by Bufe (1998) for compatibility.

How necessary is AA towards gaining enduring sobriety? There are apparently many in AA who have experienced failure through other sources and could only seem to find successful sobriety through AA (Miller & McCrady, 1993). There are also many others whose involvement with AA has been their only resource to recovery (AAWS, 2000; Clinebell, 1998; McCrady & Miller, 1993; Ludwig, 1988; AAWS, 1976).

However, it appears that the majority of the U. S. population seeking resolution from an alcohol problem, including alcohol dependence, finds relief through resources other than Alcoholics Anonymous or related Twelve Step programs (Miller & McCrady, 1993). Many of these individuals used professional or non-professional (self-help) programs that had no AA involvement or influence whatsoever (NIAAA, 2000; Bufe, 1998; Watson, et al., 1997; Ellis, 1996; Hester & Miller, 1995; Miller, et all, 1995). Others, which are perhaps the majority, overcome their alcohol problems without any form of facilitative process, including self-help groups (Sobell, Ellingstad, & Sobell, 2000; Granfield & Cloud, 1999; Bufe, 1998; Watson & Sher, 1998; Burman, 1997; Shute, 1997; Humphreys, Moos, & Finney, 1995; Peele, 1992).

There are many professional programs and practitioners that either do not use or otherwise dissuade any AA involvement or Twelve Step process (Margolis, 1998; Ellis, 1996; Galaif & Sussman, 1995; Hester & Miller, 1995; Beck et al., 1993). Ellis (1996) strongly opposes the spirituality concept of AA while likening other tenets of the AA program to his own Rational Emotive Behavioral Therapy (REBT) model. Hester & Miller's (1995) research indicates that AA, as an inclusive recovery paradigm, is at best marginally effective and they introduce several other researched models whose efficacy they consider much more viable, such as brief intervention strategies, marital and family therapy, cognitive-behavioral approaches (Beck et al., 1993), and motivational interventions. Within these models, such tactics as behavioral and self-control training (including drinking modification), coping and social skills training, and relapse prevention are also addressed. On the negative side of professional approaches to treatment for alcohol disorders, Miller et al. (1995) lists aversion therapies,

antidipsotropic medications (primarily disulfiram), psychotropics (excluding naltrexone for which positive results are being found [NIAAA, 2000]), some exploratory psychotherapies, and confrontational approaches.

The literature on successful professional interventions for alcoholism treatment in lieu of AA is significant. However, no single strategy may be compatible for everyone. Frequently either a different approach, or a series of approaches, must be incorporated for success (NIAAA, 2000; Humphreys, 1999; Margolis, 1998; Hester & Miller, 1995, Le et al., 1995; Bristow-Braitman, 1995).

Since the mid 1970's, several self-help organizations have been organized by and for people who were not in agreement with AA's philosophy, spiritual aspects, perceived ethnic or racial overtones, or the program in general (Bufe, 1998; Galaif & Sussman, 1995). Bufe (1998) details five of these organizations: Women for Sobriety (WFS), Rational Recovery (RR), Secular Organizations for Sobriety – Save Our Selves (SOS), S.M.A.R.T. (Self Management And Recovery Training), and Moderation Management.

If AA is considered the grandfather of alcoholism self-support organizations than WFS is the grandmother. Women for Sobriety is most likely the oldest of the self-help organizations dedicated to alcohol recovery that was created by and for a particular minority. It is also one of the oldest, if not the oldest self-help organizations dedicated to this purpose to come after AA (Bufe, 1998). WFS was began in 1976 as a program designed to address the specific problems that are unique to the woman who is struggling with alcohol addiction. WFS has a spiritual component and is basically grounded in the same philosophies found in AA (Bufe, 1998; Galaif & Sussman, 1995; McCrady & Delaney, 1995).

Secular Organizations for Sobriety is an abstinence based self-help program that has origins dating back to 1985. This program maintains some approaches similar to AA and suggests five "guidelines" for achieving successful sobriety (McCrady & Delaney, 1995). According to Bufe (1998), SOS members who frequently behave as refugees from the spirituality of AA and where members often spend 50% of their time, "venting about the condescension, hostility, and put-downs they were subjected to at AA meetings." Rational Recovery and S.M.A.R.T. are also abstinence based, secular organizations whose programs are based on the REBT model developed by Albert Ellis. Rational Recovery is a for profit organization and S.M.A.R.T is basically a spin off from RR that organized as a nonprofit program that is supported primarily through member donations.

In a letter to Bufe (1998) Moderation Management's founder, Audrey Kishline, writes that MM is a program designed for people who have, "a potentially serious problem with alcohol" who desire to acquire "responsible and moderated drinking and living" practices. Ms. Kishline further describes MM as an "educational and early prevention program designed not for the chronic and heavy drinkers whose lives have been shattered by their consumption of alcohol." Successful modification of aberrant drinking practices can be achieved for some people demonstrating problematic behavior (NIAAA, 2000; Sobell et al., 2000; Bufe, 1998; Peele, 1992) and this is the outcome for many brief interventions (NIAAA, 2000; Heather, 1995). However, this concept remains risky for those with histories of more chronic and compulsive drinking practices (NIAAA, 2000; Bufe, 1998; Galaif & Sussman, 1995; Heather, 1995).

Unfortunately, and sadly, Ms. Kishline was an admitted "binge" drinker whose relationship with alcohol placed her at risk for successful drinking modification. She is currently serving a four-and-a-half year sentence for vehicular homicide that was the result of a head-on collision occurring in March 2000. This accident occurred while Ms. Kishline was operating her vehicle in the wrong direction on an interstate highway. Ms. Kishline was heavily intoxicated during a binge drinking episode and in a state of blackout when the accident occurred (Heckman, 2000). Although Ms. Kishline is no longer involved in the program she founded, the program is still active.

The self-help organizations mentioned above are not inclusive of all the programs available that address problematic alcohol use. McCrady & Delaney (1995) discuss one such organization, Overcomers Outreach (OO). OO is a Christian based treatment program that also utilizes a Twelve Step approach to address a number of addictive behaviors. Another issue that has come under scrutiny in recent years is AA's ability or inability to effectively attract various minority and ethnic groups. This issue, which occurs throughout the treatment spectrum is exacerbated, considering that some minority and ethnic groups have higher rates of alcohol consumption. African-Americans, Latinos, Native Americans, and Pacific Islanders tend to have disproportionately higher rates of alcohol related problems than the American Caucasian male found in most treatment programs (Galaif & Sussman, 1995). AA has attempted to address this problem, and AA groups established specifically for women, gay and lesbian, and racial minorities can be found throughout larger metropolitan areas. Although growing in number, independent ethnic and minority self-help programs are few and there are little documented of their existence (Galaif & Sussman, 1995).

The majority of people seeking resolution from alcohol use problems do so without the facilitation of any professional resource or self-help organization (Sobell et al., 2000; Bufe, 1998; Burman, 1997; Vaillant & Hiller-Sturmhofel, 1996; Tucker et al., 1995). Watson & Sher (1998) posit that as much as three fourths of the population seeking resolution for alcohol use problems find relief without any form of treatment.

Recovery from an alcohol use disorder without the assistance of professional intervention or a self-help organization is variously referred to in the literature as natural recovery, spontaneous recovery, spontaneous remission, or self-change (Sobell et al., 2000; Bufe, 1998; Vaillant & Hiller-Sturmhofel, 1996; Ludwig, 1988). Currently, the term "natural recovery" appears to receive the most popular use when referring to this phenomenon (Sobell et al., 2000; Cunningham, Koski-Jannes, & Toneatto, 1999; Watson & Sher, 1998; Burman, 1997).

Literature and research regarding natural recovery has been relatively limited. However, interest in this topic appears to be increasing (Cunningham et al., 1999; Watson & Sher, 1998). Many who recognize a problem with alcohol simply reduce their consumption or otherwise resolve the problem without actively effecting self-change strategies (Watson & Sher, 1998). Sobell et al. (2000) reinforce Watson & Sher's (1998) contention by arguing that many recover spontaneously without an elaborate or lengthy planning process, or otherwise do so the first time they decide to stop. Many persons who recover on their own could be considered "closet recoverers," i.e., they do not want to be faced with being stigmatized, labeled, or required to discuss their problems with others (Sobell et al., 2000; Watson & Sher, 1998). Regardless, the very nature of natural

recovery inhibits the research efforts of clinicians and investigators in the addiction field (Sobell, et al., 2000).

Decisions to alter one's life style due to problems generated by alcohol use does not necessarily indicate that the person meets criteria for alcohol dependence or abuse (Sobell et al., 2000; Watson & Sher, 1998; APA, 1994). Some opt against professional or self-help intervention, avoid abstinence, and simply alter their drinking patterns (Sobell et al., 2000; Cummings, 1999; Watson & Sher, 1998; Vaillant & Hiller-Sturmhofel, 1996; Tucker, et al., 1995). A significant percentage of people with histories of heavy drinking successfully return to controlled or problem-free drinking (Watson & Sher, 1998; Vaillant & Hiller-Sturmhofel, 1996; Tucker, et al.). However, moderation appears to contain a high risk of failure for persons with heavy drinking histories or who meet criteria for dependence, especially for those who have previously attempted moderation without success (Heckman, 2000; Burman, 1997; Vaillant & Hiller-Sturmhofel, 1996; Tucker et al., 1995).

The concept of natural recovery is severely challenged by many, if not most, professional interventionists and self-help organizations (Sobell, et al., 2000; Burman, 1997) although natural recovery from substance abuse has been recognized as legitimate by the Institute of Medicine and in the *DSM-IV* (Sobell et al., 2000). Detractors of this phenomenon commonly profess that persons claiming recovery without benefit of professional treatment or self-help involvement either do not have a problem to begin with or are in a state of "dry drunk" (Burman, 1997). Sobell et al. (2000) argues that these assumptions have led to the belief that the only consequences for alcoholism without formal or self-help intervention are prison or death. This contention is often

heard echoed in AA meetings through the variously stated proclamation, "without AA, my only hope is (or was) insanity, prison, or death."

Burman (1997) presents compelling evidence refuting the claims of natural recovery detractors. In her investigation, Burman interviewed 38 respondents that professed extensive histories of drinking problems with the majority describing events that met *DSM-IV* (1994) criteria for alcohol dependence. The majority had never received any type of professional help or participated in a self-help program and those who identified any type of facilitative participation described the participation as being perfunctory. All of the respondents had elected total abstinence as their method of recovery although a few had attempted and failed in drinking moderation. Lengths of sobriety ranged from 1 to 26 years with a mean of 6.24 years. Eight of the respondents reported gaining successful sobriety on the first attempt. Of primary note, Burman discusses a reason that her respondents chose the route of natural recovery as opposed to professional treatment or self-help groups. "To self-changers, relying on treatment and self-help groups may be tantamount to relying on alcohol to cope with life's problems – the dependency on a drug is transferred to these external sources to intercede."

CHAPTER THREE

METHODOLOGY

The Purpose for Choosing a Qualitative Approach

Consideration over how this project would proceed continued for two years after the decision was made on this particular area of interest for research. Conducting a quantitative study was the original plan, however, locating a research instrument that would target particular interests or that adequately addressed the research problem in general proved too difficult. On the advice of my committee chair, I then began looking into the possibility of a qualitative study. Impetus was added towards selecting a qualitative study by Hayes (1997) who posits that qualitative analysis allows a broader and deeper, often referred to in the literature as "richer," review of collected data then that allowed in quantitative research. After deciding on a qualitative approach, I reviewed methodologies outlined in Hayes (1997), Merriam (1998), Richardson (1996), and Ivie (1994). On completion of these reviews the theory-led thematic analysis approach as presented by Hayes (1997) appeared best suited for the goals of this study.

Theory-led Thematic Analysis

Hayes (1997) argues that the use of theory creates a, "half-way point between (different) qualitative research techniques." This halfway point lies between qualitative research that is designed to inhibit bias, and qualitative analysis where specific points of interest are pursued. In the theory-led thematic analysis model, theoretical positions are stated and in an effort to further inhibit bias (Merriam, 1998), the theoretical positions are

also presented as probable bias. Stated again as a theoretical position: *dependence on the program is believed to occur among long-term participants in Alcoholics Anonymous and this dependence may present as either positive or negative.* As a specified target for research and analysis, this approach allowed themes specific to the theoretical position to be identified and when they emerged while also allowed other pertinent information or emergent themes of interest to develop.

In the development of his model, Hayes (1997) presents social identity theory as central to theory-led thematic analysis and posits that social identity theory provides a framework from which an understanding of how group membership is important to people. A primary tenet of social identity theory is that *group membership encourages beliefs to develop*. Support through membership within the group is a principle tenet of Alcoholics Anonymous and the beliefs, along with resultant behaviors, that are engendered through this membership ground the areas that were to be explored in this research project. The conclusions of this study strongly support social identity theory.

Rather than depending on themes that may or may not manifest themselves spontaneously out of the data, theory-led themes were reflected in a series of uniform probes that are presented to each participant. The probes are open-ended, which although they are theory driven, still allowed themes to emerge naturally rather than being stated responses to direct questions. Open-ended questions were intended to further inhibit bias. Causal attributions were then selected from the data and applied to the emergent, theory-led themes. The theory-led thematic analysis model is perceived as being built on the three primary constructs of *theory, theme,* and *causal attribution.* An interpretive example based on this model would appear as:

Theory *Dependence on Alcoholics Anonymous*

Leads to the identification of an emergent:

Theme *Multiple meetings each week*

Which are a result of a:

Causal attribution *Fear of relapse*

Selecting material to be analyzed, restricting the data for analysis to causal attributions, and providing themes that form the framework of the qualitative analysis in many ways can be considered as a "hypothetico-deductive" approach to the research question. This approach uses "qualitative data to provide its evidence rather than quantitative information."

Hayes suggests the following steps in conducting a theory-led thematic qualitative analysis:

(1) Establish the themes of the analysis on the basis of the theoretical background to the research.

(2) Transcribe the interviews.

(3) Identify all the causal attributions made during the course of the interviews.

a) A second point of view would be beneficial at this stage.

b) Compare original and alternative themes for plausibility.

(4) Extract the attributions into a separate list.

(5) Sort the attributions according to the themes of the analysis.

(6) Examine the attributions within one thematic category and identify their general orientation.

(7) Identify the emergent categories and compare the attributions between these categories.

(8) Identify and compare the general themes and conclusions that may be drawn from this comparison.

Emrick, Tonigan, Montgomery, & Little (1993) argue that most of the research on Alcoholics Anonymous is flawed or weak. The Emrick study is well supported by Sommers (1997), Le, et al., (1995), Galaif & Sussman (1995), Kassel & Wagner (1993), McCrady & Miller (1993), and Bufe (1992) who argue that the research problems with AA are compounded by the reclusive nature of the program. I found the program reclusive even after several months of attending meetings several days a week and apparently developing confidence from the other members. I believe that it is important to add at this point that made it well aware that I was attending AA meetings not only as a qualified member, but also as part of a research project. Emrick and his associates (1993) argue that investigators all too often depend on attendance counts to provide research data regarding commitment to the AA program rather than, "commitment theory, a well developed area of sociological study." They continue to validate their argument by writing:

> Mere attendance at meetings may, in fact, be a fairly weak indicator of commitment, with the result that one might not expect to find a consistently strong relationship between a simple frequency count of meeting attendance and the effects of AA on its membership. *Theory-based studies of commitment may, on the other hand, reveal strong relationships between certain AA participation variables and outcome.*
>
> Because investigators have tended to be weak in theory, their studies have often been inadequately conceived, with the result that important interrelationships among factors within, and contextually associated with, AA have not been explored. Several domains of theory should be taken into consideration when planning further studies: the nature of AA itself,

implementation environment (i.e., the contextual environment within which the AA program is offered), outcome, impact (i.e., the causal relationship between AA and its outcome), intervening mechanism, and generalization (see Chen, 1989). *If future research is more theory-driven, we anticipate that the results will be even more enlightening than much of what has been reported to date* (all emphases in quotation have been added).

Uniform Interrogatives for Interview

The below listed open ended questions are intended to be generic and non-leading while at the same time being theory-driven. These questions follow a pattern established by Hayes (1997) for conducting theory-led thematic analysis. The only other questions, or probes, that were asked the participants related directly to the uniform questions and were only be used to further open the participant's responses when initial responses are too terse for effective analysis. Examples are, "could you respond a little more?" or, "would you mind telling me more about why you feel this way?" It was imperative that all responses be totally natural to the participant's own thoughts, feelings, and motivations with nothing being suggested. The first two questions and their subsets were strictly qualifiers and were not meant to be a part of the analysis. These two questions were enhanced to the extent that they qualified the participant as having met established criteria to allow participation in the interview. There was also be a brief period of pre-interview dialogue during which the participant was allowed to ask questions regarding the project, the interviewer, etc. and also for establishing rapport. The questions and listed sub-questions (probes) were not asked if the participant had responded spontaneously.

(1) Tell me about yourself.

a) How old are you?

b) Tell me about your family.

c) Tell me about your marital status and children.

d) How many times have you been married?

e) Tell me about your mentors and role models.

f) How do you see yourself?

(2) How do you feel about being a part of this study?

(3) How long have you been sober?

a) Has this been your longest period of sobriety?

b) If not, when and how long was your longest period of sobriety?

(4) How long have you been active in AA?

(5) Tell me about your relationship with Alcoholics Anonymous.

a) How often do you attend AA?

b) What kind of AA meetings and programs do you usually go to?

(6) What are the three most important things in your life at this time?

a) What do you consider as the order of their importance?

b) Why are these the most important?

(7) What do you enjoy doing most outside of AA?

a) Which is the most important between your outside interests and AA?

(8) What do you think would happen if you could no longer attend AA?

a) Why do you think this?

(9) What else would you like to tell me about your relationship with AA?

