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Healing of the Body, Mind, and Spirit:
Addiction, Spirituality, and Alcoholics Anonymous

COLLEGE SCHOLARS THESIS

Defended June 24, 2011

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I. Introduction

When you think of alcoholism or alcoholic, what comes to mind? Now, when you think of recovery, what does that encompass? Recovery from alcohol or other substance dependencies requires a complete transformation of the *self*. It goes well beyond just a physical change from drinking to abstinence. The process of recovery requires a deep searching within oneself to work through repressed pain and suffering. It is a renewal of a *true self* that for many was hidden deep beneath the constraints of an addictive personality. Alcoholics Anonymous, one of the most widely accepted recovery programs, has guided many in the journey of recovery through the 12-Steps. The founders of A.A. set the foundation of the program with an emphasis on spiritual healing and alcoholics helping out one another. This project dives into the depths of recovery and examines the history of A.A, the nature of addiction, and the process of a spiritual recovery. Research on recovering alcoholics expresses the high significance of spirituality in relation to physical, psychological, and overall well-being. Regard this project with an open mind, and it will provide a new perspective on healing and perhaps personal insight for recognizing one's *true self*.

II. History of Alcoholics Anonymous

The foundation for Alcoholics Anonymous was in place long before any formal organization of a group. The late 1700s to early 1800s displayed an increase in both the number of distilleries and consumption in America. However, leaders of that time, like George Washington and Benjamin Franklin, expressed a need for a change in drinking. Religious leaders added strength to this movement, which stressed moderation (A Narrative). In the mid-1800's, Temperance movements began in support of sobriety. Taverns were the common

meeting place for men to make Temperance pledges and talk about improving their alcoholic lifestyles. The group grew rapidly and spread to both the political and celebrity worlds, leading to a vast group and expanding beyond its original intentions (Mitchell K.). In the early 1900s, the Emmanuel Movement sprung up in the Emmanuel (Episcopal) Church in Boston. Dr. Elwood Worcester and Dr. Samuel McComb held a free clinic in the church for people with disorders, such as alcoholism, which were considered to be related to nervousness. The clinic lasted for twenty-three years, and the news of the success of Worcester and McComb for healing alcoholics and addicts spread. An alcoholism therapist, Courtenay Baylor, began working for the Emmanuel Church in 1913. He had a drinking problem and sought healing through Worcester (McCarthy 59). He left the business world to work in the Church's Social Service Department after his newfound sobriety. McComb and Worcester claimed themselves as healers because of their foundation as clergymen. Their qualification as medical healers was criticized, but they emphasized the psychological and spiritual healing aspects through the church (McCarthy 61). Both Worcester and McComb required people to meet three rules before they were accepted as patients:

- (1) They must come voluntarily from their own desire to stop drinking, not solely because of pressure from others.
- (2) They must be willing to accept the goal of total abstinence, for 'the attempt to convert a drunkard into a moderate drinker...cannot be done once in a thousand times.'
- (3) They must be dry during the first interview and pledge to be abstinent for one week. (62)

In 1922, Richard Peabody came to the Emmanuel Church to seek treatment for alcoholism with Courtenay Baylor. Peabody sought healing from 1921 to 1922 and began assisting in the Social Service Department a couple of years later. Within that decade, Peabody set up his own office

and was soon referred to as “Dr. Peabody” for his work with other alcoholics (60). Peabodyism, named after Richard Peabody, impacted the foundations of Alcoholics Anonymous.

The early 1900s also saw the formation of the Oxford Group, with an emphasis on changing the world, “One Person at a Time” (Mitchell K.). The group was popular in both America and Europe and established a practice of self-improvement. Members committed to “self-inventory, admitting wrongs, making amends, using prayer and meditation, and carrying the message to others” (Alcoholics). The Oxford Group had a goal of saving the world. Members hoped to spread the fundamental message of Christianity, that Jesus Christ is the key to salvation (Jensen 27). “Groupers” preached and used evangelical means to deliver their message. People with high status in society were often targeted as converts to more efficiently carry their message (Kurtz 44). The Oxford Group’s intentions were made very clear and focused on creating a “new world”: “Its aim is a new social order under the dictatorship of the Spirit of God making for better human relationships, for unselfish cooperation, for cleaner business, for cleaner politics, for the elimination of political, industrial, and racial antagonisms” (Morreim 21). The Oxford Group was driven by the Spirit to create a new and better society.

Carl Jung, a Swiss doctor, recognized one of his patients, Rowland H., of being medically hopeless. He said that “neither his science nor his art could heal him” (Stanlevich). So, he sent Rowland to the Oxford Group, to find recovery through spiritual awakening. Jung claimed that alcoholism was not medically treatable, but instead required a profound spiritual experience to heal and move on. This conversation between Dr. Jung and Rowland H. is considered the first of the founding moments of Alcoholics Anonymous (Kurtz 33). After some time in the Oxford Group, Rowland introduced an old drinking friend, Ebby T., to the group. Rowland and Ebby, along with others, were able to abstain from drinking through their practices with the Oxford

Group (Alcoholics). Ebby T. introduced a childhood friend and adulthood drinking buddy, Bill Wilson, to the group.

Alcoholism tarnished Bill W.'s life working on Wall Street, with several trips to the Towns Hospital in New York City. (Mitchell K.). At the early age of 39, Bill could not find a method for healing his drinking problem. During one of his visits to Towns Hospital, Dr. William Silkworth identified Bill as being afflicted by alcoholism. Dr. Silkworth explained alcoholism to Bill W. in a new light, expressing it as an illness, or more specifically, an allergy to alcohol. He said that Bill had become obsessed with the very substance that he was allergic to; also, Silkworth explained that once an alcoholic consumed alcohol in any amount, he lost all control (Kurtz 15). Dr. Silkworth's advice only helped Bill W. temporarily as he soon returned to drinking and even stole money from his wife to make his purchases. His time away from the hospital was short, but this time Dr. Silkworth found his case hopeless. The substance that brought freedom and ease to Bill was now the very source of his pain and despair (16). According to Dr. Silkworth, a spiritual experience through Jesus Christ was crucial for hopeless alcoholics (Mitchell K.).

Ebby T. was a great influence in Bill W.'s life, especially around the time of his last trip, as a patient, to Town's Hospital. The Oxford Group gave Ebby the idea of religion instead of drinking. So, he spread this concept to his dear friend Bill one late night in November of 1934. Bill was not too fond of the term religion. His experience and tendency toward academics left him skeptical of organized religion. He was not comfortable with preaching, yet Ebby T. distilled something in him that night. The message was not forceful or reprimanding but simply shared an experience and related it to Bill's. Ironically, it was Bill W. who had previously labeled Ebby T. as a hopeless alcoholic. Now, Ebby T. was explaining his way to sobriety and

the Oxford Group's main requirements: "the importance of taking stock of oneself, confessing one's defects, and the willingness to make restitution; that one could choose one's own concept of 'God'" (Kurtz 17). Bill W. only felt mental and physical conflict as he tried to drink away the grief and dismay that Ebby T's words of religion brought to him. However, the words of hope on that late night had a profound impact on Bill's life. That discussion served as the second founding moment in the history of A.A. (33). In his fourth and final visit to Towns Hospital in New York, Bill had his "white light" experience, which he relayed to Dr. Silkworth. His experience was one of utter grief to an instant realization of acceptance by a power greater than himself. Shared at a later A.A. Convention, Bill described his turning point:

My depression deepened unbearably and finally it seemed to me as though I were at the bottom of the pit. I still gagged badly on the notion of a Power greater than myself, but finally, just for the moment, the last vestige of my proud obstinacy was crushed. All at once I found myself crying out, "If there is a God, let Him show Himself! I am ready to do anything, anything!"

Suddenly, the room lit up with a great white light. I was caught up into an ecstasy which there are no words to describe [...] I lay on the bed, but now for a time I was in another world, a new world of consciousness. All about me and through me there was a wonderful feeling of Presence, and I thought to myself, "So this is the God of the preachers!" A great peace stole over me and I thought, "No matter how wrong things seem to be, they are all right. Things are all right with God and His world." (Kurtz 19-20).

Bill W. questioned his sanity after this experience; however, Dr. Silkworth assured him that his experience was real and quite profound. After Bill left the hospital, he did not drink again until the time of his death. Bill's life changing experience, known as the third founding moment, led him to active involvement with the Oxford Group and working with other alcoholics (Mitchell K.).