Comments on Reliability and Validity

Merriam (1998), Hayes (1997), Richardson (1996), and Smith, (1996) were reviewed regarding reliability and validity in a qualitative study. Of these authors on qualitative analysis, Merriam presents the most complete and comprehensive amount of information regarding validity and reliability in qualitative research. However, Smith (1996) and Merriam (1998) both comment that no tenable methodology has yet been presented for determining validity and reliability for qualitative research in psychology although both advise that work is in progress addressing this problem. Smith (1996) offers five suggestions as goals or criteria towards creating reliability and validity. These goals are presented as: internal coherence, presentation of evidence, independent audit, triangulation, and member validation.

In the field of research, the implications of reliability are based on replication i.e., can the same results be gained if the procedure is repeated. According to Merriam (1998), reliability is based on the assumptions of a single reality and that repeated study will yield concurrent result (p. 205). In qualitative research however, she argues that research, "is not conducted so that the laws of human behavior can be isolated," and that, "researchers seek to describe and explain the world as those in the world experience it." In researching for behavior or idiosyncrasy that may be found in AA participation, this statement can be interpreted to mean what may appear as consistent within a group meeting in an Alcoholics Anonymous club in Knoxville, Tennessee may not be the same as a group that meets in a church in Tulsa, Oklahoma. This difference could possibly be experienced between groups meeting in a predominately white section of the city versus groups meeting in a predominately black section of the city. The key to reliability in

qualitative research lies in the capability of determining consistency and dependability rather than precise replication. Three techniques are offered to effect reliability in qualitative research (Merriam, pp. 206-207):

(1) *The investigator's position:* The investigator needs to explain his or her position in reference to the group being studied along with the assumptions and theory behind the study.

(2) *Triangulation:* The use of multiple investigators, multiple sources of data, or multiple methods to confirm emerging findings.

(3) *An audit trail*: Allows independent judges to authenticate the findings by following the trail of the researcher.

Internal validity is dependent on how well research findings match reality (p. 201). From what point of reference does reality become real? Reality is a construct of multiple worldviews and although the scope of worldview in any given environment or culture may be similar, they are never exact. Merriam (1998) states:

> Because human beings are the primary instrument of data collection and analysis in qualitative research, interpretations are accessed directly through their observations and interviews. We are thus "closer" to reality than if a data collection instrument had been interjected between us and the participants....when reality is viewed in this manner, internal validity is a definite strength of qualitative records (p. 203).

Merriam (pp. 204-205) suggests, "six basic strategies to enhance internal validity:"

(1) *Triangulation:* Triangulation enhances internal validity in the same manner that reliability is effected.

(2) *Member checks:* Having data and tentative interpretations reviewed by participant(s) for plausibility.

(3) *Long-term observation:* Conducted at the research site or through long-term observations of the same phenomenon.

(4) *Peer examination:* Gaining colleague's corroboration on emergent findings.

(5) *Participatory or collaborative modes of research:* Involvement of participants throughout the research process.

(6) *Researcher's biases:* Assumptions, worldviews, and theoretical orientation clarified from the outset of the study.

In the course of this study, drawing volunteers from multiple sites that are made up of differing orientations effects triangulation (strategy 1) and long-term observation (strategy 3) can be validated through the author's personal experiences with AA. The author has participated in Alcoholics Anonymous meetings in Texas, North Carolina, and Tennessee. Meetings attended have included open, closed, big book, step, and speaker in a variety of orientations to include morning, noon, evening groups at large AA clubrooms, and in small church groups. During the actual research phase of this study, AA meetings were attended at three different area locations, or clubs whose memberships were predominately White and at one location where the membership was predominately Black. Open discussion, closed discussion, speaker, step and tradition study, and "Big Book" study meetings were attended. Although there was, and is, a certain consistency throughout each of the groups attended, each group maintains it's own personality (AAWS, 1988); a fact that is encouraged by the Twelve Traditions of Alcoholics Anonymous (see appendices).

External validity is concerned with how representative the study is to other situations, i.e., can the study be generalized. Merriam (1998) presents that this question

is problematic for qualitative investigators and that the problem is enhanced "when multi-site studies are impractical or the phenomenon of interest is unique." She suggests that generalization of qualitative study can be enhanced through the "senses" of *working hypotheses, concrete universals,* and *naturalistic generalizations* (pp. 208-212). The three strategies below are drawn from these senses and are presented by Merriam as tools through which external validity in qualitative research may be gained. These strategies are quoted as:

(1) *Rich, thick description:* Providing enough description so the readers will be able to determine how closely their situations match the research situation, and hence, whether findings can be transferred.

(2) *Typicality or modal category:* Describing how typical the program, event, or individual is compared with others in the same class so that users can make comparisons with their own situations (LeCompte & Preissle, 1993 as cited in Merriam, 1998).

(3) *Multisite designs:* Using several sites, cases, situations, especially those that maximize diversity in the phenomenon of interest; this will allow the results to be applied by readers to a greater range of other situations. This variation can be achieved through purposeful or random sampling.

Considerations on the Importance of Reliability and Validity for this Study

Through theory-led thematic analysis Hayes, (1997) presents a model that provides a framework around which this qualitative research project was constructed. The brief comments above on validity and reliability in qualitative research have listed constraints that safeguarded the quality of the project's construction. The Merriam model for reliability and validity is believed to reach some equality in importance to the Hayes

model on theory-led thematic analysis. The strategies in both models provided the checklists that guided this study from its point of inception to its final acceptance.

Statement of Theory and/or Bias

The theoretical assumptions of this study are: 1) the possibilities that dependence or addiction can be transferred from the substance to the program in Alcoholics Anonymous; and 2) program dependence has the propensity to be either negative or positive. Transfer in this sense should not be confused with the psychoanalytic concept of transference (Hales, Yudofsky, & Talbot, 1999) but as a behavior that is presented by S. Brown (1995) in her four-stage model of recovery. Because these theoretical assumptions may predispose towards bias, precaution were exercised to maintain objectivity throughout the study.

Participant Site Selection

Merriam (1998) exhorts triangulation as a key factor towards the establishment of validity and reliability in qualitative analysis. One triangulation method used was the incorporation of multiple AA sites from which participants were selected. To achieve this goal and add richness to the study and as previously stated, various Alcoholics Anonymous meeting sites were attended in the Knoxville, Tennessee area. Two of the locations attended were large Alcoholics Anonymous "club" where daily, multiple meetings are conducted and through which a large, diverse population was experienced. Different types of meetings at different times of the day and on different days of the week were attended over a seven-month period. The predominately Afro-American group

attended was small in membership and predominantly made up of individuals who met together regularly, some over an extended period of time. A listing of meeting locations is included in the appendices.

Participant Selection and Recruitment

One of the keys to guarding the integrity of research to be conducted is keeping the participant selection within the population of interest (Stratton, 1996). Hence, volunteers who were currently active in AA were used as participants in this study. Verbal requests for volunteers were made at various Alcoholics Anonymous meetings in the greater Knoxville, Tennessee area by asking for volunteers at the beginning of meetings and also by asking individuals personally at the meetings. Volunteers were gained through both methods.

In selection of the sample size, Stratton (1996) further suggests that because of the intensity contained in qualitative research, fewer subjects are needed and he argues that too many in the sample size increases the risk of including extreme or unrepresentative samples that will skew the results. Merriam (1998) presents that the sample size has reached maximum when a point of saturation and redundancy is reached and recommends that a minimum be established and that an adjustable maximum be suggested. Five participants were selected for this study.

Participant Criteria

Establishing certain uniformity among the participants selected in order to qualify the term, "long-term participation," requires the establishment of criterion to be met.

Merriam (1998) argues that purposive selection based on identified criteria in sample selection allows the investigator to gain information "of central intent from an information rich base." The criteria to be met for sample selection was:

(1) At least twelve months continuous sobriety at time of interview;

(2) A minimum of two years continuous participation in Alcoholics Anonymous;

(3) Over 18 years of age;

(4) Not be pregnant;

(5) Not incarcerated.

Rationale for Participant Criteria

Some time constraints for participant eligibility were necessary in order to insure with any degree of reasonability that the participant had gained some successful sobriety and in order to allow development of dependence on the program. Alcohol dependence is considered in full remission after one year of continuous abstinence (APA, 1994). Although AA, as a program, does not set out any particular length of participation for establishing successful sobriety, continued attendance with abstinence through the first year is encouraged. Chappel (1995) writes that the initial stages of sobriety are precious and fragile and it is often heard within the AA culture that, "ninety meetings in ninety days," should be attained in order to succeed through this fragile period. Most AA groups use a token or chip system to help encourage abstinence through the first year by awarding colored chips representing thirty days, ninety days, six months, and nine months of sobriety. At the completion of one year of successful sobriety, the AA

member receives a bronze medallion and continues to receive a bronze medallion for each succeeding year of continued abstinence. Zweben (1995) suggests that average participation in AA generally requires twenty-eight months before a member achieves any successful sobriety; however, her data is based on research conducted in the mid-1970's. The strongest encouragement for continued participation in AA through the first year and beyond is through the dialogue of other members which is frequently punctuated with a litany of phrases and cliches heard throughout the program (Wilcox, 1998; Hopson, R. E. & Beard-Spiller, B. 1995).

At least a limited dependence on Alcoholics Anonymous, or any other program of behavioral change, is to be expected in order for success to be achieved (Ouimette, et. al., 1997; S. Brown, 1995; Galaif & Sussman, 1995; Riordan & Walsh, 1994; AAWS, 1976; Yalom, 1970). Corey & Corey (1997) writing about therapeutic groups in general, posit that interdependency and independence should be a general goal in the group process. Therefore, two years of continuous AA attendance was selected as a criterion. This period of time should have allowed for a period of therapeutic dependence to be experienced. A minimum of two years should also be a sufficient period of time to allow for some independence from the program, without fear of relapse, to have been acquired. Independence from the program is construed as being able to function in society without chronic or compulsive AA attendance *and* without fear of relapse. AA, as an organization, does not set out any criteria for length of membership; however personal experience indicates that many members believe that attendance should be a life long affiliation for successful and enduring sobriety.

Confidentiality Statement

Confidentiality regarding the identification of all participants along with how and what each participant contributed to the project was strictly respected in accordance with the policies and guidelines established by University of Tennessee, the American Counseling Association, the American Psychological Association, and Alcoholics Anonymous. All identifying information was omitted from the completed thesis and subsequent papers or reports. The participants in the project were referred to only by an initial. Any person that may have had any opportunity to observe privileged information regarding the participants in the interviews, or through the data collected, were required to sign a confidentiality statement and abide by the terms of that statement. Signed confidentiality statement forms will be maintained in the same manner prescribed for all other documents of a confidential nature that are a part of this project.

Pre-Interview Letter Requirement (Information Letter)

Pursuant to UT-IRB (1999) guidelines, each volunteer received a pre-interview letter stating the title of the study; information regarding the participant's involvement in the study; the nature of the study and the nature of the questions to be asked; and confidentiality. A copy of the pre-interview letter may be found in the appendices.

Informed Consent Requirement

Pursuant to UT-IRB (1999) guidelines, each participant in this study was required to read, understand, and sign an implied consent form that is specifically identified with the study. Also pursuant to the guidelines, the informed consent form contains the title of

the study; information regarding the participants involvement in the study; benefits; confidentiality; information regarding the participant's prerogative to withdraw at any time; the participant's printed name and signature along with signature date; and the investigator's signature. A copy of the implied consent form is included in the appendices.

Confidentiality Form Requirement

A form assuring compliance to confidentiality will be signed and dated by any person that who through their assistance in this study may gain access to confidential information. Other than the investigator and thesis chair, the only persons anticipated as being able to gain privileged information would be a transcriber and second opinion analyst(s). A copy of the statement of confidentiality form is in the appendices.

Bracketing Interview of Investigator and Pilot Interview

Two initial interviews were conducted prior to conducting interviews with volunteer participants. In order to comply with the University of Tennessee Institutional Review Board's guidelines (UT-IRB, 1999), a bracketing interview of the investigator was conducted. A person who was already experienced in conducting this type of interview and who is involved in a qualitative research project (dissertation) completed the bracketing interview. Implicit biases were discussed following the bracketing interview with the interviewer and again later in a small consort of peers led by a department professor.

A pilot interview of a volunteer who is an active member in Alcoholics Anonymous was also conducted, although at the time of the interview had only six months involvement in the program. The participant in the pilot interview is also a licensed psychotherapist and was able to provide valuable feedback at the conclusion of the interview. The primary professor (thesis chair) monitored the pilot interview and also provided critical feedback. Although the pilot interview was rich in content, this interview is not included in the actual research segment of the qualitative study. However, the pilot subject's involvement and feedback had value as a "member check" (Merriam, 1998) of the interview.

These two interviews enhanced and further developed the investigator's skills as an interviewer and met UT-IRB guidelines. Since "member checks" were not be possible with each participant, the pilot interview "member check" provided "value meeting" (Merriam, 1998) criteria towards establishing validity.

Storage and Security of Confidential Information

All information gained during the course of this project will be stored in a manner that will insure the security of the documents and materials collected and the privacy of individual participants. All confidential information regarding participants will be stored in a locked file in the Claxton Addition Building at the University of Tennessee at Knoxville under the supervision of the thesis chair or otherwise in a locked file under the direct control of the principal investigator. Information considered confidential includes audiotapes, signed informed consent statements, and any (if required) signed agreement to confidentiality statements.

CHAPTER FOUR

RESULTS

Introduction

Five participant interviews were conducted. The participants were briefed prior to each interview by the principal investigator regarding confidentiality, storage and destruction of documents, and specific questions to be asked in the interview. They were also advised of their rights to terminate their involvement at any time during or after the interview and the implied consent form was reviewed and signed. The participants appeared to be enthused regarding their involvement and curious regarding the goals of the project. Participants were advised during the briefing that awareness prior to the interview of project goals could possibly prejudice their responses but that these goals would be shared with them immediately after the interview.

Debriefings were conducted at the end of each interview by the principal investigator. Project goals were shared with the participants during the debriefing and their enthusiasm towards their involvement with the project appeared to continue. Each participant except one met the primary professor after the interview for additional debriefing. The individual who did not meet the primary professor had other obligations immediately after the interview; however, telephone and personal contacts were made with the participants on numerous occasions after the interviews. The interviews appeared to have no untoward effects on the participants and each participant's enthusiasm towards the outcomes of the project appeared to remain intact during the follow-ups.

In following the theory-led thematic analysis model projected in Chapter Three, a theory was established in regards to the cause for enduring relationships with the program of Alcoholics Anonymous. Based on a theory-led model of *Theory, Theme,* and *Causal attribution,* theory is the ground from which causal attributions and emergent themes develop. The theory for this project is that enduring relationships with Alcoholics Anonymous were indicative of a dependence on the program.

Each interview (protocol) was transcribed as closely to verbatim as possible and each transcription subsequently mined for causal attributions. Causal attributions were found in the responses of the participants. The responses determined to be causal attributions were highlighted and the line numbers from the transcripts of these particular responses were then extracted and written onto 3 ½" x 5" index cards. The cards were sorted according to the emergent themes and the emergent themes were further divided into thematic categories. Comparisons were then made between categories and from this, final conclusions were drawn.

In order to enhance readability, reduce repetition, and provide brevity, some of the causal attributions for each participant have not been listed in this chapter. Some causal attributions did not appear to fit within any particular theme. Causal attributions appear in the form of direct quotes from the transcriptions and these quotes form the building blocks for the emergent themes. To further enhance readability and provide brevity, some of the quotations have been condensed. *Consistent attention and concern towards investigator bias and integrity of context when extracting participant quotations has been maintained throughout the process of thematic development.* Two sample protocols, along with the causal attributions extracted from that protocol, are included in

the appendices. The causal attributions in the sample protocols have been italicized. Characteristics that could identify the participants in the sample protocols have been altered or removed.

To further protect the anonymity of each participant, the participants are referred to by initial only. The participants in this study are referred to as **R, D, T, C, & L.** When used, the letter **P** and **I** refer to participant or the investigator respectively.

Participant Profile

Three men and two women volunteers participated in this project. Although all of the participants were white, Euro-American, two meetings at predominately Afro-American AA groups were attended in an effort to obtain volunteers for interviews. The members at these groups were very open and forthcoming and willing to volunteer; unfortunately, time and deadlines became a constraining factor and the interviews were not obtained.

One participant was married and had been married only once and to the same woman for thirty-four years at the time of interview. Two members were divorced and both of these members reported only one previous marriage (one member's marriage reportedly lasted only six days) and indicated that they had no desires for marriage in the future. Two members had never been married.

The married and divorced participants have children and the never married participants reported they had no children. Three of the participants were employed, one had recently lost a job and was unemployed, and one was living on parental support while attending school.

Ages of participants ranged from 27 to 57 years and the mean age was 39.8 years. Lengths of sobriety for each participant ranged from 18 months to 14.2 years and the mean length of sobriety was 8.6 years. Sobriety is defined as total abstinence from all mind and mood altering drugs to include the illicit use of prescription drugs and marijuana, but excluding minor intoxicants such as nicotine and caffeine. As an aside note, each of the participants appeared to be moderate to heavy users of both nicotine and caffeine.

Four of the participants believe that their alcohol dependence is genetically based and their family histories lent credence to these beliefs. The two divorced participants were two of the volunteers indorsing their genetic predisposition to chemical substance addiction and both of these individuals reported multiple substance abuse or dependence in their juvenile children. One divorced participant, who is a parent of several children, spontaneously discussed a daughter's suicide. The daughter was reportedly alcohol and drug dependent and attended AA as a regular member. The participant (**T**) stated the daughter committed suicide at age 16 on an intentional overdose of alcohol and prescription drugs.

Four participants reported histories of extensive multiple substance abuse indicating the probability of polydependent dependence (APA, 1994); however, all of these participants indicated that alcohol was their drug of choice.