In his early struggle with sobriety, Bill discovered that he needed other alcoholics to stay sober. He needed people that knew his despair and fight. He was initially directed to a non-alcoholic, Henrietta Seiberling, for guidance. Seiberling was a strong advocate and member of the Oxford Group and had a special interest in alcoholism. The husband of her friend was a surgeon in Akron, Ohio, and had a serious drinking problem. Seiberling's goal was to sober up the doctor and encouraged Bill, a recovering alcoholic, to speak with Dr. Smith (Kurtz 28). Bill shared his journey with Dr. Robert S. (Dr. Bob). He explained his encounters with alcohol, including the joy and the pain, the hopes and empty promises. Bill talked about his job and his wife. He elaborated on Dr. Silkworth's diagnosis of his "allergy" because he wanted to emphasize the medical aspect of alcoholism. He finished with Ebby's message of displaying religion or faith through one's actions (Kurtz 29). Dr. Bob revealed his own story, and the experience revealed the spiritual nature of sharing one's story and struggles with others. This meeting between Bill W. and Dr. Bob was the fourth and final of the founding moments in the making of Alcoholics Anonymous. It was essentially two alcoholics sharing their stories and their hearts, which later became the means for healing in AA (Kurtz 33).

In 1935, Bill W. and his wife, Lois, joined the Oxford Group. The "Four Absolutes" of honesty, purity, unselfishness, and love served as the foundation of the group's mission.

Reverend Dr. Samuel Shoemaker was a great influence on Bill, through his guidance in the

Calvary House next to Manhattan's Calvary Episcopal Church (Alcoholics). Shoemaker held weekly Oxford Group meetings at his church, where Bill met alcoholics that he eventually took under his own wing (Kurtz 43). Shortly after joining the group, Bill was asked to speak at the Calvary House on alcoholism. A man attempting to reach sobriety asked for Bill's guidance, and so he responded by leading a small group of alcoholics. His words did not seem to carry the message, as none of the alcoholics could manage to see his viewpoint and just continued drinking. With the advice of Dr. Silkworth, he adjusted his speeches from preaching to talking about alcoholism as a disease.

The official beginning of Alcoholics Anonymous, June 10, 1935, was the day of Dr. Bob's last drink. Dr. Bob and Bill W. worked together to figure out a philosophy for helping alcoholics and concluded that alcoholism must be faced on a day-to-day basis rather than as a permanent, lifelong obstacle or struggle. Wilson and Smith attempted to spread their words on treating alcoholism and went to Towns Hospital to find those in need of healing. They found a lawyer and alcoholic, Bill D., who was ready to hear their message. They told their stories and convinced Bill D. to commit to a sober lifestyle and become the third member of their newfound group. The beginning of Alcoholics Anonymous developed into a message of encouragement in recovery, as Bill W. held weekly meetings and offered a temporary residence to alcoholics in his home. (Alcoholics)

Over time, Bill attracted more alcoholics in attendance at the Oxford meetings and held separate meetings at his home that focused on alcoholism. This group of alcoholics slowly but surely began to develop their own ways of thinking that varied from those of the Oxford Group. The focus was personal sobriety and finding those in need and helping them along the way. Differences between the alcoholics and non-alcoholics spread even further. Prominent members

of society that attended Bill's meetings did not want their name open to public in fear of jeopardizing their careers and status in society. Also, when the alcoholics shared their experiences, Groupers questioned whether it was actually spiritual. Eventually, there was enough tension between the alcoholics and non-alcoholics that Bill's group officially broke away in the spring of 1937 (Morreim 83). In this step, Bill W. knew that his mission was not to save the world for Christ but to bring the possibility of sobriety to alcoholics.

Despite its separation from the Oxford Group, Bill W. attributed much of the foundation of Alcoholics Anonymous to the group. Through his experience at meetings, he learned what truly worked in his own and others' recoveries, but also what was not beneficial. Bill W. and Dr. Bob knew the importance of freedom and that any attempt at persuasion or demanding efforts would result in relapse. Also, a drunk's initial intentions at meetings were merely to get sober. Nothing else mattered, so the Oxford Group's absolutes seemed overbearing and irrelevant to their goal of sobriety. He continued the house meetings, as they brought a sense of fellowship to the group. They met at the same time every week and shared stories with one another. As in the Oxford Group, no one was persuaded or even asked to leave his or her own church, although the Oxford Group did stress living a Christian lifestyle. On the other hand, AA would eventually make the group open to any spiritual and religious beliefs, even if the group itself served as the source of a Higher Power. To serve as markers of progress and change, the Oxford Group had eight points which later influenced Bill W. in the writing of the Twelve Steps. This change had no end point in mind but was more a journey in which one would constantly change (Morreim 84-86). At this early phase, AA was a group that shared heartbreak and triumph. It was a refuge for alcoholics on the road to recovery.

Bill W. spent much of his time in 1938 and 1939 meditating on how the road to recovery and achievement of sobriety actually worked. His goal was not to preach or demand but to extend his message of hope. Initially, he wrote six steps, but immediately felt the message was laden with religiosity, too complex, and too reliant on the basic teachings of the Oxford Group:

1. We admitted we were licked, that we were powerless over alcohol.
2. We made an inventory of our defects or sins.
3. We confessed or shared our shortcomings with another person in confidence.
4. We made restitution to all those we had harmed by our drinking.
5. We tried to help other alcoholics, with no thought of reward in money or prestige.
6. We prayed to whatever God we thought there was for power to practice these precepts. (Kurtz 69)

From his experiences with alcoholics, he knew that any written program had to be clear and leave no loopholes (69-70). Immediately after realizing this, words began to flow onto the page and the basis of the AA program unfolded:

Rarely have we seen a person fail who has thoroughly followed our path. Half measures will avail you nothing. You stand at the turning point. Throw yourself under God's protection and care with complete abandon. Now we think you can take it! Here are the steps we took—our program of recovery:

We admitted we were powerless over alcohol—that our lives had become unmanageable.

Came to believe that God could restore us to sanity.

Made a decision to turn our wills and our lives over to the care of God.

Made a searching and fearless moral inventory of ourselves.

Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

Were entirely ready to have God remove all these defects of character.

Humbly on our knees asked Him to remove our shortcomings.

Made a list of all persons we had harmed, and became willing to make amends to them all.

Made direct amends to such people wherever possible, except when to do so would injure them or others.

Continued to take personal inventory and when we were wrong promptly admitted it.

Sought through prayer and meditation to improve our conscious contact with God, praying only for knowledge of His will for us and the power to carry that out.

Having had a spiritual experience as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs (70).

Bill W., connecting the number of steps to the number of Jesus' apostles felt relieved and reassured; thus, he presented his writings for approval. Controversy erupted immediately and exposed divisions between members in the newly developed group. Some, especially those in Dr. Bob's Akron group, felt that the steps and the book should be more conservative and present more Christian views. While others, the majority being in Bill W.'s New York group, with a more liberal viewpoint, opposed any religious statement or views other than the use of the word *God*. Another group composed of atheists and agnostics wanted no reference to God and preferred a purely psychological standpoint (71). In the end, Bill W. would decide the best wording to both express his message and find a balance among the members' differing opinions.

After the program was up and running, Dr. Bob and Bill W. worked on a book that would thoroughly outline how their group came to be and how the program worked. The book, controversially titled *Alcoholics Anonymous* and referred to as the Big Book, was intended to be

accessible to drinking and recovering alcoholics alike (Kurtz 74-76). The foundation of the A.A. Book, a guide for alcoholics without direct support, was written based on the “teachings of Sam Shoemaker, William James’s *The Variety of Religious Experience*, and the Oxford Group” (Alcoholics Anonymous Timeline 1938).

To stress the importance of sharing one’s experience, Bill W. devoted a section in his book to story-telling. These stories were real experiences of real people, so they provided the most evidence that the program would work for those seeking help. Also, recovering alcoholics could read the section as a remembrance and sign of progress. The original stories reflected different stages of the alcoholic experience and were meant to reflect people from all walks of life. Although everyone’s story is different, there are universal aspects of the alcoholic’s experience (Kurtz 71). With as much of the controversy abated as possible, the Big Book of Alcoholics Anonymous was published in April 1939.

With the Great Depression at hand, purchases were minimal. John D. Rockefeller held a dinner to promote Alcoholics Anonymous, which spurred donations from members and underscored the group’s commitment to being self-supporting (Alcoholics 1940). However, growth was still slow as they headed into the 1940s, and Bill W. struggled to see a way for his program to continue growing. With the aid of an article in the *Saturday Evening Post*, membership quadrupled in 1941, and letters asking about the program were received at the central New York office on a daily basis. This surge in membership brought with it the complication of structure. A policy would have to be created to provide guidelines for membership, the organization of the meetings, and any other rules that seemed important to the maintenance of the AA principles (Morreim 117). Bill W. set out to write the Twelve Traditions, with the concept of limited central authority. Many saw this rejection of central authority as a

mistake for the rapidly growing and newly formed fellowship. The basis for this absence of authority was due to the very nature of alcoholism. In Bill's opinion, the alcoholic had three options: giving up drinking, living in insanity and an out of control life, or in the worst case, death. Since the consequences of drinking were either insanity or death, Bill W. believed that they alone served as the authority of the group. No specific discipline was necessary since the options of either drinking or not had such profound effects (Kurtz 107-108). Based on his responses to letters of newcomers and inquiring alcoholics, Bill W. developed the Twelve Traditions:

1. Our common welfare should come first; personal recovery depends on A.A. unity.
2. 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.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics anonymous should remain forever non-professional, but our service centers may employ special workers.

9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
11. 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.
12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities. (Morreim 118)

From these principles, groups across the country could develop and uphold the original intentions of the founders of A.A. In addition, the Traditions provided a unity and organization that would begin to spread throughout the world. With the help of the Twelve Traditions, Alcoholics Anonymous has maintained its role as a mutual help fellowship and avoided development as a business in the treatment of alcoholics (White 52). The Twelve Traditions, in 1946, were published in the April addition of the new journal, *The A.A. Grapevine*. The continuing publicity of A.A. brought younger individuals into the program. Most of the early members had reached a “bottom,” often without jobs and their marriages and lives at stake. The new members were still married and in good social standing, but they had still “hit bottom emotionally” (Kurtz 115). So, the 1940s led to a surge in alcoholics accepting the invitation to recovery.

Dr. Silkworth’s concept of alcoholism as an “allergy” to alcohol spread to the medical world with the acceptance of the Alcoholics Anonymous Twelve Step program in the mid-1940s. Bill W. spread his message to medical institutions throughout the Northeastern United States. Research on alcoholism began with Yale University’s Summer School of Alcohol Studies, which in turn produced a public education plan on alcoholism. The message from this research was the

first of its kind, labeling alcoholism as a treatable illness (Kurtz 118). Marty Mann, one of the first women to reach sobriety through Alcoholics Anonymous, was largely responsible for this movement toward public education on alcoholism. She connected leading researchers on alcoholism from different fields to form the Yale research group. Mann had a vision of spreading the emergent information of alcoholism as a disease to the public. She not only wanted to let people know, but she also wanted it to be a priority among Americans to help alcoholics on the path to recovery. With these goals in mind, Marty Mann formed the National Committee for Education on Alcoholism (NCEA). In the process, she broke her anonymity and began to share her story with the public (Smith 51). This concerned many members; however, Bill W. and Dr. Bob used their real names, William Wilson and Robert Smith, M.D., respectively, as members on the Advisory Board of the N.C.E.A. (Kurtz 119) The two co-founders did not want to break their own traditions by affiliating with outside groups or endorsing organizations, so their connection to Alcoholics Anonymous was not to be used in any way. In a fundraising campaign, the NCEA implied a relationship with AA and even targeted AA members for funds. The Alcoholic Foundation responded by disapproving of any use of its name in solicitation. In the end, many members ultimately supported the NCEA for its cause (118-119). The members of Alcoholics Anonymous dealt with the emergence of the NCEA by abiding by its practice of remaining unaffiliated and not endorsing any social cause. Also, this phase reinforced the organization's need for guiding principles (White 51). The final push for the public to accept the steps to sobriety offered by Alcoholics Anonymous came in 1949. Bill W. was a guest speaker at the American Psychiatric Association's annual convention in Montreal, Canada. Bill's ability to bring sobriety to thousands of alcoholics garnered his appearance at the convention, as many trained psychiatrists struggled to find a way to keep their

alcoholic patients sober. The convention once again brought the concept of alcoholism as a “disease” to the attention of its audience. The medical view of alcoholism as a disease differed from that of the “spiritual disease” in Alcoholics Anonymous. The medical model did not include the spiritual or moral aspects of disease as indicated in A.A. (Keene 61). The medical world struggled to label alcoholism as a symptom or a disease, and with this ambivalence came a struggle in treatment, as a symptom requires a cure and a disease requires prevention. Although members of A.A. did not enter the debate of alcoholism as a disease or symptom, the topic led to a new understanding of sobriety (Kurtz 122-123).

The breakthrough of Alcoholics Anonymous into the medical field as a respectable therapy helped spur the three-part conception of sobriety. There was the obvious stage of “active alcoholism.” This involved the alcoholic’s obsession and compulsion to consume alcohol. The “dry” phase was broken down into two parts: “dry” alcoholism and “true sobriety.” The simple concept of physical sobriety now took into account the emotional, psychological, and behavioral aspects of the alcoholic. “Dry alcoholism” refers to an individual who does not consume alcohol but still maintains the same tendencies as with the abuse of alcohol. The only difference between “active” and “dry” alcoholism is the presence or absence of consumption. “True sobriety” on the other hand, refers to the changed alcoholic. He or she lets go of the old way of thinking and adopts complete dependency on a Higher Power. This new perspective on sobriety led Alcoholics Anonymous into the 1950s and its “Coming of Age” (Kurtz 123).

The “Coming of Age” was a phase in the development of Alcoholics Anonymous that sent it into a more finalized formation. Bill W. continued his writings, while the fellowship continued to evolve and mature. The transition of the Alcoholic Foundation into the General Service Board of Alcoholics Anonymous in 1954 served as an important stage in the “Coming of

Age.” At the twentieth anniversary of Alcoholics Anonymous, the members agreed that the convention represented the maturation of the group:

Three convention events earmarked this significance: the fellowship’s acceptance, grasp, and setting forth of its own history—as recalled and understood by William Griffith Wilson; the presentation of the program and fellowship of Alcoholics anonymous in a new and revised edition of its virtually sacred “Big Book”; and the formal handing over to the membership, as represented by the General Service conference, of the “Three Legacies of Alcoholics Anonymous...Recovery, Unity, and Service.” (Kurtz 131)

In its claim to maturity, A.A. was by no means implying a final stage or culminated development. This “Coming of Age” represented Alcoholics Anonymous’ acknowledgment of its past and understanding that the fellowship and the program would continue to make progress and evolve.

At the convention announcing the “Coming of Age” for Alcoholics Anonymous, Bill W. ended his formal leadership within the program. The development and survival of A.A. now depended on its members and principles alone. With the only requirement to form an A.A. group being the desire of two people to stop drinking, groups rapidly developed across the country and throughout the world. Several programs also developed with the A.A. Twelve Step program in mind: Overeaters Anonymous, Narcotics Anonymous, Codependence Anonymous, and many more. Groups, such as Al-Anon, Alateen, and Adult Children of Alcoholics formed to reach out to people in relationships with alcoholics (Morreim 122).

From Bill W.’s “white-light” experience, or “hot-flash,” and the other founding moments, the basis of AA program was developed and continues today. [Linked back to the conversation](#)

between Carl Jung and Rowland H., a series of heart-to-heart discussions followed and heavily influenced the perspective of healing from alcoholism. These conversations revealed the healing aspect of community and knowing that others share the same pain and struggles as oneself. When grief and depression take over one's life, the simple action of hearing another's story or revealing one's own instills hope and shows the potential in life. The act of sharing has brought comfort and healing to many. The founding moments also emphasize the importance of spirituality. Although the experience is not always as profound as Bill W.'s revelation in Town's Hospital, a vital part of the AA program is a connection with a Higher Power. At some point, often after the "rock-bottom" experience, one realizes that he or she has no control and must turn to the guidance of a Higher Power. For many of the original members of Alcoholics Anonymous, this entity was the Christian God. However, the program has no claim to a specific divine entity. In fact, some use the spirit of A.A. as their Higher Power. Reflecting what he learned from the separation from the Oxford Group, Bill W. presented spirituality as a multifaceted and personal relationship with a being greater than oneself. There could be no absolutes. He did not try to define a religion for AA because from his own understanding one cannot describe God without taking away from the very sanctity and divinity itself. From reading *The Varieties of Religious Experiences* by William James, Bill linked the sharing of one's "deflation and hope" to the spiritual experience (Kurtz 21). Altruism is another key aspect of the A.A. program. Bill W., Dr. Bob, and the others learned that the key to sobriety was spreading their message to others in need. The healing process revealed itself through the guidance that they brought to others. Lessons learned from Bill W.'s everyday experiences as an alcoholic and helping other alcoholics serve as the keystones to a world-wide recovery program that is Alcoholics Anonymous today.

Several events challenged the survival of Alcoholics Anonymous. Despite its philosophy of little authority, the first twenty-five years of existence were linked to its founder, Bill W. Its continuation through the death of its co-founder, Dr. Bob, in the 1950s was the first step in testing the group's ability to continue its mission. Then again, in 1956, the transition from the Alcoholics Foundation to the General Service Board tested the principle of maintaining organization at the level of service boards and committees. This step also exhibited the transferal of responsibility from the co-founders to the members. After Bill W.'s death in 1971, Alcoholics Anonymous proved itself as a self-supporting group that could continue its fundamental goal of bringing sobriety to alcoholics (White 53).

In seventy-five years, Alcoholics Anonymous has grown from two members to over two million. In 1957, international boards were created in Great Britain and Ireland, and there were 7,000 groups in 70 different countries. By 1973, one million copies of the Big Book had been issued. The year 1990 brought membership in the United States alone to 1 million. Presently, there are approximately 93,900 A.A. groups in 133 countries. All funds for Alcoholics Anonymous still come from Big Book sales and member contributions (Morreim 122).