Emergent Themes

Determining direction and establishing parameters from what appeared to be a plethora of evidence was difficult. To transcend this problem, the decision was made that

any causal attribution found repetitious across three different transcriptions would be considered an emergent theme. Although causal attributions, in many instances, would apply to different emergent themes, causal attributions were applied to the emergent themes for which they provided the strongest impact. Twelve emergent themes were developed through this method. Due to its profundity, one emergent theme was developed from causal attributions that appeared in only two transcriptions. Titles applied to the twelve emergent themes are: *Active in AA since initial onset of sobriety; Chronic meeting attendance; Social life and chronic AA involvement; AA as a priority; AA and the God connection; AA as a spiritual gift; Balance; Honesty; Working the 12th Step; Love and affection and AA; Brainwashed by AA; AA as a way of life.*

Active in AA since initial onset of sobriety:

Four out of the five participants indicated that they had been active in AA since beginning sobriety. Although one of these participants had been involved in two different formal treatment programs, this participant attended AA while in formal treatment, with no intention to become sober while in formal treatment. This participant (T) also reported continuous AA attendance, "in and out," between formal treatment and actually achieving sobriety. After making the decision to gain sobriety, AA was the only program utilized by this participant and AA involvement has been continuous for this participant since that time.

> **I:** Ok. When you first decided to, to gain sobriety, that sobriety was what you want, what was your first step? Where did you go?
>
> **P:** AA

I: And then when did you start outpatient treatment?

P: That was four-and-a-half years earlier. (**T**, lines 360-376).

I: And, then when did you start AA?

P: Ah, in the time frame between the first treatment and the second treatment. There was, you know, that, that was part of the first treatment, we had to go to AA. You know, as a outpatient. (**T**, lines 400-404)

P: My first day of sobriety was seven twenty-one of '93 (July 21, 1993). (**T**, line448)

I: And you say you've been active in AA for how long? Total.

P: Since October of "88. Is that twelve, thirteen years? (**T**, lines 621-623)

Participant **R** presents over thirteen years of sobriety with continuous AA attendance commencing on the participant's first day of sobriety.

P: I had my last drink December 28, 1987. (**R**, line 272) Thirteen years and a month and a half, whatever. (**R**, line 280)

I: How long have you been active in Alcoholics Anonymous?

P: Thirteen years and a month and a half. (**R**, lines 290-292)

Participant **C**'s AA involvement is similar to participant **R**.

I: You said you've been sober three-and-a-half years, I assume that this is your longest period of sobriety?

P: Um hm.

I: And how long have you been active in AA?

P: That whole time. (**C**, lines 200-207)

Participant **L** presents two different periods of sobriety with an intervening period of relapse. This participant also indicates continuous AA involvement throughout both periods of sobriety, which continued throughout the period of relapse, and continuous,

uninterrupted involvement with AA since initiating present sobriety.

I: Exactly how long have you been sober?

P: Fourteen years. (**L**, lines 100-102)

I: You've been active in AA for fourteen years or has it been longer than that, your actual involvement with AA?

P: I started AA in my twenties.

I: Ok, and how long ago would that be, do you know?

P: Twenty years ago. (**L**, lines 112-119)

Chronic meeting attendance:

Continuous and chronic meeting attendance not only appeared to be important and necessary to the participants, but also a source of enjoyment and a place of security and comfort. There was uniformity of agreement among participants that AA meetings were a priority in their lifestyles. Responses to the uniform interrogative, "what do you think would happen if you could no longer attend AA?" surfaced as a causal attribution within this emergent theme.

In the participant's initial foray into sobriety, **T** exchanged a daily practice of using alcohol and marijuana for daily AA attendance. **T** continued to refer to chronic attendance at AA throughout the interview.

You know, I went from smoking pot and drinking every night to going to AA meetings (**T**, line 262).

I did over seven hundred meetings my first year (**T**, line 284).

Going to those stupid meetings over, and over, and over, and over, and over (**T**, line 915).

I chair a lot of meetings and all that (**T**, line 938).

It's like an insurance policy I would like to say. Everyday I'd make a payment on the insurance, for the one time that I'm out there, and there ain't a meeting around and, and I'm, I'm in deep doo-doo, and I gotta have, I got to take a withdrawal out on the insurance policy to get through the situation (**T**, referring to AA attendance, lines 964—967).

If all I could get to is two meetings a week, I could probably maintain myself. (My) spirituality and sobriety (**T**, lines 1197-1198).

For **T**, being able to attend AA involves life or death circumstances. In reference to hypothetically no longer being able to attend AA meetings, **T** responded,

I do believe you would be burying me (**T**, line 1151).

Initially my spirituality would drop off. And, it's just a matter of time and I'll drink, or stick a gun in my mouth. Because I couldn't live with myself (**T**, lines 1155-1156).

I've seen it a thousand times. It means, people quit going to meetings. They drink. You lose your contact or your spiritual connection. End up killing yourself or going back out.

Participant **R** speaks of being in a state of alcohol detoxification when attending the first AA meeting. This participant's first day of sobriety was reportedly on December 28. In later dialogue, **R** refers to the importance of meetings to his sobriety.

Well, by New Year's Eve, and I didn't even know it was New Year's Eve, I was sweatn', and shaken' so bad that, that I thought, "hell, if I'm gonna die, I might as well die with sober people." So I parked the car and I went in, fell down the stairs, broke my nose on the door, two little girls had to come out and pick me up, and put me in a chair, and pour me coffee, and light my cigarettes, and I just started coming back every day and I've been going back ever since (**R**, lines 305-311).

Cause I'm serious. When I go to a meeting, I'm there for serious stuff. I'm not hustling (refers to opposite sex), or looking for a card game, or anything. I'm there for sobriety (**R**, lines 361-362).

In reference to hypothetically no longer being able to attend AA meetings, **R**

responds with,

> I don't think I would drink. But I don't think I would have near the happiness and I think, I think, how would I say this? I think I would, my attitude would be lousy. I would climb into the thinking of, "why me," and, "I, I, I," (**R**, lines 412-415).

> I think that'd be a hell of a battle if I didn't have AA meetings (**R**, lines 419-420).

D's response indicates a perceived inherent danger in not being able to attend regular AA meetings.

> Now, in between, I'd say, five and seven meetings a week. I've been trying to go every day recently. During my first year of sobriety I'd go to in between one and three meetings a day. Since then I haven't been going as much but I've been trying to the last, the last week or so. For the last week I've tried to go every day (**D**, lines 121-125).

> I think there's just safety in it (referring to chronic meeting attendance). I think I went for about a two week period where, I'm not sure how many meetings I was going to, but I was slacking off. It might of just been three or four a week and I felt kind of vulnerable. I think that when I'm not involved enough in AA I could have the compulsion to drink hit me. If I'm not prepared for it by, if I haven't been going to enough meetings it might be a dangerous situation (**D**, lines 130-136).

In response to the hypothetical problem of no longer being able to attend AA meetings, **D** commented,

> I really think I'd probably end up drinking again. It's hard to know for sure. If I could still keep phone contact with my sponsor, and read AA literature, and keep contact with my Higher Power, I guess there's a chance I could make it and still stay sober. I don't think I could be as happy as I am with the fellowship of AA because it sounds like I would pretty much be doing it by myself. I don't think I would make it (**D**, lines 344-351).

C presents a slow start in meeting attendance although this participant had indicated involvement in AA since initiating sobriety and **C** indicates a growing and intimate relationship with the program.

There were a couple of months when I first started, maybe sixty days sober when I kinda got, well I'm not sure that I need this kind of thing and maybe would go three or four weeks at the most, maybe once I've done that without a meeting. But other than that, I'm more involved in it now than I ever have been, or close to it (**C**, lines 211-216).

Well, for one thing, most all of the people that are important to me in my life, all of my friends are in AA (**C**, lines 225-226). I go to a meeting, I'd like to say, five days a week but I probably only go about three a week on average. Some weeks seven days in a row but at least three a week (**C**, lines 228-231).

C's response to the hypothetical inquiry regarding no longer being able to attend AA meetings was somewhat ambivalent and fearful,

I don't know. I don't necessarily think I would get drunk. I don't really think I would stay sober though. I never thought about that. I don't really want to think about that. I think I know. I'm glad it's available to me. I think I know enough now of the AA principles and way of life that I think I'd be ok, maybe (**C**, lines 387-392).

I think I could do ok without them (**C**, line 402).

I don't want to think that, I know enough now. But I don't know, I don't know (**C**, lines 406-407).

Participant **L**'s response towards the hypothetical problem of losing the support of AA indicates that this participant does not believe in the need (for this participant) for continuing AA support through meetings to maintain sobriety. However, **L** also indicated that AA meetings are a lifestyle that this participant did not desire to lose.

I look forward to the meetings. I just wish my life was so situated that I could just attend more and all the time (**L**, lines 136-137).

I: How often do you attend meetings?

P: Is it two or three times a week?

I: Ok.

P: Or more (**L**, lines 140-146).

In response to the hypothetical question regarding loss of AA **L** stated,

> I would be very sad and grieve the loss. AA's very important to me and I think it's pretty necessary for me to stay bonded with AA and with the fellowship and the people in AA. I think it's important to my recovery (**L**, lines 371-373).
>
> I don't think God brought me this far to let me down. So if there was no more AA, I believe that I would stay sober (**L**, lines 381-383).
>
> **I:** So you believe that God, your spirituality in itself, would be the strength that you would need to maintain your sobriety?
>
> **P:** As long as I continue to live the principles, yes.
>
> **I:** Of the principles?
>
> **P:** Of the program and also of the Bible. I mean I use the Bible too and it's my tool.
>
> **I:** The principles of the program, meaning the principles of Alcoholics Anonymous.
>
> **P:** The Twelve-Steps (**L**, lines 394-406).

Regular attendance at AA meetings had a strong influence on the lives of each of the participants and their continuing efforts towards sobriety maintenance. Two of the participants indicate that they would not be able to maintain their sobriety and that the loss of AA would possibly lead to death. Two of the participants believe that they could maintain their sobriety without AA but that they would need to continue to live by the principles of AA and continue to read and practice the tenets of AA in order to maintain their sobriety. One of the participants was ambivalent towards a continuing ability to maintain sobriety without continued AA involvement and meetings.

Social life and chronic AA involvement:

Attitudes and concerns regarding the presence or availability of social life are a topic, and causal attribution, frequently voiced by the individual participants. Regardless of the participant's attitudes on social life within or without AA, it is evident that social life maintains some importance to each of the participants.

R had very little comment regarding personal social life although this participant did present a definite concern regarding socialization at AA meetings.

> Cause I'm serious. When I go to a meeting, I'm there for serious stuff. I'm not hustling broads, or looking for a card game, or anything. I'm there for sobriety (**R**, 361-362).

When asked about outside interests, **R** responded that the only interests enjoyed were reading and the vocation of selling.

T apparently had some of the same attitudes towards social life within AA but this participant appeared to maintain a limited social life outside the program as well.

> AA's about recovery. It's not about picking up a maid, it's not a social life. It's not about finding an old lady, making a best friend, or job connection, or a business connection. It's about life and death (**T**, lines 7110-715).

> I'll go to the (AA) dances but I kind of pop in and pop out (**T**, line 738).

T's outside interests were riding and working on motorcycles, spending time with children, watching TV alone, and spending time on the Internet. Through motorcycle riding, **T** indicated some social life within AA, otherwise this participant indicates a desire to either be alone or to avoid socializing.

> I have a motorcycle. And plus, there's some folds in AA that get together on warm days and they go riding down through the mountains (**T**, lines 987-989).

> I like Star Trek so I like to veg out in front of the TV sometimes. I like the Internet (**T**, lines 1016-1017).

I know a lady but I'm not in to it, because, I have too much going on. Really, I'm scared of women (**T**, lines 1136-1137).

I got a dog and a cat and that's all I need (**T**, line 1146).

Participants **D**, **C**, and **L** all indicated active social lives within AA. **D** indicated that all social activities were limited to AA functions or those only and being shared with other AA members. **C** also limited social activities primarily to AA functions and limited all outside participation, except for a single hobby, to events shared with other AA members. **L** also appeared to limit social functioning to AA activities and although this participant reported enjoyable outside activities, the outside activities described by **L** revolved around AA functions. Responses by **D**, **C**, and **L** are presented, in order, below.

I: What do you enjoy most outside of AA?

P: I guess spending time with my friends really (**D**, lines 262-266).

One time, a couple of weeks ago, we went to Gatlinburg and we went skiing. And that was fun. A lot of times we don't do anything really special, we'll just go see movies, or go shoot pool, or rent movies, play cards, and play board games (**D**, lines 296-299).

During the summertime we go swimming a lot and go out on a boat and go water skiing, stuff like that (**D**, lines 303-304).

Almost all of them are inside AA. I've been meaning to branch out and make friends outside of AA too but just really haven't gotten it together (**D**, lines 314-319).

Well for one thing, most all of the people that are important to me in my life, all of my friends, are in AA. My social, my (sex of significant other) is in AA. I met (significant other) there. My group of friends from AA and I get together every Friday night and play poker (**C**, lines 225-228).

I mean my other interest is gardening. I'm growing seeds and all of this kind of other stuff at my house and I just dream about this mulch and this

kind, you know. But other than that, my minds focused on gardening or AA (**C**, lines 245-249).

I: You would say that most of your social life functions,

P: All of them.

I: are through AA?

P: All of them (**C**, lines 263-269).

Yeah, I go to dances. I go to conventions and assemblies and I used to go to more of the dinners because we had more, back in the old days, twenty years ago, we had things like that going on all the time. We used to, every Friday night we would go to people's homes and bring a covered dish and we would listen to AA tapes or have a meeting. And I used to go out to a place called "Serenity Hollow. It was like a campfire setting and we'd have campfire coffee and have the meeting outdoors at night and that was real inspirational (**L**, lines 179-200).

I: Outside of AA, what do you enjoy most in life?

P: What do I like to do? Go to the beach.

I: Anything else?

P: Oh yeah, I like to do lots of things outside of AA. I like to travel (**L**, lines 275-282).

I love children. I've spent all my life taking care of children and working in childcare. I guess it's still the child in me and today, through AA, I've learned to work and play, and it's really fun to play with children and to teach (**L**, lines 334-342).

I love, have fun, going to Dollywood, riding rides, 'cause when I was a kid, I wouldn't do that. I like going to church, I like to study, I like to learn, I like to read books, anything on self-improvement (**L**, lines 346-349).

L spoke of travel and going to the beach as leisure pursuits enjoyed outside of AA. However, the only example of these leisure pursuits presented by **L** coincided with a trip to an AA convention.

A primary concern in this investigation was the presence of leisure pursuits and

social involvement in the lives of the participants. The responses of the participants strongly indicated that their leisure and social pursuits center on AA and that social and leisure activities outside of AA were limited. When asked about their considered importance between AA and outside interests, AA involvement always carried a higher priority.

AA as a priority:

When questioned regarding priority between the pursuit of activities outside of AA, Alcoholics Anonymous as a priority appeared to dominate. AA as a dominant priority also surfaced in participant responses when identifying mentors and role models, and also in identifying the three most important things in each participant's life. Four of the participants included AA directly as one of their three most important things in life and all five participants listed mentors or role models with direct AA connection. An additional causal attribution to AA as a priority is from direct statements made by two of the participants. Sobriety as a priority is probably true for all five participants but only three made direct reference of some kind to sobriety as a priority.

Participant **T** listed sponsors, the founders of AA, and the presence of a Higher Power as mentors. The three most important things in life identified by **T** are this participant's Higher Power, AA, and children. **T** appeared particularly influenced by AA members who have extended periods of sobriety.

> My greatest role model is man be the name of, and I can break his anonymity because he's no longer here, he died sober, was (name omitted). I met him at the first AA meeting I ever went to. When I met him he had fifteen years, I think, sober. He hung through all my

relapses, and slips, and all that stuff. In and out of the program (**T**, lines 489-495).

Well there was several people. There's a guy down in (name of town and person's name omitted). He's a real nice guy and he's got double digit sobriety (**T**, lines 521-523).

And then there's (person's name omitted) who goes to (group name omitted), he's got double digit sobriety (**T**, lines 527-528).

Bob and Bill. Bill Wilson and Dr. Bob Smith. How those two got together in 1935. How'd that happen (**T**, referring to the founders of AA as role models, lines 548-549)?

I met some folks out in California. I had six months clean. That was after my sobriety date, I had six months. His name was (name omitted) and (name omitted). (Name omitted) had twenty-two years sobriety and (name omitted) had six or seven. I went out there for schooling for (employer) in San Jose. Although the schooling was important, I think the most important thing I gout out of the trip was a real strong connection in AA (**T**, lines 552-560).

I: Would you say that most of your mentors and role models are connected with AA?

P: Yeah. Except for my Higher Power (**T**, lines 569-573).

Earlier in the interview, **T** had discussed priorities concerning sobriety and AA. However, placing too high of a priority on AA evidently had negative ramifications for this participant and in the interview, this participant had reported that excessive involvement with AA was at least partially responsible for a divorce.

Nothing should come in front of AA or sobriety. Sobriety has to be number one. Well as a newcomer man, I wanted that. I took that in. So I put my family on the back burner. In the book it talks about you oughta spend time with the family (**T**, lines 293-296).

Participant **R** listed as mentors or role models two members of AA and the inspirational speaker and writer Og Mandino. The three most important things in life

listed by this participant are God as a Higher Power, AA, and family. **R** also appears to be influenced by AA members with extensive lengths of sobriety.

> There's a (person's name) who's been sober probably seventeen, eighteen years, kind of a sponsor what have you, a role model. There's another (person's name), probably twenty years sober. I have the utmost respect for him. (This person's capable of crystallizing and simplifying the art of living sober quite well. In fact, (this person is) the only thing I remember the first time I was at a AA meeting 'cause I was detoxing so bad. But I remember (this person) making the point to come and shake my hand and give me a hug and tell me to keep coming back (**R**, lines 49-60).

> **I:** Right now, what would you say are the three most important things in your life?

> **P:** God, AA, and my family.

> **I:** What would you consider the order of their importance?

> **P:** God, AA, and my family.

> **I:** Why are these the most important?

> **P:** Well, I believe in God, and I pray to God, and there's nothing I can prove but He guides me. And the second one is AA 'cause if I don't have AA, I ain't going to have my family anyway (**R**, lines 364-378).

The participant's sponsor and father were the only two persons mentioned by **D** as a role model or mentor. As the three most important things in life, this participant discussed sobriety, family, and the opposite sex.

> **I:** Tell me about any role models or mentors that you might have.