III: Addiction, Alcoholism, and the Factors Involved

Addiction is a word that holds a wide variety of meanings. It can be considered an obsession, an out of hand behavior, or a deep desire for or attachment to something. The object of the addict can be anything from exercise or chocolate to gambling and psychoactive drugs. Addictions can have little, even unnoticeable effects on an individual or can have an incredible impact on a family or community. At the societal level, drug addictions have spurred increasing levels of crime, domestic abuse, homicide, and car accidents. In the United States, alcoholism is the third leading cause of mortality (Urschel 7). When referring to a drug addiction, most

definitions include all types of drugs, despite their array of effects and classifications. Often, addiction is referred to as substance or chemical dependence, especially in reference to alcohol.

Behavioral, psychological, biological, social, and emotional aspects comprise addiction

(Erickson 5). One definition describes addiction as follows:

A 'biopsychosocial disorder characterized by compulsive use of the drug (behavioral); obsession and preoccupation with the drug (psychological); loss of control while using more than intended, despite conscious efforts to control use (biological); high risk or frequent episodes of relapse after abstinence (biological, social, and psychological); plus serious consequences due to use (social) and continued use despite the consequences.'

(Erickson 5).

Because of society's stigma¹ and nonscientific view of addiction, scientists, doctors, and researchers generally refer to addiction as substance or chemical dependence. Despite its multitude of interpretations in society, substance dependency has been accepted by the American Medical Association as a disease:

The AMA

1. endorses the proposition that drug dependencies, including alcoholism, are diseases and that their treatment is a legitimate part of medical practice, and
2. encourages physicians, other health professionals, medical and other health related organizations, and government and other policymakers to become more well informed about drug dependencies, and to base their policies and activities on the recognition that drug dependencies are, in fact, diseases. (AMA)

For this paper, addiction, specifically alcohol dependence will be considered as a disease; however, other views will be discussed. Unlike other diseases and health issues, addiction is equally distributed among socioeconomic classes and all ethnicities. Much of addiction is not understood, as can be exemplified by the absence of a consistent or concrete definition.

However, research continues to add to the evolving knowledge of addiction and substance abuse recovery.

Understanding the difference between substance abuse and dependence is an important distinction to understand. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association (DSM-IV) identifies the symptoms of substance abuse, and substance dependence, respectively:

A pattern of substance use leading to significant impairment in functioning. One of the following must be present within a 12 month period: (1) recurrent use resulting in a failure to fulfill major obligations at work, school, or home; (2) recurrent use in situations which are physically hazardous (e.g., driving while intoxicated); (3) legal problems resulting from recurrent use; or (4) continued use despite significant social or interpersonal problems caused by the substance use. The symptoms do not meet the criteria for substance dependence as abuse is a part of this disorder. (Substance Abuse)

Substance use history which includes the following: (1) substance abuse; (2) continuation of use despite related problems; (3) increase in tolerance (more of the drug is needed to achieve the same effect); and (4) withdrawal symptoms.

The above symptoms indicate an individual's loss of control and the role of the substance in the individual's life. Absence of control is identified as taking greater quantities, spending more

time with the substance, or unsuccessful attempts at abstinence. Also, the person begins to replace social or family time with the substance instead, and the need for the substance increases (Martin et al 28-29). The American Psychiatric Association does not support a specific recovery program, with respect to substance abuse or substance dependence. However, it emphasizes the importance of social support and acceptance. In addition, the APA states that both Alcoholics Anonymous and Narcotics Anonymous have higher success rates than the average for Substance Abuse or Substance Dependence recovery programs. (Substance)

While many people manage to conceal their addiction, the physical ramifications of chemical dependency are unequivocal when an individual has been using for a long period of time or when he or she has been overcome by the power of the drug. However, every time alcohol is consumed, the brain undergoes changes that affect one's body and mind. Although much is unknown about drugs and their effects, there is current research on drugs' influences on neurotransmitters and chemical pathways. To begin understanding how chemical dependency affects an individual, a better understanding of the structure and function of the regions of the brain is important.

Seated at the top part of the brain, the cerebral cortex controls thoughts. It is considered the "newest brain" and also called the neocortex. The neocortex also serves as a covering for the limbic system, or the central brain and most of the brain stem. It is responsible for sophisticated social cognitions. Also considered the seat of the thought, the neocortex is responsible for both emotional appraisal and voluntary movement. Then, this region is further subdivided into two hemispheres, the right and the left, with four lobes each: the occipital, the parietal, the temporal, and the frontal lobes. Each lobe governs a unique but very important function, from interpreting visual information to auditory processing. The temporal lobe- limbic

system connections allow emotion, cognition, and memory to influence the meaning of visual information. The neocortex communicates information throughout the body, brainstem, and limbic system. The brain stem and the cerebellum together control motor reactions and basic body functions. In the event of chronic stress, individuals undergo a shift from integrated feelings and thoughts associated with the frontal lobes toward a limbic based survival reaction (Hass-Cohen 25). The limbic system, found in the center of the brain, controls social emotional processing. It is comprised of the hypothalamus, the amygdala, and the hippocampus. In addition, the limbic system mediates motivated behavior and memory. The amygdala triggers the fear response, eating, drinking, aggression, and sexual behaviors, while the hippocampus governs emotional experiences in memory. Responsible for the regulation of the “most basic life processes, including breathing, pulse, arousal, movement, balance, sleep, and the early stage of processing sensory information,” the central core includes the thalamus, pons, cerebellum, reticular formation, and the medulla (The Human Brain). When it comes to chemical dependence, the thalamus plays an important role because of its ability to interpret sensory information as good or bad and then send that message for further processing. The amygdala, in the limbic system, is one of the first regions of the brain to receive input from the thalamus. This reaction is unconscious and occurs in as little as 20 milliseconds after any stimuli. This rapid communication is responsible for initiating reactivity. Conscious actions are much slower, taking approximately 220 milliseconds for a response. Cortical decision making must balance out the almost instant non-conscious reactions of the lower brain (Hass-Cohen 51).

The brain communicates with the rest of the body via specialized cells called neurons. Neurons are “electronically excitable cells” (27). The main components of the neuron are the cell-body, the nucleus, axon, axon terminals, and the dendrites. All neurons have a specific task

and allow the body to respond and adapt to changes in the environment. To communicate with other neurons, each neuron has both a dendrite branch and an axon branch. Dendrites receive chemical messages and electrical impulses and send that information to the cell body, while axons deliver the messages away from the cell (Erickson 34-35). Some neurons have a myelin sheath, a layer of superficial fat, which enhances the speed of communication with other neurons. The “threshold of activation” causes the neuron to activate and fire: one impulse travels the length of the neuron to the axons and to their terminals (Hass-Cohen 27). A synapse separates each neuron, so special chemicals, or neurotransmitters, are required to carry a message from neuron to neuron (Erickson 34-35). Inside the cell, chemicals are processed, transformed into other chemicals, or transferred to another neuron. An impulse releases neurotransmitters into the synapse. Over time, the repetition of a specific firing sequence develops both learning and memory, thus thickening the dendrite connections (Hass-Cohen 27). The chemical state of the area surrounding the neurons is also important in the transmission of chemical messages. A negative charge inside a neuron’s axon means that it is at rest and that the surrounding fluid has an overall positive charge (more positively charged chemicals present). The difference in charges in and around the axon make it polarized. The process of “exciting” a neuron takes several steps:

Sodium ions, which have a positive charge, enter the axon. This *depolarizes* the axon—that is, changes the electrical charge inside the axon from negative to positive. This change starts at one end of the axon and continues all the way to the other end. In response to this electrical impulse (called an *action potential*), the vesicles swarm to the very edge of the axon and release neurotransmitters into the synaptic cleft. As the neurotransmitters are released, potassium ions flow out of the axon. Potassium ions have

a positive charge, so their absence restores the negative charge inside the axon. (Erickson 37-38)

Once again, this neuron is at rest, while the neurotransmitters travel to dendrites of the next neuron. Specialized molecules, called receptors, receive specific neurotransmitters. The neurotransmitters bind to their specific receptor. In turn, the receptor, a protein, transforms and allows ions to flow in or out of the cell. After binding, second messengers are produced, which continue the process of the first messenger. This process continues until the message is delivered to its final destination and results in a change in thoughts, feelings, or behavior (38-39).

The mind-body connection is a fascinating and complex system that begins with the organization of the nervous system. The Central Nervous System (CNS) is comprised of the brain and spinal cord. The central nervous system makes connections to the body's organs and extremities via the peripheral nervous system, which controls involuntary and voluntary responses to the environment. Looking further into the peripheral nervous system, it is subdivided into the autonomic and the somatic nervous systems. Controlling involuntary responses to stimuli, the autonomic nervous system maintains normal functioning of the body, and restores homeostasis. On the other hand, the somatic nervous system conveys sensory information to the CNS and controls voluntary muscular, or motor, actions. Both received information (afferent) and sent information (efferent) result in changes in the mind and body (Hass-Cohen 22-24). The autonomic nervous system is comprised of the sympathetic (SNS) and the parasympathetic (PNS) nervous systems. The SNS is vital for quick responses and adaptations to relational and environmental events. It is governed by the brain and propels one into action. This is the system responsible for the "flight or fight" response (22-24). The parasympathetic nervous system balances the SNS and calms the body back down. Knowing the

relationship between the body and the mind at the physical and physiological levels is important for developing a better understanding of chemical dependencies. The reason a particular substance can have such a vast effect on an individual is due to the interconnectedness of the mind and body. It is not a matter of simply altering one's state of mind, but instead is a whole series of reactions that affect the way one thinks, acts, and relates to others.

Although a highly efficient and interconnected system, the brain is susceptible to malfunction when substances like alcohol invade. When people consume large amounts of alcohol for extended periods of time, nervous system problems can occur. Some of the known issues include memory loss, confusion, and feeling sensations in the hands and feet (Erickson 121). Consumption of alcohol leads to the depression of the nervous system and cortex. Alcohol inhibits the function of the frontal cortex, which controls the functioning of the rest of the brain. Thus, other regions of the brain increase their activity. Ultimately, the increased activity results in greater risk taking, activation of the pleasure pathway, and the "euphoric 'high.'" An example of the vast effects of alcohol on the mind and body can be illustrated by the influence of alcohol consumption on subsequent driving. At a BAC (blood alcohol concentration) of 0.05%, an individual's ability to drive is already affected (122-23). "At 0.08% (DWI limit), there is a significant reduction in judgment, increased risk-taking, and some disruption of muscle control." At a slightly higher concentration, the abilities of coordination, balance, and focus greatly worsen (123). The simple act of drinking alcohol affects an individual's ability to both think and act, and presents the significance of the mind-body relationship.

Despite its wide availability and legality, alcohol is a drug. A drug is considered "any chemical other than food or water that produces a therapeutic or nontherapeutic action (effect) on the body" (Erickson 93). Drugs act like neurotransmitters in the brain, and thus alter neuronal

activity by imitating the effect of the neurotransmitter or preventing it from binding to the receptor. The result is either the release or the reuptake of neurotransmitters (Goldstein 26).

Specific receptors have been found for every drug class with the corresponding natural chemical in the brain, except for alcohol (Erickson 45). Several receptors, though, have been identified as playing a part in intoxication or alcohol dependence. Refer to Table 1, adapted from *The Science of Addiction*, by Carlton K. Erickson (45).

Drug	Receptor Identified?	Cloned?	Endogenous Ligand
Opioids	Yes: mu, delta, kappa	Yes	Endorphins
Cocaine	Yes: DA transporter	Yes	Dopamine
Prozac	Yes: SER transporter	Yes	Serotonin
Nicotine	Yes: nicotinic ACh	Yes	Acetylcholine
Cannabis	Yes: cannabinoid	Yes	Endocannabinoids
Benzodiazepine	Yes	Yes	Opinions Differ
Ethanol (alcohol)	No	NA	None

The way a person reacts to alcohol varies from person to person, and the degree to which a specific amount of alcohol intoxicates a person also depends on many factors. Receptors have been categorized based on their amino acid sequences, and then again into smaller subtypes. One of the reasons that alcohol and other drugs have different effects on different people is the presence of subtypes. Drugs and medications cause varying side effects and efficacies depending on the subtype receptor present in an individual. Currently, medications have not yet been created to bind to a specific subtype, only the broad receptor category. Dopamine alone has five different receptor subtypes; serotonin has fifteen, and glutamate has sixteen (Erickson 46-

47). Because no individual or combination of neurotransmitters or receptors have been linked to the metabolism of alcohol in the brain, it is easy to see why there is so much uncertainty revolving alcoholism and its treatment.

In the case of chemical dependencies, like alcoholism, the neurotransmitter dopamine plays the largest role (Goldstein 25). Alcohol, along with other drugs, is known to activate the dopamine circuits in the brain (Angier). Control of movement, motivation, emotions, pleasure, and pain are all affected by dopamine. So, an individual's overall mental and physical health are highly influenced by dopamine (Erickson 39-40). Also, with its ability to produce pleasure and satisfaction, or the hedonic effect, dopamine is the primary neurotransmitter responsible for reinforcement. Because of its very nature, dopamine can make an individual repeat certain actions to get the same rewarding stimulation (Goldstein 63). A more recent perspective on dopamine from the National Institute on Drug Abuse emphasizes dopamine's connection to drive and motivation, rather than just pleasure and reward. In addition, people have a "dopamine-driven salience detector," which allows an individual to focus in on a particular object with high value, dependent of the object's positive or negative association (Angier). Although only about one percent of neurons produce dopamine, cells throughout the brain respond to the release of this neurotransmitter. Specific receptors and transporters deliver dopamine onto the next neuron, producing a feeling of pleasure, or back into its original cell via the dopamine transporter, to end the cycle (Exploring the Synapse). However, when drugs come into the picture, they often prevent the proper functioning of the dopamine transporter, resulting in a continual signal and the neurotransmitter lingering in place (Angier). Due to the complexity and variation of each individual's brain structure and circuitry and differing environmental stimuli, each person's response to dopamine is unique. When alcohol or other drugs that act like dopamine are taken

into a neuron, much more dopamine than normal is released. This results in an intense sense of pleasure, but when the release of dopamine ends, so does the pleasure. Because of the drastic change from intense pleasure to the “crash” after using any type of drug, the user often desires the drug again to get back to the state of pleasure. This is especially true of methamphetamine because it is very similar in structure, size, and shape to dopamine (Exploring the Synapse). Alcohol is not known to have a single corresponding neurotransmitter in the brain, but instead is thought to affect many neurotransmitters and pathways, like that of dopamine. Much of dopamine’s role in addiction is linked to its activity in the mesolimbic dopaminergic pathway.

The site of action for addiction in the brain is known as the mesolimbic dopamine system (MDS). The primary components of the MDS are the ventral tegmental area (VTA), the nucleus accumbens (NAcc), and the prefrontal and frontal cortexes (Goldstein 63). The nucleus accumbens, part of the ventral striatum, is thought to link pleasure, motivation, and memory. In connection with the NAcc, the ventral tegmental area is responsible for evaluating needs with respect to emotion and behavior (Greenberg). Neurons extend from the VTA to the frontal cortex, and when the VTA is stimulated, dopamine is released from the nerve endings of this pathway. The MDS is a reward pathway, and research on rats has shown that dopamine is released in the NAcc by reinforcing addictive drugs (Goldstein 63). Because of the MDS neuron’s extension beneath the areas of the frontal, prefrontal, and subcortical areas, drug dependence does not occur consciously. The effects of drugs on the frontal cortex “lead to the impaired control over drug use, through a reduction of cortical decision-making functions” (Erickson 53). Other parts of the brain and receptors are affected by alcohol. GABA, gamma-amino butyrate, is an inhibitory neurotransmitter, while glutamate excites neurons. Both of these are amino acids that act like neurotransmitters and are found throughout the brain (44). Because

GABA is found in so many regions throughout the brain, alcohol affects everything from posture, memory formation and retrieval, to basic vital functioning (Goldstein 139).

A new study shows that dopamine may have a crucial role in the development of alcohol dependency and may explain why males are twice as likely as women to develop alcoholism. This study, published in *Biological Psychiatry*, showed that when male and female college-aged volunteers consumed similar amounts of alcohol, the men released greater amounts of dopamine than did the women. According to the researchers of both Columbia and Yale Universities, “the increased release occurred in a part of the brain called the ventral striatum, which is strongly associated with pleasure, reinforcement, and addiction formation.” In men, the greater release of dopamine was linked to more positive effects of consuming alcohol, so this played a role in reinforcement. In addition, it was found that drinking large amounts of alcohol on multiple occasions led to a decrease in the total amount of dopamine released. This would lead to a need to drink more in order to achieve the same desired effect. The combination of the positive effect and a need to consume more to reach the desired end result, could potentially lead to tolerance and eventually dependency (Brain’s Pleasure).

Alcohol affects more than just the brain, as it has many effects on systems throughout the body. Initially, alcohol is absorbed through the intestinal tract and then metabolized in the liver by alcohol dehydrogenase (ADH), an enzyme. ADH converts alcohol to acetaldehyde, which is very toxic to humans (Ghodse 149). However, another enzyme, acetaldehyde dehydrogenase (ALDH) quickly converts acetaldehyde to acetate and then carbon dioxide and water. This process occurs fairly quickly, as both alcohol and acetaldehyde can harm body tissue. Thus, the more one drinks and the longer the two substances are present, the more damage that is caused (Erickson 124). An interesting example of ALDH’s function in the

breakdown of alcohol is the presence of a mutant form in some people, especially those of Asian descent. It is an inactive form which leads to a low ability to metabolize acetaldehyde.

Acetaldehyde then accumulates and causes flushing of the face and illness. This genetically inherited form of ALDH is present in about 40% of the Asian population (Ghodse 149).