> **P:** I guess I have several of them. One of them is my sponsor in AA. (This person is) somebody who's definitely a role model and a mentor. Another one would be my dad. Let's see, I guess that's about it (**D**, lines 21-26).

> **I:** What are the three most important things in your life at this time?

P: I'd say that the first one is sobriety. The second would by my family and friends. I suppose the third would be, let's see, how can I say that? (participant mentions the opposite sex) (**D**, lines 179-181).
I: Why do you think these are the most important?

P: Well sobriety, it's sort of without that I lose everything else. I'd basically have no life and I think even pretty soon, in a physical sense, I wouldn't have a life if I continued to drink and do drugs. I enjoy so much of the joy of sobriety. My family and friends, I have a lot of love for my family. They help me through the hard times and we help each other out. I supposes just life experience formed this really tight relationship (**D**, lines 208-226).

When **D** stated that family and friends were two of the most important things in the participant's life, inference was also made regarding the importance of AA in this person's life. This participant has previously reported having only limited friendships outside of AA.

God or Higher Power, people in AA, and family were the three most important things in life reported by **C**. Bill W. and the participant's sponsor were presented by this participant as role models or mentors.

I: Who are your role models and mentors?

P: I would say Bill Wilson is a role model.

I: And Bill Wilson is the founder.

P: Founder of AA (**C**, lines 79-85).

I: Anybody else that you can think of that you would consider a roll model or mentor?

P: I mean my sponsor. Which I've just switched sponsors. I'm working with a new (person) and (this person's) been sober for eighteen years. (This person) has something that I want. So I guess (this person) would definitely be a mentor (**C**, lines 118-134).

I: What would you consider the three most important things in your life at this time?

P: I don't know. I can't name them in order but my relationship with God is definitely, you know, I'd say that's the most important. With AA you know, the people, the friends, the sponsees. I guess my family (**C**, lines 319-331).

God as the Trinity, family, and AA are presented as the three most important things in life for **L**. Mother Teresa, Billy Graham, the people in AA who die sober, and a counselor are presented as this participant's role models and mentors.

I: Tell me about any role models or mentors that you might have.

P: I respect Mother Teresa with all my heart and soul. And Billy Graham. Those are two people that (I) had utmost respect for. And then people in the program (of AA) who die sober (**L**, lines 44-56).

I: What would you say are the three most important things in your life at this time?

P: God, spirituality. When I say God, I mean God the father , God the Son, and God the Holy Spirit. My family, my son, (and) AA (**L**, lines 215-216).

I: Of the three things you just told me, which would you consider the most important?

P: God, because without God, there's no hope, there's nothing (**L**, lines 269-273).

AA and the God connection:

The redundancy of spirituality as causal attribution was found throughout the transcripts and spirituality was prominent in several of the existing emergent themes. However, several references to God, Higher Power, religion, and spirituality, as causal attributions, remain unconnected to other emergent themes. The impact and dynamics of any spiritual reference as causal attribution should not be ignored in a study of Alcoholics Anonymous should not be ignored. For **T**, AA was not only a program of spirituality; it was also the participant's religion.

It's (AA) a way of life that demands a spiritual connection (**T**, line 712).

AA has washed my brain clean of alcohol and drugs and gave me a focus on my life. And that focus is my Higher Power. And I have to have that connection because there will come a time , and I've been through it once already, you won't have a mental defense against that first drink unless you have that connection (**T**, 879-883).

God took enough of the defects away on the front end where I wouldn't drink and drug again, I honestly think (**T**, lines 902-903).

I think AA is there for the people who can't make the connection in church like I couldn't make the connection in church. Also in church is politics (**T**, lines 1253-1254).

I: So you feel like that AA is a form of religion for you?

P: Yeah.

I: As well as spirituality:

P: It's the only church I go to. It's my religion (**T**, lines 1256-1266).

Organized religion is going towards the Twelve-Steps man. That is, most organized religions. My understanding is they use that first step, we were powerless over us playing God and our life is unmanageable (**T**, lines 1431-1433).

L is not only involved in AA as a source of spirituality and recovery but also is involved in church outside of Alcoholics Anonymous.

I go to church, I think church is an active part of my recovery (**L**, lines 169-170).

I don't think God has brought me this far to let me down (**L**, line 381).

Yeah, it's just something that came to mind there, speaking of God, because it's AA who restored my relationship with God. When I was drinking and drugging, I got separated from God and it's through the Twelve-Steps, applying those principles in my life, that I came to trust and rely on God. So it's kind of, it's hard for me to separate the two (**L**, lines 492-503).

R separated God as a religion from the omni-transcendent AA concept of

Spirituality and a Higher Power.

> **I:** So you feel like AA in itself is a spiritual program and I'm making an assumption that you accept God as your Higher Power.
>
> **P:** Right. Not as my religion, as my Higher Power (**R**, lines 381-389).

For participant **C**, God or Higher Power was the most important source for sobriety maintenance.

> There's so many tools, that God thing, my relationship with my Higher Power I think is what keeps me sober and I don't have to have the reinforcement (of AA meetings) to get that (**C**, lines 397-399).

AA is a spiritual gift:

AA is accepted as a miracle, a gift, or as a creation of God or Higher Power by four of the participants.

> I think, like everything else *God has created*, man is able to screw it up (**R**, referring to AA and the Twelve-Steps being a creation of God, emphasis added, lines 169-170).
>
> God's the one who gave us this gift in the first place (**L**, referring to AA and sobriety, line 392).
>
> God gave us AA, the Twelve-Steps, and the Twelve-Steps is what's restored my faith (**L**, lines 506-507).
>
> What it is I can't put a finger on it. I, I just call it the miracle of AA. So I call it a relationship with a Higher Power, a spiritual program. The miracle of AA. Wait around for the miracle (**T**, lines 613-615.
>
> I've been given a gift (**C**, lines 543-544).

Balance:

Three of the participants believe that the program of AA has provided them with a

sense of balance that reinforces their ability to remain sober.

> I think they're both equally important, if not equally important I might consider going to AA just a tad bit more important but it's not much more. I think they're both equally important. I think it's important to have a balance between going to AA and spending time with friends and having fun (**D**, lines 281-285).

> Balance. That's what AA has taught me today is to balance (**L**, line 354).

> AA, work, play, God, it just all has to fit together in a balance (**L**, line 363).

> You know, there's no balance on the front end. There's no balance. They talk about balance. I'd be lucky to have balance today but I mean, it's all or nothing basically (**T**, discussing balance between alcohol and drug use, total immersion into the AA program, and having a stable family life outside of the program, lines 263-265).

Honesty:

Practicing honesty is a topic frequently heard mentioned at AA meetings. This causal attribution developed into an emergent theme in the dialogues of four of the participants.

> I wasn't earnest in being there. I wasn't honest yet (**T**, discussing earlier failures at gaining sobriety, line 475).

> AA demands rigorous honesty (**T**, lines 710-712).

> I like the personal sharing. That's much more intimate. It's just more open and more honest (**L**, lines 154-155.)

> That's where I learn and grow is from listening to other people's experiences, and their strengths and their hopes and what they have to share, and being able to share me openly and honestly (**L**, lines 373-376).

> And it's more in the honesty; you know, fearless and moral inventory of ourself (**R**, lines 126-127).

> I think if I was honest I would tell you that there is many times I didn't

drink, not because of the program, not because of the Twelve-Steps, but because of the program, and not that it was there but I presumed it was there, the peer pressure (**R**, lines 439-441).

For participant **C**, honesty takes the form of being sincere or being real. I just think that I have never felt secure at all. I mean not never, but most of the time I don't feel insecure around anybody that's in the program. Most of the time because I know that there's been pain there. I know that they've been through the humiliation and the embarrassment and all that kind of stuff that I have been. I think it makes you more real. All that exterior kind of bullshit is a, seems to me to be not that much there with AA people. It's how are you? No, *really* how are you (**C**, lines 295-303).

Working the 12th Step:

Helping other alcoholics in need of gaining or maintaining sobriety, the concept of "giving it away to keep it," was an important AA practice endorsed by three of the participants.

P: But there are newcomers and I need newcomers. I need newcomers. As much as they need recovery, I need newcomers. I need to know that it ain't any better out there.

I: So listening to the newcomers helps you stay sober.

P: Yeah, they sponsor me.

I: They sponsor you. Are you talking about kind of an indirect sponsorship?

P: Yeah, yeah. One alcoholic helping another (**T**, 675-685).

So when I'm helping another alcoholic, whether he's sober or drunk, or stays sober, or goes out and drinks, or whatever, I'm maintaining my sobriety (**T**, lines 1213-1215).

I stay involved in AA today because I want to give back some of what's been given to me and to carry the message (**L**, lines 124-125).

Helping others is important (**L**, line 244).

In AA there's always people just really hurting and lost and don't know

which way to turn. And just to be able to spend time with them and sit and listen to them, and hopefully help them sort things out and get together at meetings and recover together (**L**, lines 258-260).

That's the purpose that I know I've got and that's to try to share my Experience, strength, and hope with another alcoholic because I've been given a gift. That's the one thing that God wants me to do (**C**, lines 542-545).

Love and affection for AA:

Loving the program of AA, loving the people in AA, and the importance of relationships within the program of AA was discussed by participants **C**, **L**, and **T**.

I feel like I fit with AA and the people in AA. I'm very real with them and we are so different. If it weren't for AA and I love'em (**C**, lines 289-290).
Because I just love it (AA), you know (**C**, line 541).

I: You said stupid meetings but you don't really believe they're stupid.

P: No. I love'em (**T**, lines 917-919).

I really love AA because, I, I really like the people in AA (**L**, line 129).

My relationships in AA are important (**L**, line 240).

That I'd like to continue to grow. It's been very enriching. I love AA. That's why I keep going after fourteen years (**L**, lines 415-416).

Brainwashed by AA:

Two of the participants commented that they had been brainwashed by AA.

I think AA just brainwashed me perfectly. I'm the happiest that I've ever been so I'm perfectly fine with being brainwashed. I was so skeptical when I came, I'm afraid not to feel that way about AA (**C**, lines 158-165).

I've been basically brainwashed by AA. Probably CIA and KGB need to take a lesson from AA on how to brainwash folks because AA has washed

my brain clean of alcohol and drugs and gave ma a focus on my own life (**T**, lines 877-880).

They (AA) basically reprogrammed (me). A lot of times I'll say I don't have an original thought in here (AA). I was re-taught. I was brainwashed. And I'm grateful (**T**, lines 972-977).

AA as a way of life:

Four of the participants either made statements or inferences that for them, AA was a way of life and *must be accepted* as a way of life in order to maintain sobriety. One participant not only made several references to AA being a way of life but also that the participant had transferred a lifestyle of drug addiction from drug to an addiction to AA.

In a previous dialogue, **L** indicated that AA is not a required option as a program of support. However, this participant stated a love for the program and stated that the program, as a method of support in sobriety, was a way of life that the participant did not necessarily seek to change.

AA is just my way of life. It's just my way of life. The Twelve-Steps is what has changed my life and the practice of those principles in my life is important (**L**, lines220-225).

Participant **C** not only makes numerous references to AA as a way of life but also indicates a desire to keep the AA way of life as a life long evolvement.

I'm afraid not to feel like AA is the center of my life (**C**, line 169).

I don't know how to handle life. So I think AA has given me a way of living, you know, a design for living that I can deal with life on life's terms a little better (**C**, lines 420-422).

I picture myself married with children but always going to meetings and bringing my children. Like I've had sponsees live with me and having a

spare bedroom in my house for them. I picture myself telling my story with thirty years of sobriety. I could be so wrong but I hope I don't ever, I don't see myself away from it (**C**, lines 535-541).

It (participant's life) does revolve around AA (**C**, line 594).

Participant **R** referred to AA as a way of life and also perceived AA as a way to achieve personal growth by living the program rather than working the program.

And that over the years, living the program as a way of life, not any where near perfect, screwing most of it up, but just trying to live the program, I've finally realized that I am comfortable being me (**R**, lines 100-102).
Doing it naturally in my mind's eye is taking the Twelve-Steps and making them your way of life (**R**, lines 120-122).

I'm just talking for me. As the program becomes more and more of a way of life, that's the guidepost, you develop more of the pride as the self-love, the self-worth, the self-respect (**R**, lines 147-149).

My theory is if I don't take a drink today, I'm living the Twelve-Steps well (**R**, lines 193-194).

Participant **T** presented the most in-depth and complex interview of the five participants. **T** not only proclaimed AA as a life style but also stated that, for this participant, AA became an addiction replacing the addiction to alcohol and drugs.

Participant **T** discussed being "forced" into AA by spouse and then being divorced by spouse for excessive involvement with AA.

Because I was drinking and drugging too much and was spending too much time away from my family. When I sobered up, then I was spending too much time at AA (**T**, lines 244-246).

Well, you go from one addiction to another, basically (**T**, line 258).

I went from smoking pot and drinking every night to going to AA meetings. There's no balance on the front end. I was going to two meetings a day if I could, if I could get it in, just to make it through the day without. It's an addiction you know (**T**, lines 262-267).

> It's (AA) is a way of life that demands rigorous honesty and a spiritual connection (T, lines 712-713).

Thematic Categories

Dividing the emergent themes into thematic categories represents the final step in a theory-led thematic analysis. This task proved no less daunting or difficult than the rest of the project. The major problem faced in this final step stemmed from the fluidity of the evidence, i.e., individual emergent themes could fit into more than one thematic category. This same problem was experienced when developing emergent themes out of causal attributions. When separating causal attributions into emergent themes, the causal attributions were discovered to flow into or support one or more different emergent themes. The emergent themes maintained this same fluidity when faced with the challenge of dividing the emergent themes into thematic categories.

Four thematic categories were developed from the emergent themes: *Theme of Need and Commitment; Theme of Enjoyment; Theme of Connection; and Theme of a Way of Living*. The emergent themes were divided into the four categories as follows:

Theme of Need and Commitment:

1) Active in AA since initial onset of sobriety
2) Chronic meeting attendance
3) AA as a priority
4) Brainwashed by AA

Theme of Enjoyment:

1) Social life and chronic AA involvement

2) Love and affection for AA

Theme of Connection:

1) AA and the God connection

2) AA as a spiritual gift

3) Honesty

4) Balance

Theme of AA as a Way of Living:

1) Working the 12th Step

2) AA as a way of life

The theme of *Need and Commitment* develops from the perceived need by participants to remain active in AA as a requisite to maintain sobriety. To fulfill this need, the participant becomes committed to the program and gives AA a major, if not first, priority in their lifestyles. At the start of their program involvement, the participants found security in the meetings and started picking up from other AA members that successful sobriety comes through chronic and compulsive attendance. Through chronic attendance, and the more or less gentle haranguing with stories and platitudes by other members, involvement with the AA program deepens. The slogan, "ninety meetings in ninety days," becomes a reality pregnant with a potential for becoming 700 meetings in 365 days, which further develops into an enduring relationship with Alcoholics Anonymous.

The data collected supporting the thematic category of *Need and Commitment* also supports the existence of social identity theory. Hayes' (1997) contends that social identity theory is central to theory-led thematic analysis (see Chapter Three), therefore an

important component needed to complete a theory-led thematic study has naturally developed through the process of data collection and analysis.

Enjoyment for the participants prior to gaining sobriety through AA, revolved around the use of alcohol. Enjoyment in life is a basic need for humans. Because of this, the theme of *Enjoyment* acquires a status of importance equal to the theme of *Need and Commitment.* With the cessation of alcohol intake, the participant must now gain new means of attaining enjoyment that excludes alcohol, and the acquisition of new friends and associates with whom to share new pursuits of enjoyment. The participants demonstrated caution, even fearfulness, of the past friendships and associations that involved alcohol use and sought to replace the old with those that were not a threat to sobriety. When their lives became centered in AA, the development of new friendships were also centered within AA. For at least two of the participants, newly discovered joys developed into feelings of love for the program and other members in the program.

Spirituality is the connective source of Alcoholics Anonymous. Therefore, spirituality, or terms that reflect spirituality, fit well into the thematic category of *Connection.* Although two emergent themes were developed specifically from causal attributions whose nature was spiritual, spirituality can be observed as a connective theme throughout the twelve emergent themes. Spirituality is the heart and soul of Alcoholics Anonymous. Spirituality is observed as a dominant connection between each of the participants and AA.

Balance and honesty are also perceived as connective. Balance was the connective source that at least three of the participants attempted to maintain between AA and the world outside of AA. *Balance is most likely the primary conduit through which*

sobriety has the best chance at remaining permanent. The concept that balance is essential for any healthy and successful lifestyle is a fact no less true for members of AA. The primary function of honesty as a connective component is to connect the member to the program. For success to be achieved, the participants recognized a need to be honest with what they wanted to achieve, which was sobriety. The participants discussed how they had to learn honesty to successfully work. It is not unusual at AA meetings to hear the statement, "to get what I wanted (sobriety), I had to learn to be honest with myself and how I worked the program." The themes of balance and honesty are also the most fluid of the emergent themes and they support *AA as a Way of Living* perhaps as strongly as they do *Connection.*

The theme of *AA as a Way of Living* captures *in toto* the causal attributions, whether directly stated or inferred, of all of the participants. AA has become a way of life for each of the participants and it is a way of living that they apparently do not wish to change. The emergent theme of 12th Step was placed under this thematic category because it is a singular manner through which members of AA continue to live the program. Working the 12th Step is the final and never finished step towards continued success in sobriety through the AA program. Working the 12th Step also perpetuates indefinitely. Successfully working the 12th Step means remaining in the program as a member with experience and extended sobriety that is continuously working the 12th Step. Participants are either maintaining their sobriety by committing their lives to AA, or they have gone "back out" into a life of drunkenness, a contention repeated throughout the interviews and one that is consistently heard at AA meetings.

CHAPTER FIVE

DISCUSSION

Conclusions

This project supports the hypothesis that members of Alcoholics Anonymous who maintain enduring relationships with the program become dependent on AA to maintain their sobriety. The final theme indicates that AA becomes a way of living for many of its members and that many members have developed a dependency on the program.