Alcohol consumption and dependence influence all aspects of one's life: physical, psychological, spiritual, and social. When it comes to large amounts of alcohol consumption, a plethora of adverse consequences exist. The effects on the physical body range from intoxication, neurological transformation, and chemical imbalances, to a breakdown of the body's organs, heart, and basic vital function systems. A brief list of the harmful effects of alcohol exhibits its widespread impact on the body: "accidents and injury; oesophagitis, gastritis and pancreatitis; hypertension, cardiac arrhythmias, cardiomyopathy, cerebrovascular accidents; myopathy and neuropathy; specific neurological disorders; and liver damage" (Ghodse 150). In addition, alcohol influences the hormone systems of the body; it can lead to menstrual irregularity in women and reduction of sexual potency in men. In men that drink heavily, "degeneration of the testicles and diminished production of testosterone, enlarged breasts, and decreased sex drive' can occur over time" (Goldstein 146). In moderation, approximately 1 to 2 drinks a day, alcohol relates to a lower mortality rate, and has been shown to have antioxidant properties. Some alcoholic beverages even have the potential of helping to lower cholesterol (Erickson 131). However, the amount of the population that exceeds moderate drinking has led to alcohol as being the most dangerous addictive drug because of its overall effects on both the user and society (Goldstein 154). In the United States, alcoholism's harmful effects are unequivocal, as alcohol is the third greatest cause of death, just behind heart disease and cancer (Urschel 7).

Changes in the circuitry of the brain lead to physical dependence and also underlie the psychological aspects of alcoholism. Initially, some of the physical ramifications of addiction may not be apparent. However, once the psychological effects begin to manifest, both the addict and others notice the change. There are certain characteristics that comprise the identity of the “addict.” There is no such thing as an addictive personality, one that has certain qualities that deem or predetermine him or her as an addict. But after an addiction has developed, a so called “addicted personality” does exist (Nakken 24-25). The basics of addiction are present in all people. For instance, most people desire pleasure over pain and make strong attachments to ideas or objects. The warning signal of an addiction is when the object begins to take control over one’s life. An addiction develops through unhealthy relationships, especially when isolation from family, friends, and society occurs (27).

Alcoholism, according to the National Institute on Alcohol Abuse and Alcoholism, is comprised of four factors, or symptoms: craving, loss of control, physical dependence, and tolerance. Craving is considered the strong urge or need to drink. Loss of control is the inability to stop drinking. Physical dependence includes several signs of withdrawal, and tolerance is the need to drink more and more to reach the desired effect (FAQs). One important aspect of tolerance is that it does not preclude addiction and is not a cause, but a symptom and consequence of addiction (Goldstein 90). Tolerance can lead to the feeling of never being satisfied and increases the amount that one consumes. The effects of withdrawal can vary but are typically the opposite effects of intoxication (May 27). Because use of a drug causes changes in the chemical balance of the brain, periods of time off of the drug lead to the brain having to find equilibrium again. This can cause anything from mild headaches to severe sleep deprivation and paranoia (Martin 27-28). Anxiety and depression are often aspects of physical dependence

also, as the individual must learn to function without the presence of the drug. However, dependence is not a direct effect of the drug because withdrawal occurs only in the absence of the drug. Alcohol withdrawal can be very dangerous to one addicted to the drug. Severe agitation and sometimes seizures result from the brain's adaptations. At its worst, alcohol withdrawal causes psychiatric disturbances, including hallucinations. Dependence, because of its immense effects, drives the addiction. When one is going through withdrawal, craving increases because of the known results. When someone has become addicted to a drug, the only way the brain can be in balance is in the presence of the drug. Not even mentioning the individual's need to incorporate abstinence into modern society, this is why recovery is so difficult; one has to make it through the withdrawal and resist all cravings (Goldstein 92-94). In addition, this is where research on alcoholism and all addictions is lacking. The science of relapse and the questions regarding how and why of the symptoms of addictions are unknown.

Although research is not conclusive, evidence does suggest that alcoholism can be inherited. Research and studies for the last quarter of a century have "shown that the tendency to become alcohol-dependent ("alcoholic") is inherited...genetic vulnerability, coupled with unknown environmental factors, plus exposure to alcohol, is the cause of most types of alcohol dependence" (Erickson 220). Twin studies have resulted in a greater likelihood of both individuals in identical twin pairs becoming alcohol dependent than fraternal twins. Evidence also suggests that men have a higher probability of alcohol addiction based on genetic factors (Goldstein 107). Although genetic factors seem to influence an individual's likelihood of becoming an alcoholic, it is more probable that multiple factors combine to predispose someone to becoming an addict. Also, it is doubtful that one gene alone is responsible for any genetic tendencies. With the incredible discoveries made through the Human Genome Project, scientists

have been able to pin point the specific gene and mutation responsible for many diseases. Called single nucleotide polymorphism (SNP), one change in the base on a certain piece of DNA can be devastating. While most SNPs, which are quite common, are not harmful and have little to no effect, a new coding for a different protein can lead to disease, such as the case for sickle-cell anemia (108-109). Recent research has found that two receptors, GABA-A and a serotonin transporter (SERT) may be responsible for alcohol dependence. The research is not conclusive; however, it shows that these neurotransmitters may have an effect on an individual's ability to control the amount of alcohol they consume because of an abnormality in the mesolimbic dopamine system (Erickson 221). By successfully identifying defective genes that relate to alcohol dependence, a new understanding of alcoholism may help shed light on better ways to help recovering alcoholics and help diminish the devastating effects of alcohol on individuals, families, and society.

Although there is much to learn about alcohol dependency, a combination of factors is thought to influence the likelihood of one becoming alcohol dependent. Many believe that genetics is a very strong influence on forming a chemical dependency. Aside from genetics, components such as age, sex, and environment are thought to be strong contributors in the development of alcohol dependency. As far as age is concerned, the earlier an individual drinks, the more likely he or she is to develop dependence. Also, the environmental factor of growing up with a close family member or guardian with a drinking problem is an important factor. As mentioned earlier, men are more prone to become dependent on alcohol than women. An existing mental disorder can also greatly influence one's risk. When psychological factors or chemical imbalances already exist, the tendency to become dependent on a substance like alcohol is more likely. Often overlooked, stress can be one of the most influential factors

associated with alcohol abuse and dependence. Emotional, physical, and psychological stressors can make one vulnerable to finding alternate outlets for temporary relief (Alcohol Dependence and Withdrawal).

Notes:

¹ Consuming alcohol has been a major part of society and a component of social life throughout history and continues to be today. However, individuals with a substance dependency are often not viewed as having a disease in society. Often, society views people with addictions as simply not having control, or as a type of personality or character flaw related to morality. Because of its anonymity, Alcoholics Anonymous can be viewed by the outsider as secretive and unwelcoming. The notions of addicts making poor decisions, their tendency to isolate, and the mystery of A.A. have placed stigmas on Alcoholics Anonymous and alcohol dependent individuals (Benton). When looked at from the scientific perspective, addiction is seen in a different light and understood as a disease. So, people with chemical dependencies are not looked at under a harsh light, but instead given time to heal and an understanding that recovering from an illness is a process and requires healing the whole self. For more information on alcohol and society, visit The Stanton Peele Addiction Website (<http://www.peele.net/lib/sociocul.html>).

III. The Research, Exploring Recovery through Self-Rated Spirituality

Recovery and Healing in Alcoholics Anonymous and other Substance Dependency Recovery Programs

Abstract

A total of 52 individuals in the recovery phase of chemical dependency, for primarily alcohol, were asked to participate in a study looking into the relationship of mind, body, and spirit in their recovery process. The participants ranged from the ages of 18 to over 65 years of age and resided in East Tennessee. A self-rated spirituality survey helped assess the individual's perspective on spirituality in relationship to his or her recovery. When asked an overall question about the interconnectedness of spirituality, physical health, and psychological well-being, there was a significant difference between genders. There was a positive correlation across all subscales.

Alcohol Dependence

Alcoholism, or alcohol dependence, is a disease that can be characterized as a chronic drinking problem in which the substance takes over the individual's life. An individual suffering from alcohol dependence experiences physical problems related to alcohol abuse, as well as tolerance and withdrawal (Alcohol Dependence). Alcohol dependence is considered a "bio-psycho-social spiritual disease" and thus affects the biological, psychological, social, and spiritual aspects of oneself (Haroutunian).

The Recovery Phase

Recovery from substance dependence is considered a renewal of the self. It often involves re-defining individual meaning and purpose, and most recovery programs incorporate the spiritual dimension (Nakken 65). There are many different approaches to recovery; however,

all involve self-reflection and restructuring of one's behavior. In Alcoholics Anonymous, the 12-steps serve as a guide to recovery and change, and the belief in a Higher Power is one of the greatest components of working the steps.