In a manner, this investigation has been similar, with good reason, to a police investigation. The intent of the investigation was to show that members of Alcoholics Anonymous become dependent, or addicted, to the program, that dependency on alcohol can be transferred from the substance to the program. Evidence for this hypothesis was gained by interviewing members of AA who had established an enduring relationship with the program. For any competent police investigator, which I have been, the most successful interviews are achieved when the investigator knows, or strongly suspects, what the answers will be previous to questions being asked. The success for this type of investigation hinges on two critical components. One is not to suggest to the interviewee that I know the answer before the question is asked. The other is not to allow bias to interfere with the truth as it develops.

This study shows that members of Alcoholics Anonymous can become dependent on the program and that when this happens, dependency is transferred from the substance to the program. Symptoms of dependence on the program became obvious throughout the interviews, during the of causal attributions, and development of the resultant

themes. Two of the symptoms, chronic and compulsive behavior were clearly noticeable. Participation in the program appeared as chronic and compulsive for each of the participants to varying degree. Despite adverse circumstances is another major symptom of substance dependence. In one of the participants, chronic and compulsive attendance *despite adverse circumstances,* was clearly evident. This participant was also adamant in admissions of being addicted to the program and other substantiating dialogue lent validity to that self-assessment. The results of this study allows conclusion that members of Alcoholics Anonymous become dependent on the program.

For some members, dependency on the program may be the only way in which they can maintain their sobriety. For others, it may be the only manner in which they *want* to maintain their sobriety. The reverse of these attributes can probably be found in persons who remain addicted to alcohol. Dependent alcoholics remain drunk because they want to, or they cannot develop the sufficient desire for change to achieve change. As opposed to being a practicing alcoholic, however, dependency on AA would appear to be the better option.

How positive can dependence on AA be, remains a nagging question. According to some (R. Brown, 1995; Galaif & Sussman, 1995; Royce, 1989) no dependency is ever positive, much less a dependency on Alcoholics Anonymous. There is perhaps some truth in this but on the other hand, can dependence on AA be totally negative? I do not believe that a polarization of either absolutely positive or absolutely negative exists although I believe that dependence on the program can move strongly in the direction of either pole. For the AA member whose life domains are adversely affected by extensive AA involvement, and whose sobriety and ability to remain alive would be in jeopardy if

the program became unavailable, dependency on AA is far from positive. However, for the person who depends on AA as a source for sobriety maintenance, yet whose lifestyle in AA has a substantial balance of supportive entities outside of the program, dependency on AA could be considered strongly positive.

Balance is a key word. If an AA member's lifestyle is totally centered on AA, even though that person maintains successful employment and has a healthy social and family life, what happens to this person if for some reason this individual finds that for him or her the program no longer works? Disenfranchisement with the program would probably place this person at high risk for relapse. The participants whose lifestyles showed greater balance between AA and the outside world, even though they depend on AA to maintain sobriety, presented through their dialogues as being more stable in their sobriety with or without AA. Conversely, those participants with less balance admittedly would be at high risk for relapse without AA.

Suggestions for Future Research

A quantitative project examining the question of program dependence across the population may be warranted given the results of this study. Although obtaining pertinent data may prove difficult, due to more open attitudes regarding research by AA World Services this type research is possible. However, gaining the confidence and willingness of the AA members to participate to a degree that would make random selection possible could remain a problem.

For future qualitative studies, obtaining more in-depth demographics could further augment the richness of the study. Casual conversation with the participants before and

after the interviews were very revealing and informative; however, I did not feel comfortable in including this information in the research since it did not fall within the parameters of previously established uniformity. Additional questions designed to reveal symptoms of dependence on the program could be included. Although this qualitative project was theory led, I believe that the responses obtained would have been deeper in detail and richer in content if the questions had been designed closer to the pattern of the type of questions found in a phenomenological project.

Balance and honesty, and their relationships between Alcoholics Anonymous and sobriety, are two themes developed in this project that would benefit from future research. This study indicates that honesty is key in gaining sobriety while balance is key in maintaining sobriety, especially within the practices and tenets of AA.

Twelve-Step Modality and AA Involvement in Formal Treatment

Future studies of dependence on AA could be beneficial in the design and practice of formal substance abuse treatment. However, the Twelve-Step modality and the forced involvement in Alcoholics Anonymous by formal or professional treatment programs is not only over used, but is also abused.

Mandatory involvement in Alcoholics Anonymous as an adjunctive treatment has negative impact not only on the clients in professional treatment but also on the members of AA. This is a problem that frequently surfaced during my research on AA, as a substance abuse therapist, and as a member of Alcoholics Anonymous. Negative comment and opinions have been heard strongly voiced by long-term members of AA as well as clients involved in formal treatment. Many members of AA believe that the over

abundance of persons being forced into their program has negative impact on the recovery of persons who are in, or are just entering into, the program on their own volition. Involvement in Alcoholics Anonymous as an adjunct to formal treatment should be more of a suggestion and less of a requirement. The over reliance on Twelve-Step modality and mandatory AA involvement has become too prominent within formal treatment programs. This practice is a sloughing off of responsibility and denies the substance abuse client the full range of benefit that professional treatment has to offer.

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APPENDICES

APPENDIX

A

Sample Protocol

"T" Interview

I Ok (name) if you would, ah, the first thing I would like for you to do is, ah, is tell me a little bit about yourself. How old are you?

P I'm, ah, forty-five years old.

I Ah, tell me about your family.

P I, ah (pause), on my dad's side of the family were, um, Irish Catholic and, ah, all my uncles are drunks.

I Ok.

P Except my dad, who's got the symptoms but he never drank.

I That's good.

P Uhm, on my mom's side of the family they are all drunks, except for my mom.

I And neither your father or your mother drank?

P Hum um.

I Ok.

P Ahm, I've had two uncles die from alcoholism. I've got two uncles currently that are, had both, both of them had, ah, throat cancer and they continued to drink and smoke cigarettes, and smoke cigarettes through their throat.

I So they had a pretty heavy addictive habit?

P Right.

I I'm sorry.

P Ahm, as myself, I was I, I, drank to get drunk first time.

I And, about how old were you then?

P Uhh, seven, eight years old.

I Ok. When you said that, ah, your parents didn't drink did they support drinking? I mean was it ok with them, or were they against drinking?

P I think my dad might have drank heavily when he was in the navy during World War II.

I Ok.

P Ahm, but, every since kids was in the family, you know, he, he was a, was a workaholic basically.

I Ok.

P Ahm, that might be a substitution actually.

I Were, were any of your family that did drink, did they, were they around drinking in front of you and in front of your parents?

P No.

I Ok. Ah ok, is there anything else you would like to say about that?

P Ahm,

I That part of your background?

P Well my, my ex-(spouse), ahm, (spouse's) whole family, is nothing but drunks.

I Ok.

P (Spouse's) mom just recently passed away from pancreatic cancer and they kind of, you know, contributed it to the gallons of wine she used to, ah, sip on so I don't know if there's (pause),

I A connection?

P a connection, but that's one reason me and my ex got along so great when we were dating, ahm, because of, I'd sell pot to (spouse's) dad and, ah, I thought that was pretty cool, you know, uhm.

I At the time it probably would be.

P Yeah. It's not too cool.

I I agree. Ah, so ah, tell me about your marital status. Ah, I believe that you've indicated that you are divorced now?

P Divorced. Ah, I have custody of one child.

I Um hm.

P Um, two kids live with my ex. And one divorce is enough.

I Ok, so you've only been married only once?

P Right.

I Ok. Is there anything else you would like to tell me about your family, your, your immediate family?

P *Well, seems like my kids are afflicted, with this ah, disease.* Ahm, my son, that lives with me, seventeen years old, is not drinking and drugging currently. I say that, *it's just a matter of time before he heads back out because he doesn't do maintenance, and he don't work any kind of spiritual program* that I can tell. Ahm, *my fourteen-year-old daughter is currently in juvenile detention awaiting treatment. I buried a sixteen-year-old daughter, two years ago, from a. She went through treatment twice* and, she just, uhh, had a chance of (pause). *My ex had threatened to put her back into treatment, and she decided to check out.* She was, ah, taking Paxil and drinking, on top of it. Which is a, a deadly mix. And ah, I have a nine-year-old son yet I'm not, and there's, (pause) there's signs there that he might have a temper problem, uh, so.

I So if, I'm hearing you right on this you have a seventeen-year-old son that, ah, that does have problems with chemical substance.

P Right.

I Is that both alcohol and other drugs?

P Um hm.

I Ah, you had a daughter who was sixteen-years-old,

P Uh huh.

I and apparently died from an overdose of alcohol and drugs.

P Uh huh.

I Ahh.

P But they ruled it a suicide.

I They ruled it a suicide?

P Yeah.

I Who is?

P The state of Tennessee.

I The state of Tennessee ruled it a suicide.

P Because of the letter.

I Ok. She left a, she left a, a note, a letter?

P Um hm. A book! Was eight page.

I Stating intent.

P Um hm.

I Ok. Ah, well this, this interview's not so much about that. I,

P Um hm.

I I, I, I don't want to go into a lot of things that, that cause pain.

P Alright.

I Uh, or that might cause pain. Ah, but then you have a, a nine-year-old

P Son.

I son that lives with your (spouse), (spouse) has custody. And you have one other child?

P A fourteen-year-old daughter.

I Ok.

P That's waiting to get into treatment.

I Ok. Ok. So, when you say, "waiting to get into treatment," does that mean that this daughter has, ah, alcohol and other drug problems?

P She has drug problems and behavior problems.

I Ok, but she's not currently using alcohol?

P No.

I Ok. Ah, well thanks for the information.

P Ok.

I Ah, and you say that you've only been married one time. How long have you been divorced?

P Since October of '96.

I *Ok and, and you say your* (spouse) *had alcohol and drug problems too*? Ahh.

P Still, still does.

I Does this, how do you see this contributing to your, to your divorce?

P When I was using drugs and drinking, ok (pause), my ex was in control. When I gave it up, ahm, my sobriety date's, ahm, July twenty-first '93, when I gave it up, and the fog lifted, and it cleared kinda, I kinda saw what was going wrong, going on in the house and I wanted to put a, you know (pause), try to fix it. You know. It's a, it's what I like to do. I like to fix things. And basically screwed it up worse but, asked (spouse) to get involved in Al-Anon. (Spouse) wouldn't get involved in Al-Anon. (Spouse) has a, a real bad time at disciplining the kids. (Spouse), instead of, you know, time out or something like that (spouse) has to verbally abuse'm in the process, es, not that. I, I couldn't stand that because I was verbally abused as a child too. *And basically I, I picked up a two year chip, and ah, lost the marriage because my ex wanted me to go back out.*

I When you say, "back out," you mean back out drinking?

P Right.

I Ok.

P (Spouse) wanted me to go back out drinking because that would give (spouse) back control of the house. But, I just couldn't go back. I had a taste of sobriety and.

I Sobriety was where you wanted to stay.

P That's where ah, that's where it's at right now, you know?

I (short response but voice too low to understand)

P I, net, I think the damage was done before I sobered up. Honestly think it was.

I But your being sober and (spouse) not wanting to be sober more or less made it, irreconcilable differences basically?

P *Well, ironically,* (spouse) *the one who forced me in.*

I Forced you?

P Into AA.

I Ok.

P *Because I was drinking and drugging too much and I was spending too much time away from my family. When I sobered up, then I was spending too much time at AA.*

I Ok, and (spouse) didn't like you spending all your time at AA?

P No.

I Is, do you feel like maybe your time at AA had anything to do with the divorce?

P Yes.

I Ok. Could you elaborate on that a little bit.

P *Well, ok, you know you go from one addiction to another, basically.*

I Ok.

P *You know, I went from, ahh, smoking pot and drinking every night, to going to AA meetings,* and I'm (pause), *it's ah, you know there's no balance on the front end. There's no balance. They talk about balance. I'd be lucky to have balance today but I mean, it's all or nothing, basically. I ah, I was doing two meetings a day if I could, if I could get it in just to make it through the day without (pause).* It's, it's like a, I don't know, ah. *It's an addiction,* you know. I mean it uh.

I So you, they, when, when you started in AA, of course *AA encourages ah, a commitment to the program.*

P Right.

I AA encourages, ah, when you first start out like ninety meetings in ninety days.

P Um hm.

I But, you feel like it might of went past that point with you?

P Oh yeah. Oh yeah.

I Ah.

P *I did over seven hundred meetings my first year.*

I That's a lot of meetings.

P You know, um, I just. *I didn't want to drink, and drug. I had enough. I saw some, something working in AA, I couldn't put my finger on it, I couldn't define it, but there was something there, and I wanted a piece of it.* You know. And then you get all these people, you know, these treatment people, you know, that's where everything is screwed up right now, treatment people. *They (pause), uh. Nothing should come in front of AA, or your sobriety. Sobriety has to be number one.* Well, as a newcomer man, I wanted that, you know, I took that in. *So I put my family on the back's, on the back burner. In the book it talks about there ought to be, you oughta, spend time with the family.*

I When you say the book, you're talking about the "Big Book"

P That's right.

I and, and your saying that the "Big Book" calls for balance.

P *There's no balance. There wasn't no balance with me.* I know people that had families that worked, you know, had a wife that worked with the recovering drunk. That wasn't in my. That wasn't there. You know. (Spouse) wanted me to quit drinking, ok, or if (spouse) wanted me to drink moderately, ok, because (spouse) didn't want to give it up herself. But once I grabbed a hold of the program, there was no alcohol, and I think that made (spouse) uncomfortable.

I I can see that.

P Because we didn't go to restaurants that served alcohol, there wasn't alcohol in our house, there wasn't drugs in our house, and anybody that came over drunk or drinking, or had anything to do with alcohol, I wouldn't let them in the driveway.

I And your (spouse) didn't approve of this?

P No, (spouse) didn't.

I Ok, ah, well we can move on. Is there more that you would like to tell me about that, or that you think would be pertinent for me to know?

P *I think, ahm, I think people have a misconception on treatment though. You know, they, they go to treatment and they think, well they go through treatment and then once they get out of treatment they're fixed. And you see all these people, you know, they go back out and drink, and then they're back in treatment. And they go through treatment, "oh, I've got it this time," and they go out and they drink and then they're back in treatment. And I see treatment as a moneymaker, you know.*

I You're talking about formal type of treatment.

P Um hm.

I Rather than AA?

P Ah, right. *I think they're more concerned with the buck than they are with the person.*

I I can see that. I can see why you would feel that and think that. Ah.

P *A big joke in AA is, "How much did you pay for recovery?"*

I Right. Ah, let me ask you another question then. Did, has, has your, has your only experience through gaining so, or, with gaining sobriety, has that been strictly through AA or has their been any periods of formal treatment?

P *I went through two formal treatments.*

I And what happened after that?

P *Well one treatment center I got kicked out of. Because I got drunk.* One, it was an outpatient treatment (location of treatment facility).

I Ok.

P And then the other one was at (name) hospital. It was a lockdown. And (pause), I did it just to save my job.

I Ok.

P You know. It wasn't about recovery.

I Ahh, and that's when so, so when. Were, were you going to AA then?

P Oh yeah.

I *Ok. When you first decided to, to gain sobriety, that sobriety was what you want, what way your first step? Where did you go?*

P *AA.*

I And then when did you start outpatient treatment?

P That was four-and-a-half years earlier.

I Ok. So you had gone through outpatient treatment four-and-a-half years before. Were you wanting sobriety then or what, what caused you to, to do that?

P I went into treatment because of me (ex-spouse),

I Um hm.

P my job was threatened, and I saw the kids acting out.

I Ok.

P Ok, it wasn't to get, it wasn't about getting sober,

I Uh huh.

P or quitting drugs. Hell, everybody drank and did drugs.

I I guess so, so that, that experience, the, the ah, the first experience of formal treatment was trying to save a lifestyle, but that lifestyle wasn't abstinence.

P Right.

I And, then when did you start AA?

P *Ah, in the time frame between the first treatment and the second treatment. There was, you know, that, that was part of the first treatment, we had to go to AA. You know, as a outpatient.*

I Ok.

P And I'd.

I Ok.

P Ah, it was a, a patient in there that came in and said she, she drank but she did, no she did some cocaine and they, they pat her on the head and said ok, and then, ah, I came back the next day and I said, "Oh, I ah, I drank last night." And the said, "You're out of here." I said, "alright."

I *Did you continue to go to AA after that?*

P *Yeah, I just, you know, I wanted to give everybody the perception that I was sober.*

I Ok.

P Which I wasn't.

I And how long did you go to AA after that? Pardon me. How long did you go to AA after that before you, ah, achieved sobriety?

P Well, ah, it'll be another. *That was four-and-half, four-and-half years, in and out.*

I Ok. Ah, when, during that time, was that when, ah, ah (name) hospital forced you into inpatient treatment?

P Well, ah, ok. The outpatient was ah, say, say it was October, ok, alright, and I was going to AA meetings, and ah, met some nice folks, you know, and then, ah, (name), my employer, (name) at the time was aware of that. And then, I got kicked out of that and about a month-and-a-half later my employer, the (employer) over there, found out that I was kicked out. *So to, to head off the, the damage, you know, damage control basically, I went inpatient twenty-eight days.*

I Ok.

P Ok. And then, ah, from that point on, the next fifteen days out of treatment, excuse me, I was, I was dry and going to meetings. After that fifteen-day period out treatment, I didn't wake up until, ah, well, the last time I took a drink was, ah, December twenty-seventh of '92. But I, I went on the marijuana maintenance

program and ah, I did marijuana maintenance program until ah, six-twenty, I mean seven-twenty of '93. My first day of sobriety was seven-twenty-one of '93.

I So, ok, the total sobriety of not using anything

P Right.

I whatsoever.

P Right.

I And so was, was the cessation of alcohol, was that while you were at ah, the (name) twenty-eight day program? Or did that come sometime after that?

P That came some day, that came like three-and-a-half years after that.

I Oh, ok.

P I went through treatment in eighty-eight.

I Ok.

P That was November of eighty-eight. And then, ah, the last time I drank was ah, ah twelve-twenty-seven of '92.

I So you feel like that, ah, that the formal type of treatment didn't work for you at all?

P I can't say that. But, I wasn't earnest in being there. You know. *I wasn't honest yet.*

I So your, your, you had no real intention at that time, while you ever were in treatment, of really trying to get sober?

P No.

I Ok. Thanks a lot for that information.

P Sure.

I Ah, tell me about your role models and mentors. Ah, who are they now?

P Ah, *my greatest role model is a man by the name of, and I can break his anonymity because he's no longer here*, uhm, *he died sober*, uhm, he was (name). *I met him at the first AA meeting I ever went to.* (Name) group there in (name)

county. And ah, *when I met him he had fifteen years, I think, sober*, something like that. Just recently moved down from Wisconsin. And he was a car salesman. And ah, *he hung with me through all my relapses, and slips, and all that stuff. In and out of the program.* Yeah, he passed away, on my seventh year birthday.

I Your seventh year of sobriety?

P Seventh year of sobriety. Seven-twenty-one, 2000

I Wow.

P was the day he passed away. He had a massive coronary.

I That's been fairly recent for you.

P Yeah.

I And ah, that was a pretty close relationship.

P Real close. I did my fourth and fifth step with the man.

I Ok. Was he, he your sponsor?

P *He was my sponsor.*

I Ok. Ah, is their anybody else that, that, that you have that you'd consider ah, ah, a mentor or ah?

P *Well there was, you know, several people ah, ah, there's a guy down in (name) ah, (name). He's ah, he's a real nice guy and he's got ah, ah, double digit sobriety.* You know. Ah.

I Quite a few years.

P *Right, ah, there's a (name)., who goes to (name), he's got double-digit sobriety.* Uhm (pause), I had a few friends that ah (pause), you know how alcoholics are. We, we kinda cling and then there's like (pause) it's, it's like a rumor mill, and then people part company, they get resentments and part company, and then new meetings pop up here and there and there. I had people early on that I kinda looked up to but, once I got to know them I didn't want to have anything to do with them, you know, ah. The one that stands out is (name)., you know. Uhm. And, and *I found out he's a human being.* He can, you know, make mistakes too but that was down the road, when I found that out, *because there for awhile I was using him for a higher power.*

I But you discovered that there's a whole lot of humanness in those, those people.

P Right.

I Ah.

P Ah, anoth, you know

I Um hm.

P *Bob and Bill. Bill Wilson and Dr. Bob Smith. How those two got together in 1935 in Akron. How'd that happen?* You know. Two unlikely, ah, people, ah, a stock broker, ego maniac and a, a doctor. Ah, and instead of going in to a bar he picks up a phone, you know, because he didn't want to drink again. And then this, this thing came out of that meeting, AA, so. And then I had ah, *I met some folks out in California,* ahm, *a guy by the name of* (name). *I had six months sober, clean. That was after I, my sobriety date I had six months. His name was* (name). *And* (name) *had twenty-two years sobriety and* (name). *had, I guess, six or seven.* (name). *was* (name) *sponsor. I went out there for a schooling for(name), for a month, in San Jose. And although the schooling was important, ok, it was for some nuclear medicine equip, equipment over there at the* (place)*, I think the most important thing I got out of the trip, was a real strong connection in AA.*

I That's what you got personally most out of your trip.

P Right.

I Would, would you say that most of your, your mentors and role models are all connected with AA?

P Yeah. *Except my Higher Power.*

I Which probably has a connection with AA.

P *Probably. Probably started it.*

I Ok. Ah, and I can accept that very well. Ah, how do you feel about being a part of this study?

P I don't have a problem with it.

I Ok.

P It's cool. If people learn by it that's fine, if. You know the, what really is amazing, AA's been around a long time. Dr. Silkworth, a guy in the "Book" had some insight, but there is some real idiot doctors out there today that have no clue. I, case in point, *I went to a doctor, told him on the front end I'm in recovery. I'm in recovery. I'm a recovering drug addict and alcoholic. The idiot prescribes me narcotics. What a moron. What an absolute moron. Duh.*

I I, I understand what you're saying. I can accept what you're saying very well.

P Right.

I But then again too. We're dealing with the human

P Right.

I element. Human nature. Ah, that doesn't justify it.

P Right.

I But it's, it's still

P I think

I helps maybe explain.

P maybe the community needs to be aware that this does work. I don't think that they believe in it, you know. Ah, there's other things that heal folks other than pills.

I I have to agree with that.

P *What it is I can't put a finger on it. I, I just call it the miracle of AA. So I call it a relationship with a Higher Power, a spiritual program. The miracle of AA. Wait around for the miracle.* And

I And for you the miracle does work.

P Yeah.

I And you say you've been active in AA for how long? Total.

P Since October of '88. Is that twelve, thirteen years?

I October of '88 until October of '98 will be ten years.

P Um hm.

I And then add two more years to that, that's twelve so you'd be working on your thirteenth year.

P Right. And I'm coming up on my eight year chip.

I Ok. So when you say coming up on an eight year chip you mean being sober for eight years.

P Right.

I Without a break.

P Right.

I And that's a, that's a good amount of time. Yeah. Tell me a little more.

P My sponsor, my sponsor said that he acted like a fool for twenty-five years. So for him to get back to square zero, he had to be sober twenty-five years. So that's, that's my goal. I want to get back to ground zero.

I Square one. Ok. Ah, I need to go into a little bit more into your, ah, relationship with AA. Just, ah, tell me some more about how your relationship, how often do you go, what type of meetings do you go to, what other type of programs that you might be involved with, with AA?

P I, if I can make it I'll go every day. Even today. And, and I carry a meeting in to the jail, you know, the (name) County Justice Center. And I'm a, a twisted servant over there at (name). I've got a key to that building and a key to the coffee supplies.

I When you say (name) your talking about an AA club?

P Right. Twisted servant is a, what is that, Second Tradition, "Our leaders are but trusted servants, they do not govern." I'm a twisted servant and I don't govern either, so.

I When you say "twisted servant," what do you mean by that?

P Well you know, people that (pause), AA. *Drinking alcohol is about gaining power.* Ok. And then when you, when people sober up, they still have that power driven, driven attitude, that ego maniac with an inferiority complex, basically, and get in to a lot of power struggles over there. Whose in charge? Who writes the checks? And I'm not in to that. I'm just in the service, you know. I used to

exclusively go to the five-thirty, closed discussion meeting. But, I never saw any newcomers. You know, there was a core group there, they met and you kept hearing the same thing over, and over, and over. So I changed my meeting to the open discussion eight P. M. meetings. Ahm, also it kind of worked better into my schedule. But there was newcomers, and I need newcomers. I need newcomers. As much as they need recovery, I need newcomers. I need to know that it ain't any better out there.

I So listening to the newcomers helps you stay sober.

P *Yeah, they sponsor me.*

I They sponsor you. Are you talking about kind of an indirect sponsorship?

P Yeah, yeah. *One alcoholic helping another.*

I Well that's, that's how the program works.

P *I do have ah, ah another mentor since my other left.* That's (name). That's, *that's my new sponsor.*

I Ok.

P And he talks about God.

I Um hm.

P How good God is, and how happy he is.

I And that helps you?

P Yes, it does.

I Ok. Do you go to any other type of programs, that are AA related?

P I don't do NA. I just ah, tried going there. I couldn't make a connection. Ahhh.

I Any social programs or any social life through AA?

P Why, I was kind of brought up differently in the program, you know. *AA's about recovery it's not about picking up a maid or, you know, it's, it's not a, a social life, it's a, it's a way of life which demands rigorous honesty and a spiritual connection. It's not about finding, ah, finding an old lady or, you know, making a best friend, or job connection, or ahh, a business connection. It's about life and death* and that's how (name) kinda brought me up you know.

I So when you're saying that ah, are, you're telling me that AA is a way of life for you.

P Right.

I However, that excludes any social activity as a way of life. It's a way of you staying alive

P Right.

I by going to AA meetings? And AA functions that deal strictly with the, the philosophy of I'm here to stay sober

P Now I.

I by working the program.

P Right. *I, I, I'll go to the dances.*

I Um hm.

P *I'll go to the dances but, you know, just, I kind of pop in and pop out.* Of course I wasn't a bar drinker. I'm not looking for that bar atmosphere anyways. I was a garage drinker. I've never had a DUI. Yet.

I You say, "yet." That's kind of curious.

P I, *It's possible that I could go back out.*

I Ok.

P *I'm not cured.*

I You always see that as a possibility?

P Yeah.

I But a possibility that you don't like.

P My sponsor, right before he died, my, the late sponsor I had, he said, "(Name) I honestly believe that you'll never drink again, as long as you live." He had that much faith in me to say that to me, for what I've been through, since I've been in recovery.

I Ok. Ah, what are the three most important things in you life at this time?

P *My relationship with my Higher Power*, and ah. *The second thing is kind of split down the middle, that's AA, and my kids, and my job. If I had one.* Of course I don't have one right now so it doesn't matter.

I Well that's, that's pretty new from what I understand and hopefully that won't be very long.

P Um hm.

I But ah, do you feel like you spend as much time with your children as you do with AA?

P No. It's still not that I ah. You know like my seventeen-year-old still has his own life, you know, he, he goes to school and works and he has own friends. Fortunately, his friends are not in to drinking and drugging. They're in to

I That's good.

P wearing them big assed, baggy clothes (pause) and ah, smoking cigarettes and playing basketball, nice cars, fast women, and, ah, loud damn music, you know, that's going on those damn stereo systems. That you can hear a block away in the basement. You know, he's, he's a pretty good kid but he's not working the program, I don't see how he stays sober. He is in the books. I see him in the books.

I You see him in oh, in the AA books?

P Yeah,

I Yeah, ok.

P he's, that's that eleventh step prayer quite a bit. Uh.

I Ok.

P Uh, prayer of St. Francis. You know, and then he does after care, you know, so.

I So you feel like in a way he's kind of working the program.

P Right. And then, my nine-year-old, he's kind of in his own little world and ah, you know, he lives on the other side of the county, and I have him tomorrow. We're going to go see the monster trucks, over at (name), so that ought to be interesting. And then ah, my daughter, my (pause), you know, I, I gave her up to

God. Ah, my sixteen-year-old I had to give up. My fourteen-year-old, I, I don't know what to do for.

P And your

S (over-talking and not able to understand two or three words)

P fourteen-year-old, is, is this the one that you're saying that you've given up to God?

S I gave her up to God because God is going to have to work a miracle in her life for her to turn around. It's, I don't know, she's, she's seen me in recovery, you know, and she still goes out there. And she ran away for three days. And she was with eighteen-year-old boys, fourteen-year-old girl with eighteen-year-old boys. And then I had to go buy her stuff back from the drug dealer, when I got back in town, when I was still working. And ah, she's sittin' in juvenile detention and they won't release her because she's a runaway risk.

I And your (ex-spouse) has custody of her?

P Right.

I Ahh,

P The one

I you.

P that's emotionally abusive. (Ex-spouse) call you a name when, "you're a worthless piece of shit child, I shouldn't never had you."

I You say your, your (ex-spouse) is the one that does the name calling, is that

P Right. Physically, emotionally,

I Emotionally.

P emotionally abusive.

I Emotionally abusive.

P Right.

I Ok.

P There ought to be a law against that.

I In some places there are and in some ways there are. Ah, you, you said, ah, your Higher Power is, ah, your, is the most important thing in your life and then, the second is a split between your children and AA.

P Um hm.

I What would be a third to you?

P If I had a job, it would be a job. Right now it's finding a job.

I Ok. Ah, why are these the most important to you?

P Well, I've put everything on the top and it really didn't work and I've put money on the top, hell everything went to, to hell in a hand basket. *Put the kids on the top, and they just got worse.* You know. *The only thing that needs to be on the top (pause) is that relationship with that Higher Power. That's got to be first and foremost in my life.* I like to think that I'm in control. But I'm not. I'm not in control of nothing. I just, you know, it's, it's ah, I mean the buck stops here. I can choose whether to drink or drug today. You know. I can leave here and go straight and go get me a, a beer and shove it down. But, I know that won't change anything and, and ah (pause). My, my late sponsor he said, "God is good." And then they got those little phrases, "good orderly direction," you know, "ego is edging God out," you know. *I've been basically brain wro, brain washed by AA.* Probably CIA and KGB need to take a lesson from AA on how to brain wash folks because, AA has washed my brain clean of alcohol and drugs and gave me a focus on my own life. *And that focus is my Higher Power. And I have to have that connection, because there'll come a time, and I've been through it once already, you won't have any mental defense against that first drink unless you have that connection.*

I That connection with your Higher Power.

P Right.

I And this is how you like to turn control over to your Higher Power?

P Well, you know, I grab, grab control. I do. I grab it back and then I screw everything up and ah, I give it back. You know. Everything calms out, and it's going good, and then I grab it back. Ok, alright I can do it again.

I So you feel like that you're in a struggle with your Higher Power a lot of the time?

P Power struggle, yeah.

I But your main goal is to turn, turn it over to your Higher Power?

P Right. *God took it, took enough of the defects away on the front end where I wouldn't drink and drug again I honestly think, you know.* When, when I get to that point, I'm not going to sit here and tell you, and, and, and lie to you, that I have not thought about drinking and drugging. I have. I have not wanted to drink and drug, I have. I wanted to say, "ef it!" on a thousand occasions, "I'll just get drunk."

I And what stopped you?

P I don't know. Something inside said no.

I And where do you think that thought from inside comes from?

P *Going to those stupid meetings. Over, and over, and over, and over, and over.*

I You said stupid meetings but you don't really believe they're stupid.

P *No. I love 'em.*

I Ok. Ahh.

P I said that to a newcomer one time and it just, it ran up and down her all over, "Don't you call them meetings stupid they're saving your butt," and I said I have a right to call them stupid. I have a lot more sobriety than you do. Boy that just (pause), ahm, I just (pause). Sometimes I put on a façade think, to let people know I'm, I'm ok and I'm falling apart inside, you know, but I have to. I don't want to (pause). You know, that, at, that is a saying in there, "poor me, poor me, pour me a drink." Ok. My new sponsor tells me, "Happiness is a frame of mind." Serenity, I've had serenity and everything around me's been chaotic. Everything around me's falling apart and I've had serenity, peace of mind, you know (pause). Sometimes you don't have to say anything.

I When you say, what do you mean by that? Explain that to me.

P You go to a. You know that, that's why I, I hang real close to (club name) just because that's my home group and people know what I'm going through. (pause) And ah (pause), *I chair a lot of meetings and all that* but (long pause). Sometimes you just don't have to say anything to show folks that the program is actually working, you know, ah. *Show up, sober, ah, be involved in the program, you know, take, take an active role (pause), make coffee,* you know just.

I So, so just being there, being a part of it,

P Right.

I works on your sobriety as much as discussion, talking about it, telling your story. Ok.

P A lot of folks will come up to me and say, "(name), I don't see how you do it."

I Stay sober?

P Right

I Are these AA people that say that (name)?

P You know, what you've been through. *Sitting down there hanging real close the meetings.*

I And it's the meetings that keep you sober. Or the involvement with AA that keeps you sober.

P *Ah, I, It's like an insurance policy I would like to say. Everyday I'd make a payment on the insurance, for the one time that I'm out there and there ain't a meeting around and, and I'm, I'm in deep doo-doo, and I gotta have, I got to take a withdrawal out on that insurance policy to get through the situation.*

I So, so you mentally fall back on the program of AA when you need it but it's not available?

P Right. *They, basically reprogrammed* and, I ought, *a lot of times I'll say I don't have an original thought, in here.* I don't. *I was re-taught, I was brainwashed.*

I By the program of AA.

P Uh huh, and I'm grateful.

I Ah, what do you enjoy most out of, outside of AA?

P Motorcycles.

I Explain that a little bit to me.

P *I tinker. I'm. My ah, my nine-year-old likes to ride on the dirt, my (pause) seventeen-year-old has a motorcycle, my nine-year-old has a motorcycle, our fourteen-year-old daughter has a motorcycle, I have a motorcycle. And plus,*

there's some folks in AA that, ah, get together on warm days and they riding down through the mountains.

I And then you ride with them,

P Yeah.

I you, you all ride together, do you ride with your children also?

P *I ride on the dirt with my children. That's all.*

I Enjoy that pretty much?

P Yeah, yeah, it's pretty nice and. I like seeing (name) this year, he, that's my nine-year-old, he's not playing baseball but man I used to love to go watch him play baseball. I miss that this year.

I Um hm. And loved, loved enjoying, watching your chil, kids in sports.

P Right. And ah, I never did that when I was drunk. I never took an active role in their lives.

I So, you ah, taking an active role in their life is, is an outside interest for you.

P Right.

I It's something that you didn't do when you were drinking?

P Right. Now I like ta, *I like Star Trek so I like to veg out in front of the TV sometimes. I like the internet.*

I So, you spend a lot of time on the Internet?

(Tape ends here and interview is picked up on new tape)

I I'm sorry (name) for the interruption. Do you want to go ahead?

P Ah, where was I?

I Ah, talking about outside interests with your children.

P Oh yeah. Ah, *I never took part in any outside interests at all until I got sober.* My sixteen-year-old, she was in to cheerleading and I went to cheerlead, I took her to practice and ah, she was in to gymnastics and stuff and ah, that was before the divorce. And ah, my oldest son, he was in to football, so I took him to

practice and went to all his games and everything. And then ah, (name) got in to basketball and ah, a time after the divorce, uhm, I had to move away and ah, maintain employment, and child support, and insurance for the kids and all that. So, I would drive to East Tennessee from West Tennessee to watch (name) play basketball. And I ah, I also ah, and one day we got involved in baseball. I'd, I'd, I'd go over there and watch them play baseball. That was a blast watching little kids play baseball and it just. And I'd, I'd, when I had my broken knee, that one time I was homeless and I had that broken knee, uhm, I showed up at one of his baseball games. And he was playing for little league over there at (name) so, anyways. I'm going to miss him not playing baseball this year. That was a blast. Always. That was, that was part of the summer, ah, him playing baseball.

I You said when you had your broken knee, ah, and you were homeless, would you elaborate on that for a little bit.

P Well, basically I, I had a job over at (name) and I got laid off right after Christmas one year.

I This is, this while your sober, right?