Recovery Programs

Alcoholics Anonymous and Cornerstone of Recovery, in Louisville, TN, were the two recovery programs that participants engaged in at some point in their recovery process for this study. Both programs are spiritually based, and Cornerstone of Recovery follows the 12-steps as outlined in AA. However, Cornerstone of Recovery also incorporates therapy into an individual's recovery program to maximize healing of the body, mind, and spirit (Treatment Philosophy). 12-step based treatment programs differ from AA in their approach to recovery by using teams of professionals that assess an individual's behaviors and lifestyle and provide a specific recovery plan. Alcoholics Anonymous relies on the support of members and the program itself (Research Updates).

Spirituality

For this study, spirituality was defined as any belief in a Higher Power, or entity greater than oneself. The concept of spirituality was broad and incorporated any religious traditions or simply the belief in the power of the group in Alcoholics Anonymous. This concept of spirituality also incorporated the notion that one was not in ultimate control of his or her life, but in the hands of his or her Higher Power of understanding. According to the *Mental Health Weekly Digest*, a recent study has shown that overtime, spirituality increases and can impact rate of recovery (The Effects). As spirituality is an important factor in many substance dependency recovery programs, this study examined the extent of importance that spirituality holds in people's lives.

The Study's Purpose

The aim of this study was to examine the relationship of mind, body, and spirit in the recovery process of chemical dependency. The physical, psychological, and belief system components of an individual's life and overall interconnectedness were measured against gender, age, and time in recovery. In Alcoholics Anonymous, spirituality is one of the most important aspects of recovery. So, individuals were surveyed on their personal spiritual beliefs in connection with other aspects of the self. It was hypothesized that time in recovery would influence one's perspective of the impact of spirituality on other aspects of life. Since spirituality is seen as the path to physical and psychological healing and recovery in A.A., it was also hypothesized that individuals in recovery would have a strong sense of interconnectedness of mind, body, and spirit, resulting in correlations of high physical, psychological, and spiritual health.

Method

The participants were 52 individuals in the recovery phase of chemical dependency. Most individual's substance of choice was alcohol; however, addictions to other drugs were also present. The participants resided in or near Knoxville, TN, and they were recruited through local A.A. meetings and a local treatment facility, Cornerstone of Recovery. Of the participants, 38.5% (n = 20) were female and 61.5% (n = 32) were male. The ages of the participants ranged from 25 to 65 + years, although the study was open to participants of 18 years of age or older. 28.8 % (n = 15) were 35 or younger, while 71.2% (n = 37) were older than 35. Looking at time in recovery, 75% (n = 39) were in recovery for less than one year and 25% (n = 13) were in recovery for at least a year or longer. All of the participants volunteered to do the survey and no incentive was received.

Measures

An 11-item survey was used to gather information for this study. The first three questions regarded demographics of gender, age, and time in recovery. Age was divided into two groups: 1 (35 or younger) and 2 (36 and older). Also, time of recovery was divided into two groups: 1 (less than one year) and 2 (1 or more years). The other eight items addressed the participants' views on the aspects of body, mind, and spirit, and were organized into subscales: personal belief system, physical health, psychological well-being, and overall view of interconnectedness. A 5-point scale was used, ranging from 1 (strongly agree) to 5 (strongly disagree). A score was collected for each subscale.

The Belief System subscale was based on questions related to an individual's belief in a Higher Power and the influence of spirituality in his or her life. This subscale was comprised of three questions, so the score could range from 0 to 15. A zero on any of the subscales indicated that the individual chose not to respond to the question. The closer an individual score was to 1, the more likely he or she would agree with the importance of spirituality in one's life and in relation to the other aspects being measured.

The Physical subscale regarded an individual's physical health with respect to spirituality and psychological well-being. It consisted of two questions, and the score ranged from 0 to 10. The lower the number, the more likely the individual would agree with physical health influencing spirituality and psychological well-being.

The Psychological subscale was similar to the Physical subscale. It measured one's perspective on psychological well-being in relation to one's spirituality and physical health. It also was based on two questions, with a score from 0 to 10, with a low number representing agreement that psychological well-being impacts one's belief system and physical health.

The Interconnectedness subscale only consisted of one question that stated, “My physical, psychological/emotional, and spiritual health are interrelated.” It measured an individual’s view of interconnectedness of mind, body, and spirit.

Items were totaled to obtain an overall score of each subscale as well. It ranked from 0 to 40 with each of the 8 questions ranked on the 5-point scale. A lower number indicated agreement.

Procedures

The data were collected during the winter of 2010 through the spring of 2011. Initial participants were personal contacts. An e-mail about the study was sent out to local A.A. meetings and recovery programs, and anyone interested in participating contacted the researcher via e-mail. The majority of the participants came from a local A.A. group and both patients and staff members of the Cornerstone of Recovery. The survey took approximately 5 minutes to complete.

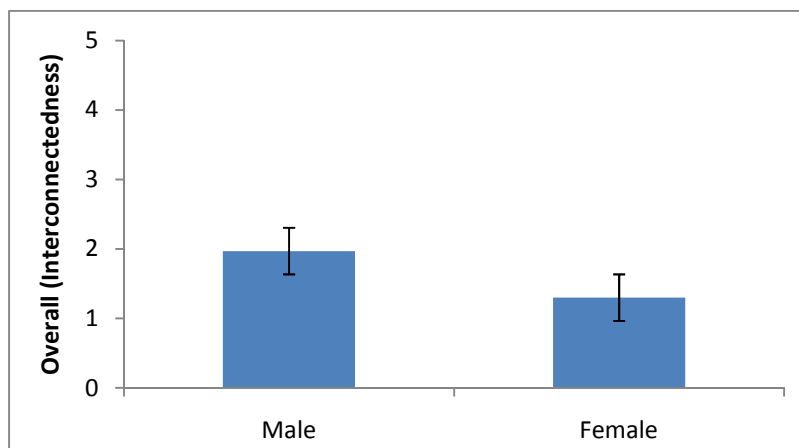
Results

All data from this study were analyzed through the IBM SPSS Statistics 19 program for Windows. The significance level was .05. In Table 1, the means and standard deviations of the variables, Belief System, Physical, Psychological, Interconnectedness, and Total, are shown. To evaluate any significant differences between groups, each variable was subjected to an Independent-Samples t-test. To examine the relationship of the variables and to determine the Pearson moment correlation coefficient, r , a bivariate correlation was computed. The Pearson correlations and alphas are shown in Table 2.

Table 1. Means and Standard Deviations of Study Variables

	N	Mean	Std. Deviation
Belief System	52	4.29	2.782
Physical	52	3.83	1.907
Psychological	52	3.29	1.707
Interconnectedness	52	1.71	1.035
Total	52	13.12	6.706

The *t* test showed no significant difference ($p > .05$) for Belief System ($p = .23$), Physical ($p = .085$), or Psychological ($p = .072$) based on gender. A *t* test revealed a significant difference in Interconnectedness based on gender ($p = .022$). Figure 1 presents the mean Interconnectedness for both males and females. There were no significant differences across all categories based on age: Belief System ($p = .8$), Physical ($p = .68$), Psychological ($p = .68$), and Interconnectedness ($p = .85$). Once again, there were no significant differences for any of the variables based on time in recovery: Belief System ($p = .76$), Physical ($p = .65$), Psychological ($p = .29$), and Interconnectedness ($p = .32$).

Figure 1. Male and Female Means for Overall Subscale

A Pearson correlation found a significant relationship between Physical health and all other variables: Psychological ($r = .829, p < .01$), Belief System ($r = .594, p < .01$), Interconnectedness ($r = .719, p < .01$), and Total ($r = .853, p < .01$). Several significant relationships were also found for Psychological well-being: Belief System ($r = .816, p < .01$), Interconnectedness ($r = .891, p < .01$), and Total ($r = .966, p < .01$). Belief System showed a significant correlation with Interconnectedness ($r = .724, p > .01$) and Total ($r = .903, p < .01$). A final Pearson correlation showed a significant relationship between Interconnectedness and Total ($r = .886, p < .01$).

Table 2. Correlations of Study Variables

		Physical	Psychological	Belief System	Interconnectedness	Total
Physical	Pearson Correlation	---	.829**	.594**	.719**	.853**
	Sig. (2-tailed)	---	.000	.000	.000	.000
	N	---	52	52	52	52
Psychological	Pearson Correlation	---	---	.816**	.891**	.966**
	Sig. (2-tailed)	---	---	.000	.000	.000
	N	---	---	52	52	52
Belief System	Pearson Correlation	---	---	---	.724**	.903**
	Sig. (2-tailed)	---	---	---	.000	.000
	N	---	---	---	52	52
Interconnectedness	Pearson Correlation	---	---	---	---	.886**
	Sig. (2-tailed)	---	---	---	---	.000
	N	---	---	---	---	52
Total	Pearson Correlation	---	---	---	---	---
	Sig. (2-tailed)	---	---	---	---	---
	N	---	---	---	---	---

** . Correlation is significant at the 0.01 level (2-tailed).

Discussion

The primary purpose of this study was to explore the relationship of body, mind, and spirit and the influence of each individual aspect on one another in substance dependence recovery. The research questions mostly addressed the spiritual nature of addiction recovery: Does one's sense of spirituality or its impact on physical health and psychological well-being increase with respect to time in recovery? Do recovering individuals generally express a strong sense of interconnectedness, in which well-being of body, mind, and spirit are related?