P Right.

I Ok.

P I was about three and a half years sober, ah, I got laid off and ah, I was basically living on unemployment, you know, and then (name), my late sponsor, had a campfire meeting out near (name), and one night I was helping him clean up after the meeting and slipped in some mud and broke my knee. And ah.

I You say a campfire meeting, are you talking about a campfire AA meeting?

P Right.

I Ok.

P That was, that was, is. He called it Serenity Hollow. Ah, it was all his land, he had like, forty-seven acres, ridge to ridge, ah, on the back end of the hollow. Anyways, I broke my knee and I lived in an apartment, where I was living at, collecting unemployment, manipulated, uhm, ah, some folks in helping me. One, I had a standard transmission type truck. I had to get it back. Then I traded that truck for a couple cars until I could one where I could drive, 'cause I couldn't fit in to anything with that knee busted up like it was. Lived on pizza for about a month-and-a-half. 'Cause that's the only way I could get food in the house was ah, (pause) ordering a pizza.

I Ordering a pizza. Having it delivered.

P Right. I didn't have any help. Ah, had ah, some friends took me to AA meetings, you know, make sure I made the AA meetings.

I Were you divorced at this time?

P Yeah, I was divorced.

I And where were you living?

P (Name of town).

I Ah, I mean, your, you said at home. Were you living, living by yourself?

P Yeah, I had my own apartment over there behind the (name) Baptist Church. So, up on the second floor too I, so I had to walk up the second, flight of stairs with that broken knee.

I And that wasn't very comfortable

P No. So, it came down to a point where my knee wasn't getting any better, I couldn't get a job. So, I, I knew somebody that was in the program, ah, that kinda knew my situation, and I was a veteran, so, they ah, they helped me get in to this homeless shelter. Ah, so I could get my knee fixed and get back on my feet. And I'm grateful for it. But I don't think that house had anything to do, that halfway house had anything to do with recovery.

I Ok, you said homeless shelter and halfway house, was these two different places?

P As, it was the same place. It was, I guess it was a shelter for veterans slash halfway house for (pause), I really, I really didn't understand it, you know.

I Ok.

P But, the VA was flipin' the bill, and ah, they're.

I They were paying for you to be there.

P Right. Paid my room and board. And (name), uh, bless his heart, he'd, he'd slip me a twenty ever once and a while and let me go buy some cigarettes.

I And who was (name)?

P He was the director of the program over there. For the VA.

I Ok. At, at the halfway house or?

P No, he was from the VA.

I Oh, ok.

P He's a liaison from the VA to, the halfway house.

I Ok. Ah, did you, do you have any other outside interests? Oh, we talked about ah, spending time with your children and ah, and your motorcycles, working on your motorcycles. Those are.

P Currently I do not have, I, *I know a lady but, I'm not in to it, because, I have too much going on and ah (pause). Really, I'm scared, of women*, so, so.

I So, so you don't have a romantic life of, they're, any relationships really with the opposite sex.

P Uh huh.

I Ah.

P *With anything, you know, just, I just, I got a dog and a cat and that's all I need.*

I Ok. Ah, what do you think would happen (name), if you couldn't attend AA, you could no longer attend AA?

P *I do believe you will be burying me.*

I And, what do you mean when you say that?

P Ahh, *initially my spirituality will drop off. And, it's just a matter of time and I'll drink, or stick a gun in my mouth. Because I couldn't live with myself.*

I Why, why do you feel like this? Why do you think this?

P *I've seen it a thousand times. It means, people quit going to meetings. They drink. You lose your contact or your spiritual connection. End up killing yourself, or going back out.*

I So basically what you're telling me is that, it's an either/or situation for you. It's either Alcoholics Anonymous to stay sober, and if you don't have Alcoholics Anonymous to stay sober, then it's, it's relapse and death.

P Um hm. *Church ain't gonna do it, man.*

I And you don't feel like anything else would either?

P No. I mean, when I was in treatment they gave me antibuse. I drank on antibuse (pause). It didn't stop me. A pill ain't going to stop me.

I Ah, so ah.

P I, I know there's a pill out there now.

I Um hm. There, yeah, sort of. Ah, but you don't feel like that what you gain from AA would carry you?

P For a little while.

I But not for any, any period of time?

P It's a, you know. Most, most Americans every Sunday go to church. And the little bit more extremes, they go to church on Wednesdays too, ok. So, in essence, what, seventy-five percent of Americans, are making two meetings a week. Sunday and Wednesdays.

I Your talking about church going.

P Right, right.

I Ok.

P Alcoholics if, *if all I could get to is two meetings a week, I could probably maintain myself. Spirituality and my sobriety.*

I But you feel like that probably for your sobriety maintenance, it takes about two meetings a week, or should be, it really takes two meetings a week, on the average, to, to keep your sobriety?

P Ah, well, it's, it's kind of the way I was brought up, you know, I was brought up, uhm, you give it away to keep it.

I You're talking about being brought up in Alcoholics Anonymous or

P Right

I being brought up as a child?

P Right, up in Alcoholics Anonymous. You give it away to keep it. *So, when I'm helping another alcoholic, whether he's so, sober or drunk, or stays sober, or goes out and drinks, or whatever, I'm maintaining my sobriety.* Right there and then. There's only two times, I need to go to a meeting, that's when I want to and when I don't want to.

I Do you sponsor?

P Yeah, I got a sponsor.

I No, do you sponsor?

P Yeah, I do.

I Ok.. Ah, what else do, would you like to tell me about your relationship with AA?

P There was this guy in Memphis, he was a first lieutenant in the eighty-second airborne, he got a DUI, and they booted his butt out of the eighty-second airborne. Black guy, real nice guy, and he was in AA in Memphis, when I was living in Memphis. He had a explanation of how and why AA came ah, came. Basically, what was it, the twenties when that, that amendment was in the constitution about drinking?

I The ah,

P Prohibition.

I Prohibition?

P Prohibition. Right after that ah, ah, where they ah, ah, canceled that was about what time, was it like mid-thirties?

I It was right around the early part of the thirties.

P Ok, what time was AA formed?

I '35.

P He was under the, the assumption that this, this God that's apparently in AA was giving folks a way to change their lives from the failure of prohibition. An avenue. *I think AA is there for the people that can't make the connection in church like I couldn't make the connection, in church. Also in church is politics.*

I *So you feel like that AA is a form of religion for you?*

P *Yeah.*

I *As well as spirituality?*

P *It's the only church I go to.*

I Ok.

P *It's my religion.*

I Ok. Ah, is there anything else?

P No.

I Ah, to kind of summarize a little bit, ah. You come from a background where there's a, a lot of alcohol abuse although it really wasn't used in your family

P Um hm.

P while you were growing up. Although I believe you see your family life as somewhat dysfunctional, I'm talking about your, in your youth.

P Um hm.

I Ah, when you got married, ah, you married somebody that ah, had some ah, that, that was dependent upon alcohol and drugs. And this is a whole lot of what made your marriage come together.

P Right.

I As the years went by you started seeing that alcohol, and drugs, for you wasn't working for you anymore. And for about four-and-a-half years you made a half-hearted effort at gaining sobriety. Ah, kind of riding the fence not really wanting to get so, sober but then again feeling like you should be sober.

P Right.

I And part of that was influenced by your (spouse), although (spouse) was drinking and using, and your employers.

P Um hm.

I Ahh, you eventually obtained sobriety but you credit Alcoholics Anonymous for giving you the sobriety, or helping you get, achieve sobriety,

P Right.

I any, any enduring sobriety. And it's through Alcoholics Anonymous that you maintain your sobriety. You feel like that ah, and believe that you need to attend, stay extremely involved with AA, deeply involved with AA to keep the sobriety going.

P Right.

I Ah, sobriety is very important to you. Over the years, your children have also become very, over the years; your children have also become very important to you. They were always important but you weren't involved with them.

P Right.

I And now you want to be involved with them almost as much as you want to be involved with AA. Ah, however, the problems that happened, ah, while you were involved with AA, not with AA, I'm sorry, while you were involved with alcohol and drugs has created a dysfunction there, or led towards dysfunction that even (pause) creates problems with these relationships, keeping these relationships from going like you would like for them to go. Ah, again AA is extremely important to you as a part of your life. It is your life, pretty much. Ah.

P It's almost automatic.

I I'm sorry?

P It's almost automatic.

I Automatic? Ah you do not feel like that ah, you would be able to live without AA. That if AA was taken away from you would relapse. And probably would eventually die, either from the use of alcohol itself or commit suicide.

P Right.

I (Name), thank you very much for this interview.

P Sure.

The tape was turned off at this point, however, a few moments later the interview subject requested that the tape be turned back on in order that (the participant) could contribute the following:

I (Name) you said to me there's some stuff that you didn't tell me, that you'd like to tell me a little bit more about your relationship with AA. Go ahead.

P *The reason I don't do churches, ok,*

I Um hm.

P *Is because I was sexually molested by a priest.*

I And this really has stuck with you for a long time, right?

P Yeah.

I How long ago was that?

P *I was in the seventh grade.*

I Ok.

P In junior high, at St. Johns, in Memphis. And then, during my divorce, my, my (spouse), at the time, we married Catholic, ok?

I Um hm.

P *She switches to the Methodist church and then, then a Methodist preacher there tells me. I went to him and said, "Hey, help me get my marriage back together." He said, "Well, give up AA." I said, "Do you have a hand gun," and he said, "yeah," I said, "Stick it to my head and blow my brains out." And he didn't like that response very much.*

I So you got.

P And then,

I Ok.

P And then in the divorce court, this preacher, with his big old cross and his collar, white collar, was sitting at (spouse's) table and, at the divorce, and there wasn't no body sitting at my table, except my Higher Power and my attorney.

I So you had two really bad experiences with, quote, religion.

P Organized religion.

I Organized religion, and as a consequence you choose to not be with organized religion. You just as soon let your Higher Power, and AA, be your religion.

P And then, during, ah, one, one of my readings and my sponsor, you know what I mean. He was a big, big, "Big Book" spo, thumper.

I And when you say big "Big Book" thumper your talking about alc, the book *Alcoholics Anonymous?*

P "Big Book" is *Alcoholics Anonymous.*

I Right.

P The big "Big Book" is the bible.

I Oh, ok. Ok, thank you.

P Alright. And Dr. Bob and one of his speakin's was talking about when they formed the, when they wrote the book of *Alcoholics Anonymous* that it was based on, you know, they had Presbyterian backing when they wrote that book,

I Uh huh.

P some of the members were Presbyterian, you know, Christian, Judeo,

I Uh huh.

P Christianity type of backing and they talked about Sermon on the Mount, letters to the Corinthians, and the book of James. Ok. And my, and one of my sponsors readings he wanted me to read the book of James, and you were talking about sitting on the fence earlier, on your summary,

I Um hm.

P there's no sitting on the fence in AA. Either you're in recovery, or you're not.

And that's the way it is with my Higher Power. Either you're with Him or you're not. But I'm a human being, I can't walk on water. I'm going to screw up. I'll probably break the speed limit going home. I'll probably look at a (opposite sex) and say, "Boy, I'd like to get in to (opposite sex)."

I And you think, ah, organized religion prohibits you from doing that?

P *Organized religion is going towards the Twelve Steps man. That is, most organized religions. My understanding is they use that first step, uh, we are powerless over us playing God and our life is unmanageable.*

I Ok. That's a pretty good philosophy.

P So, you know, and then the Catholic church is now holding hands when they say the Lord's Prayer at the end, you know. When (name) died they had the Mass, you know, the Catholic Mass and they all said our, I wanted to say, "Keep coming back, it works if," (voice too low to understand last few words of sentence).

I I hear that once in awhile when the Lord's Prayer is said in the church where I go to.

P Um hm. "Keep coming back,"

I "It works if you work it."

P "it works if you work it."

I Um hm.

P But that's it, you know.

I Once again, thank you.

P Sure man.

Sample Protocol

"L" Interview

I First of all, I would just like for you to tell me a little bit about yourself.

P I'm (name), I'm an alcoholic, ahm, I'm forty-two years old. I'm a single parent, I have one son. *I've been a, an active member of Alcoholics Anonymous since February 8th, 1987. That's my sobriety date. Ah, I had previously been involved with AA in my early twenties. I stayed dry a year and two months and relapsed, went back out for five years.* Uhm, I was born in (name), Louisiana. I have one brother, two nephews, and a niece.

I Are any of your family, ah, brother, parents, or anything like that, do they have problems with alcohol that you know of?

P Yes, ah, my brother, but he denies it, ahm, his son, is in his twenties, he has problems, he denies it. My son, ah, is in recovery now and he's been in many treatment facilities and he's active in recovery at this point, probably about six or eight months. Ahm, in my daddy's family, it's my understanding, I never knew my grandfather but it's my understanding he was a drunk. And died drunk. And I knew my daddy's brother, Jay, was a drunk, and uncle Charlie stopped drinking but he was a drunk too. He was a funny drunk.

I So, I guess alcoholism, and other drug abuse also, or other drug dependence, runs in your family

P Yes it does.

I pretty much? Um hm.

P And my momma was adopted but she was a teetotaler, never drank a drop, because she said she thought that she was an alcoholic, and she didn't never want to drink and find out.

I Ok, and that's, that's good. Ah, and you tell me you've never been married, right?

P Well, I was married one time for six days.

I Ok.

P If you want to call it a marriage. I normally don't refer to it as a marriage.

I I hear you. Ah, tell me about any role models or, or mentors that you might have.

P Ah, just in, life in general?

I Life in general, anywhere, anyhow.

P *I respect Mother Teresa with all my heart and soul.*

I Ok.

P Ahm, *and Billy Graham. Those are two people that, ah, had utmost respect for.* I always wanted to be a missionary. Ahm, *and then people in the program who die sober.*

I Ok. Are there any particular individuals that you're close to that are role models or mentors?

P *My counselor.*

I Ok. And ah. Ok.

P Should I, I mean should I state names?

I You don't, no it's not necessary. Ah, do you have a sponsor?

P Ahm, *I use the group.*

I As your sponsor?

P *As my sponsor.*

I Ok, but you don't have a personal sponsor of any kind?

P Not today. When I started in the program I had two, three people who sponsored me.

I Ok, are those people still around for you or ah.

P No, one has died and the other two are not active in the program.

I Ok. Ah, how do you see yourself at this time in your life?

P Growing and changing.

I Ok, and how do you feel about being a part of this study?

P *Very hopeful,* I'm interested to see where this goes and what the results are.

I Ok. When you say, "hopeful," hopeful for what?

P That good things will happen.

I For?

P AA.

I Ok. Ah, in, *exactly how long have you been sober?*

P *Fourteen years.*

I Fourteen years.

P On February 8th.

I And this would be your longest period of sobriety?

P Yes.

I Ok. Ah, and you've been active in AA for fourteen years or has it been longer than that, your actual involvement with AA?

P I started AA in my twenties.

I Ok, and how that, long ago would that be, do you know? Fairly close?

P Twenty years ago.

I Twenty years ago. Ok, well just tell me about, in general, about your relationship with AA.

P Umm, ahm, (long pause) *I stay involved in AA today because I want to give back some of what's been given to me and to carry the message.*

I Ok.

P Ahm, *I love AA because, I, I really like the people in AA.* Ahm, you can't help but get close to these people and, uh, it, it's helpful in my life. *I can be going through my day and remember things people have said at meetings and it gives me hope* and carries me through tough situations.

I Ok.

P Uhm, I, *I look forward to meetings I wish my life was so situated that I could just attend more and all the time,* and yet in my line of work today I, I'm pretty active and it, it's been a blessing to me.

I Uh, how often do you attend meetings?

P *Usually, ahm, is, is it two or three times a week?*

I Ok.

P Or more.

I Um hm. What type of meetings and programs do you usually like to go to?

P I usually go to closed discussion AA meetings.

I Any particular reason that you prefer this type of meeting or?

P *I like the personal sharing. That's much more intimate.* Ahm, *it's just more, more open and more honest.* I do go to open speaker meetings, ahm, it's a little more formal.

I Ah, is there any other functions, ah, involved with, with AA that you go to or like to attend or

P I go to

I be involved with?

P NA sometimes.

I Um hm.

P I go to Alanon, which has been really, really helpful. Ah, and *I go to church, I think church is probably an active part in my recovery.* I like it. And, ah, *I go to counseling, once a week.*

I Tell me about any social functions that you might be involved with, with AA.

P What do you mean, "social functions?"

I Do you, do you go to any of the social functions like dances and dinners or?

S Yeah, I go to dances. Uhm, *I go to conventions and assemblies and, I used to go to more of the dinners because we had more,*

I Um hm.

P back in the old days, twenty years ago, we had things like that going on all the time. We used to have, ahm, every Friday night we would go to people's homes, and bring a covered dish,

I Um hm.

P and we would listen to AA tapes or have a meeting, and I used to go out to a place called, "Serenity Hollow,"

I Um hm.

P and it was like campfire setting, and we'd have campfire coffee and have the meeting outdoors,

I Um hm.

P *at night and that was real inspirational.*

I Why, why do you not do as much anymore?

P Many of the people that I was involved with are not there, or they, have, have died, or things have just changed and these activities haven't been kept up.

I Ok. If the activities were reinstated or there were more of them, what, what do you think your response would be?

P I would go as long as my time was available to go.

I Ok. Ah, what would you say are the three most important things in your life at this time?

P *God, spirituality. When I say God, I mean God the Father, God the Son, and God, the Holy Spirit.*

I The Trinity.

P And, ah, *my family, my son, ahm, AA.* Ah, *AA is just my way of life,* I don't,

I Ok.

P *it's just my way of life. The Twelve-Steps is what has changed my life and the practice of those principles in my life is important.*

I Um hm. So I'm, I'm hearing two things basically here, ah, as the three most important things in your life. One is your spirituality which, which is God, ah, and the other is AA, ah, which is also spirituality. Ah, what, what would be a third thing?

P My son, my family.

I Your son, ok.

P It's hard to narrow it down

I Um hm.

P to, ahm, *three things because my relationships in AA are important,*

I Um hm.

P my work is important. Ah, *helping others is important.*

I Ok, and when you say, "helping others," how do you mean?

P Well, all you have to do is look around you today and there is all those people in need, ah, I take care of my daddy, he's elderly and he's sick, ah, and I enjoy

I Um hm.

P helping him, doing things for him that he can't do for himself. Ah, in AA, there's always people just really hurting,

I Um hm.

P *and lost, and don't know which way to turn. And just to be able to spend time with them and sit and listen to them, and hopefully help them sort things out and, ah, get together at meetings and recover together.*

I So when you say helping people, your not necessarily just referring to people that you meet in AA or helping people who have an alcohol or drug problem but your talking about anybody that might need help?

P Well God has put a lot of people into my life and they're not always all alcoholics.

I Alright, ok. Well then that's good. Ah, out of the three things that you just told me, and I believe that you've already said this but I'm going to ask you again

anyway, which would you consider the most important?

P *God because without God, there's no hope, there's nothing.*

I Ok. Ah, outside of AA, what do you enjoy most in life? Tell me about what you enjoy most in life.

P *What do I like to do? Go to the beach.*

I Anything else?

P *Oh yeah, I like to do lots of things, let's see, ahm, outside of AA. I like to travel.*

I Um hm.

P Especially with the beach. I like walking down the beach, the ocean's really powerful, and collecting seashells, and we just got the opportunity to go do that. We went to Jekyll Island to an AA convention, and we walked down the beach and collected shells and it was really neat. I remember, back in, I used to volunteer at the school, ah, and there was this thing that said, "There was a man walking down the beach, and he was picking up seashells, that had been stranded up on the dry beach and he was throwing them back in the water and this other man came down the beach and he said, 'What are you doing that for, you're wasting you'r time, there's too many of those for you to throw them all back in' and that man looked at him and he looked at the seashell with the live little creature inside of it and threw it in the water and he says, 'it matters to this one." And we've got to live that

I Um hm.

P because my son and I went to the beach and, ah, we had shared that story in fifth grade in Mr. Garret's class and I was watching my son walk down the beach and we were collecting shells and there were some really big, beautiful shells and he wanted them so bad and he'd pick'em up and there'd be a live creature in it and he'd look at it you'd see him think and then. He wanted it but he'd throw it in the water (laughs) and he looked at me and he says, "Mom, it matters to this one," and I thought, "I am so amazed that he remembered that from fifth grade." And he's living it out. And we went to the convention and listened to Clancy,

I Uh huh.

P which was really great, but the most impact that anything had on me was the experience of watching him throw that seashell in the water when I knew he wanted to take that big, beautiful shell home.

I But he appreciated the life that was

P Um hm.

I inside of it that much more.

P Yeah.

I Ah, are there any other interests at all

P Children.

I of any kind, uh?

P *I love children*

I Um hm.

P Uh, *I've spent all my life taking care of children and working in childcare.* And it's just the most rewarding work a person could ever do. Ah, *I love children.* I have a relationship with children, *I guess it's still the child in me and today, through AA, I've learned to work and to play, and it's just really fun to play with children* and

I Um hm.

P *to teach.*

I Um hm.

P And, ah, what else do I like to do? *I love, have fun, going to Dollywood, riding rides, 'cause when I was a kid I wouldn't do that. Ah, like going to church, I like to study, I like to learn, I like to read books, ah, anything on self-improvement and self-help.*

I Ok. Of the, of, of your outside interests and AA, which would you consider the most important?

P *Balance. That's what AA has taught me today is to balance.*

I So there's no particular one that's more important to you. It's, it's a, it's a balance of everything.

P Right.

I Ok.

P *AA, work, play, God, it just all has to fit together in a balance.*

I For me, that's very healthy.

P Um hm.

I Ah, what do you think would happen to you if you could no longer attend AA?

P Well I think *I would be very sad and grieve the loss. AA's very important to me and I think it's pretty necessary for me to stay bonded with, with AA and with the fellowship and the people in AA. I think it's important to my recovery.* That's where I learn and grow is from listening to other people's experiences, and their strengths and their hopes and what they have to share, and *being able to share me openly and honestly. With people who understand me.*

I Ok. Ah, what do you think would happen to you, tell me what you, you believe would happen to you, as far as your sobriety, if AA was taken away from you.

P Well, you see, *I don't think God brought me this far to let me down* and, and, in the Bible it says, "All things are possible with God," and it also says that God will supply all our needs. So *if there was no more AA, I believe that I would stay sober.*

I Ok.

P Ah, I believe that I would stay sane,

I Ok.

P because I believe that *God's the one who gave us this gift in the first place.*

I So you believe that God, your spirituality in itself, would be the strength that you would need to maintain your sobriety if all, regardless of whatever reason, was taken away from you.

P *As long as continue to live with the principles, yes.*

I Of, of, the principles?

P *Of the program and also of the Bible.* I mean I use the Bible too and it's my tool.

I The principles of the program, meaning the principles of Alcoholics Anonymous.

P *The Twelve-Steps.*

I Right. Ok. That's something that you have that can't be taken away from you.

P Right.

I Ok. What else would you like to tell me about your relationship with Alcoholics Anonymous?

P That I'd like it to continue to grow. It's been very enriching. *I love AA.* That's why I keep going after fourteen years (laughs).

I Ok. Ah, well to kind of summarize this a little bit, which we've been doing kind of as we went along, ah, you're a single mom.

P A single mom.

I You have a teenage son that's also had a problem with alcohol,

P Yes.

I alcohol and drugs both, ah, but he is in recovery.

P Yes.

I Ah, and I can't remember, did you say that he was active in Alcoholics Anonymous?

P Yes. Very active in Alcoholics Anonymous

I Ok. Ah, there is a family history of alcohol and other drug problems.

P Yes.

I Ah, that's been pretty severe. Ah, this is your longest period of sobriety, you've been sober for about fourteen years.

P Yes.

I Ah, you had a, your, your actual affiliation with, with Alcoholics Anonymous goes back at least twenty years,

P Right.

I which indicates that you were involved at one time and probably had a relapse,

P A relapse.

I and, ah, then, ah, achieved sobriety again and have been active with AA and sober for fourteen, over fourteen years at this point.

P That's right.

I Ah, you have a fairly strong relationship with Alcoholics Anonymous, you, you've actually stated that you love the program, it's a love affair between you and the program and the people that are in the program.

P Um hm.

I The program is, ah, you use the program pretty much as your method for staying sober although you don't attribute your ability to stay sober totally to AA. It's also your relationship with God that helps keep you sober.

P Yes.

I Ah, the three most important things in your life are Alcoholics Anonymous, ah, God, and you son, not necessarily in that order, the way I stated it. I believe that you stated it is that God is number one. Am I correct with that?

P Yes.

I Ok, and, ah, but it doesn't make any difference. Ah, for you, a healthy, sober life style was a good balance between these things, and also your work, and your leisure time, and how you enjoy life. It's maintaining a good balance of all these things that makes life, for you, more worthwhile and strengthens your sobriety.

P Right.

I Is that pretty close to where,

P Yes it is.

I where you were going? Ok, well that about wraps up the interview and ah, and I really appreciate it. Is there anything else that might, think that you'd like to contribute, or that might be there that you would like to talk about?

p Yeah, it's just something that came to my mind there, *speaking of God, because it's AA who restored my relationship with God,*

I Um hm.

p because when I was drunk and drugging, I got separated from God. *And it's through the Twelve-Steps applying those principles in my life that I came to trust, and rely on God.*

I Ok.

p And so it's kind of, it's, *it's hard for me to separate the two*

I Um hm.

p because *I think God gave us AA, the Twelve-Steps, and the Twelve-Steps is what's restored my faith.*

I So they're very, they're very,

p Together.

I very much together.

p It's the unity.

I Right, ok. So God is spirituality, AA is spirituality, and this is your spirituality.

p Yes.

I Ok, well thank you very much.

p Thank you.

APPENDIX

B

Clinical Definition of Psychoactive Active Substance Dependence or Addiction

The *Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition*

(APA, 1994) defines **substance dependence** as:

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

(1) tolerance, as defined by either of the following:
  (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect
  (b) markedly diminished effect with continued use of the same amount of substance

(2) withdrawal, as manifested by either of the following
  (a) the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for Withdrawal from the specific substances)
  (b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

(3) the substance is often taken in larger amounts or over a longer period than was intended

(4) there is a persistent desire or unsuccessful efforts to cut down or control substance abuse

(5) a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects

(6) important social, occupational, or recreational activities are given up or reduced because of the substance use

(7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption)

Criteria for substance withdrawal is defined as:

(A) The development of a substance-specific syndrome due to the cessation of (or reduction in) substance use that has been heavy and prolonged.

(B) The substance-specific syndrome causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specifications for remission are defined as:

(A) **Early full remission:** For at least 1 month, but for less than 12 months, no criteria for Dependence have been met.

(B) **Sustained full remission:** None of the criteria for Dependence have been met at any time during a period of 12 months or longer.

APPENDIX

C

The Twelve Steps*

Step One: We admitted that we were powerless over alcohol – that our lives had become unmanageable.

Step Two: Came to believe that a Power greater than ourselves could restore us to sanity.

Step Three: Made a decision to turn our will and our lives over to the care of God *as we understood Him.*

Step Four: Made a searching and fearless moral inventory of ourselves.

Step Five: Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

Step Six: Were entirely ready to have God remove all these defects of character.

Step Seven: Humbly asked him to remove our shortcomings.

Step Eight: Made a list of all persons we had harmed, and became willing to make amends to them all.

Step Nine: Made direct amends to such people wherever possible, except when to do so would injure them or others.

Step Ten: Continued to take personal inventory and when we were wrong promptly admitted it.

Step Eleven: 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.

Step Twelve: Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice the principles in all our affairs.

All emphasis is quoted directly from the book (AAWS, 1985, p. 50).

*References are made to the Twelve Steps and the Twelve Traditions in the study.

The Twelve Traditions*

One: Our common welfare should come first; personal recovery depends upon AA unity.

Two: For our group purpose there is but one ultimate authority – a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.

Three: The only requirement for AA membership is a desire to stop drinking.

Four: Each group should be autonomous, except in matters affecting other groups or AA as a whole.

Five: Each group has but one primary purpose – to carry its message to the alcoholic who still suffers.

Six: An AA group ought to never endorse, finance, or lend the AA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.

Seven: Every AA group ought to be fully self-supporting, declining outside contributions.

Eight: Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.

Nine: AA, as such, ought never to be organized; but we may create service boards or committees directly responsible to those they serve.

Ten: Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never to be drawn into public controversy.

Eleven: Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press radio, and films.

Twelve: Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

Quoted directly from the book (AAWS, 1985, p. 78)

APPENDIX

D

INFORMED CONSENT STATEMENT

A Qualitative Study of Enduring Relationships with Alcoholics Anonymous

You have been invited to participate in a research study. The purpose of this study is to explore reasons and causes that individuals continue long-term or enduring relationships with Alcoholics Anonymous.

You are agreeing to be interviewed by Robert L. (Rob) Simpson who, like you, is a recovering alcoholic. This session will be audiotaped and you will only be asked to respond to a preset series of questions. Encouragement to respond in further detail to some of your answers will occur when and if needed. These questions have already been presented to you in the *Information Letter* that you received and have had the opportunity to review. You make keep this letter with you during the interview. The interview should take less than an hour to complete and only one interview will be conducted. The audiotapes of this interview will be transcribed (duplicated in writing) and the transcription will be analyzed to see what themes or patterns develop in regards to your participation with Alcoholics Anonymous. The themes of your interview will then be compared with the themes of other volunteers who participate in this study. To avoid suggesting to you what your responses should be and to keep all of your responses purely your own, theories to be explored will not be discussed or revealed before the interview. These theories will be discussed in detail with you willingly after the interview if you desire.

The general benefit this study will hopefully provide is to gain more insight into how Alcoholics Anonymous helps people to stay sober and how people use AA to stay sober. There is also a possibility that you will have a better understanding of your relationship with Alcoholics Anonymous.

Unless you specifically give permission to do otherwise, personal information regarding who you are and that you participated in this study will be kept strictly confidential and be available only to persons directly involved in the study. Each of these persons will have also made a confidentiality agreement not to reveal any privileged information regarding your identity and participation. This informed consent statement, the audiotapes of the interview, and any other material that in any manner could lead to your true identity will be kept in locked file cabinet. Storage location(s) will be in the Department of Counseling, Deafness, and Human Services that is located in the Claxton Addition building at the University of Tennessee at Knoxville or otherwise under the control of Rob Simpson.

If you have any questions at any time about this study you may contact Rob Simpson or Dr. William A. Poppen through the Department of Counseling, Deafness and Human Services at the University of Tennessee at Knoxville or by calling (865) 974-5131. If you have any questions about your rights as a participant, contact the University of Tennessee Compliance Section of the Office of Research at (865) 974-3466.

Your participation in this study is strictly voluntary and you may decline to participate at any time. If you agree to participate, you may withdraw from the study at any time. If you withdraw after data collection has started or completed, all data collected will be returned to you are destroyed and no information regarding your participation will be used in the study in any form or manner.

Your willingness to participate in this study is deeply appreciated.

I have read the above information and I agree to participate in the study. I have received a copy of this form.

Participant's signature:_____
Date:_____

Participant's name printed:_____

Investigator's signature:_____
Date:_____

"A Qualitative Study of Enduring Relationships with Alcoholics Anonymous"

Informed Consent Statement: Page two of two

INFORMATION LETTER

A Qualitative Study of Enduring Relationships with Alcoholics Anonymous

Thank you for your consideration to participate in this research study. The purpose of this study is to explore reasons and causes that individuals continue long-term or enduring relationships with Alcoholics Anonymous.

Your participation will involve being interviewed by Rob Simpson who, like you, is a recovering alcoholic. This study is a major part of a thesis project and the thesis is the final step towards completion of a master's degree in counseling for Rob Simpson. Your participation will involve being interviewed and the interview being audiotaped. The audiotape will later be transcribed (duplicated in writing) and the transcription will be analyzed to see what themes or patterns develop regarding your participation with Alcoholics Anonymous. The themes of your interview will then be compared with the themes of other volunteers who participate in the study. This study will hopefully provide deeper insight into how Alcoholics Anonymous helps people stay sober and how people use AA to stay sober. There is also a possibility that you will have a better understanding of your relationship with Alcoholics Anonymous.

The questions you will be asked to respond to are:

(1) Tell me about yourself.
   a) How old are you?
   b) Tell me about your family?
   c) Tell me about your marital status and children.
   d) How many times have you been married?
   e) Tell me about your role models and mentors.
   f) How do you see yourself?

(2) How do you feel about being apart of this study?

(3) How long have you been sober?
   a) Has this been your longest period of sobriety?
   b) If not, what and when was your longest period of sobriety?

(4) How long have you been active in AA?

(5) Tell me about your relationship with AA.
   a) How often do you attend AA?
   b) What kind of meetings and programs do you usually go to?

(6) What are the three most important things in your life at this time?
   a) What do you consider as the order of their importance:
   b) Why are these the most important?

A Qualitative Study of Enduring Relationships with Alcoholics Anonymous

(7) What do you enjoy most outside of AA?
   a) Which is the most important between your outside interests and AA?

(8) What do you think would happen if you could no longer attend AA.
   a) Why do you think this?

(9) What else would you like to tell me about your relationship with AA?

Your participation and identity will be kept strictly confidential. Numerous procedures and safeguards have been implemented to protect your confidentiality and the procedures used are in strict adherence to policy established by the University of Tennessee. If you have any questions about this study or your rights as a participant, you may contact Dr. William A Poppen, who is the supervising professor over this study, at (865) 974-5131.

Statement of Confidentiality

I have agreed to participate and assist in, "A Qualitative Study of Enduring Relationships with Alcoholics Anonymous,"

by: _____

_____.

I understand that some of the information that I will be privileged to is sensitive and confidential and that this confidentiality is primarily in regards to the names and identifications of the selected sample participants involved in this study.

I agree to respect the confidential nature of this study and not divulge to any person who is not directly involved in the study any information that may directly or inadvertently divulge the identities of the selected sample participants.

Any questions I may have regarding this study or otherwise issues involving confidentiality may be responded to by contacting Rob Simpson or Dr. William A. Poppen through the Department of Counseling, Deafness, and Human Services at (865) 974-5131.

Signature:_____ Date:_____

Name Printed:_____

Signature of Investigator:_____

APPENDIX

E

Names and Addresses of Alcoholics Anonymous Sample Site Locations

AROC, Inc.

Old Maryville Highway at Self Hollow Road

Rockford, Tennessee

Park 40 Club

9217 Park West Boulevard

Knoxville, Tennessee

Blount County Group

2505 Old Niles Ferry Road

Maryville, Tennessee

Back to Basics Group

3800 Martin Luther King Boulevard

Knoxville, Tennessee

VITA

Robert Lee Simpson was born in Dallas, Texas on December 28, 1942. He attended numerous public schools in Tulsa, Oklahoma, Arkansas, and Dallas, Texas. He graduated from Lancaster High School in Lancaster, Texas in May 1961.

After graduation from high school, he served for three years as a communications intelligence specialist in the Army. During his military tour, he served in the Philippines, Thailand, and Japan. Upon separation from the military, he went into law enforcement and between January 1965 and September 1978, he was employed as a police officer for the Dallas, Denton, and Grapevine, Texas police departments.

Mr. Simpson entered Cook County College while employed by the Denton, Texas police department and graduated in May 1976 with an Associate's degree in Law Enforcement. The Associate's degree was followed up with one year of study at the University of Texas at Arlington. In 1994, he enrolled at the University of Tennessee at Knoxville and received a Bachelor of Arts degree in psychology in May 1996. He enrolled in the Master's program in counseling that same year and was awarded the Master of Science degree from the University of Tennessee in August 2001.

Mr. Simpson acquired four years of counseling experience while working on his Master's degree and maintains specific interests in the fields of substance abuse and law enforcement counseling. He plans on rewriting this thesis for publication, completing a book project on substance abuse that focuses on developing enjoyable sober lifestyles rather than relapse prevention for sobriety maintenance, and further developing treatment modalities with the same focus.