It was hypothesized that time in recovery would influence how important spirituality was in an individual's life and its impact on physical and psychological well-being. However, the hypothesis was not supported by this study. Any major differences in the two time groups were more likely due to chance. Age was not expected to result in any significant differences, and the data met this expectation. Across all categories, there were no significant differences between the older and younger recovering alcoholics. However, in one study, researchers found that the amount of time in sobriety positively correlated with a spirituality assessment scale, representing a higher sense of spirituality the longer one was sober (Poage, Ketzenberger, and Olsen, 2004). Another study found that length of sobriety showed a positive relationship with experiences of a Higher Power and perceptions of connection with others and the universe (Zemore and Kaskutas 2000).

An unexpected but significant result was found regarding one's belief in the interrelatedness of mind, body, and spirit, with respect to gender. There was a significant difference between men and women, when asked about the relationship of these aspects of the self. Men had a mean of 1.97 on the Interconnectedness subscale, while women showed more agreement with an average score of 1.3. This implies that females are more likely to see the

interconnectedness of mind, body, and spirit, whereas males are more likely to see spirituality, physical health, and psychological well-being as separate entities in the recovery process. Other research shows that men and women differ in religiosity, and some research suggests that the relationship between health and spirituality is not the same for both sexes (Maselko and Kubzansky, 2005). Further supporting the findings on gender differences, a study, *Spirituality, Contentment, and Stress in Recovering Alcoholics*, revealed that a higher level of spirituality corresponded with greater contentment and less stress in women. For men, however, stress and contentment, factors of psychological well-being, were not as closely linked with spirituality as with women (Poage, Ketzenberger, and Olsen, 2004). This association may go beyond personal beliefs and actually be due to differences in the brains of men and women.

Overall, the participants showed a strong sense of spirituality, with 80 to 90 percent expressing a connection with a Higher Power. All correlations of this study were both significant and positive. According to these correlations, physical aspects of oneself are positively correlated with psychological well-being, belief system, and interconnectedness. Thus, when one's physical health is high or positive, psychological well-being is also likely to be high. This same relationship applies to both belief system and the interrelatedness of each component of oneself. In a study on older adults, spiritual well-being was divided into two subscales of religious well-being and existential well-being. Existential well-being showed a stronger relationship to positive health than other religious variables. This relationship may be due to the sense of purpose and meaning that spirituality and religion provide. In addition, higher existential well-being positively correlated with lower physical symptoms and higher psychological well-being (Lawler-Row and Elliott, 2009). Likewise, the results of this study showed that psychological well-being positively correlated with belief system and

interconnectedness. These correlations support the idea that when one aspect of the self is suffering, then all aspects of the self are not fully realized or at their highest level. A study on the topic of spirituality and recovery expressed the importance of spirituality in recovery: “Spirituality can confer a sense of meaning in life and connection with others, thus helping to maintain abstinence by enhancing psychological health and recovery motivation” (Zemore and Kaskutas, 2000). These findings support the importance of spirituality in recovery for many individuals.

It is important to note that this study did not rely on direct measurement of behavior. Data was mostly qualitative and subjective and relied on participant’s perceptions of their personal spiritual practices and the impact on his or her life in recovery. Because of the nature of this study, no cause-and-effect relationships could be determined. The findings can only be implied and provide a stepping stone for future research.

Limitations and Conclusions

One limitation of this study was the definition of spirituality. Spirituality is a vague term because of its meaning to different people. For some it can have religious significance, but be purely personal and about a connection to a supreme entity to others. At the beginning of the survey it was stated that “spirituality refers to any belief in a Higher Power, supreme entity, energy, or religion,” for some clarification. Because the definition of spirituality was so general, more specific relationships could not be determined. Another limitation of this study was sample size. The sample was a small N sample, with 52 participants. In addition, only one AA group from the Knoxville area and one recovery center, Cornerstone of Recovery, were sampled. The nature of the two programs, both being spiritually based, could have been related to the high level of agreement. Because individuals were not asked about their spiritual beliefs prior to

recovery, the development of spirituality in connection with recovery could not be determined or implied.

Because of the limitations in this study, future research can further develop these findings by more direct measures. A more descriptive spirituality survey could be used to determine relationships due to specific practices such as meditation, prayer, and a spiritual community. A larger and more diverse sample size would also enhance the quality of research. Active recovery time could be measured to determine the actual amount of time an individual spends, on a weekly or monthly basis, on his or her recovery. This type of measurement, versus a general time in recovery, may provide greater implications of one's recovery in relationship to spiritual growth. To track the development of spirituality, it may be important to find individuals whose belief systems have greatly evolved throughout the recovery. It may even be helpful to find people that considered themselves atheist before or at the beginning of the recovery process and developed a sense of spirituality in recovery. In addition, rather than using physical, psychological, and belief as general terms, each could be broken down into its components to provide a more in depth look into the relationships and differences of the variables. The social components of recovery were not included in this study; however, this is another important concept that may play a large role in the recovery process for substance dependent individuals.

Although it was not a part of this study's original hypothesis, future research could explore the role of gender differences with respect to spirituality and recovery. If there is a significant difference in the way that an individual comprehends the relationship of mind, body, and spirit, then perhaps new measures should be taken to provide a specialized recovery program. This study showed that there was a significant difference in the way that men and

women perceive the interrelatedness of body, mind, and spirit. Further evidence is needed to pursue a new approach in communicating spirituality in the recovery process.

IV. Spirituality and Recovery through the 12-Steps

How do we define religion and spirituality? Then, how do we truly understand what they encompass and how either plays a role in life? Although it has several meanings, religion is easier to define than spirituality. Taking from the Merriam-Webster dictionary, it means

1b (1): the service and worship of God or the supernatural (2): commitment or devotion to religious faith or observance 2: a personal set or institutionalized system of religious attitudes, beliefs, and practices 3 *archaic*: scrupulous conformity 4: a cause, principle, or system of beliefs held to with ardor and faith. (Merriam-Webster Online)

Based on these definitions, religion implies a belief system, often with ties to an institution, like a church or synagogue. It involves discipline and requires one to follow the tenets of the particular faith. In general, religions are outlined by dogma professed in a holy text or other reference. These texts serve as guidance for people to follow on their path, and a religious community offers followers with a religious “home,” a place that provides comfort and brings people of common beliefs together. In fact, the social component is one of the strongest components of religion, in its ability to unite and share in the ultimate mystery of life.

Spirituality differs from religion, however. It often arises through religion and is an aspect of religion itself. Spirituality is not as easy to define as religion, as it is more of an ambiguous term. For many, spirituality is about finding meaning and purpose in life. Also, there is a sense of connection to a divine source, be it God or gods, spirits, Mother Nature, or a

supreme force. Professor Elkins and researchers from Pepperdine University defined spirituality based on participants' perspectives:

Spirituality, which comes from the Latin *spiritus*, meaning 'breath of life', is a way of being and experiencing that comes through awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to self, others, nature, life, and whatever one considers to be the Ultimate. (West 8)

Spirituality is more of a continual process than a variable that can be directly measured or quantified. It is an ever-changing action that varies moment to moment. Elkins went further to define common components of spirituality:

1. a transcendental dimension exists and can be experienced whether as personal God, a transcendent dimension, Greater Self etc.
2. *meaning and purpose in life*, that the 'existential vacuum' can be filled with an authentic life
3. *mission in life*, that the spiritual person has a vocation
4. *sacredness of life*, that life is infused with sacredness and the spiritual person can experience awe, reverence and wonder even in non-religious settings, and that all of life is holy
5. *challenging material values*, that ultimate satisfaction is to be found not in materials but in things of the spirit
6. *altruism*, being affected by the pain and suffering of others, having a sense of social justice and that we are all part of creation
7. *idealism*, having a vision of a better world and a desire to bring it about

8. *awareness of the tragic*, that pain, suffering and death are part of life and give it colour and shade
9. *fruits of spirituality*, that being truly spiritual changes all aspects of who we are and how we live. (West 10)

Through active change and connection to a Higher Power, one's level of awareness, or consciousness, changes and may lead to changes in overall health (Aldridge 20). In order to gain an understanding of the importance of spirituality in recovery, a deeper look into the concept of the self is required.

The concept of the self has been a great question that philosophers, psychologists, spiritual sages, and people of all traditions have tried to answer. The fact that everyone has a self and that it is incomprehensible adds to its mystery. It, like spirituality, can have different meanings to different people and there are several theories that attempt to define what the *self* consists of.

Looking at Sigmund Freud's theory, he expresses the mind as having three aspects: the id, the ego, and the super-ego. Freud also divides the self into three levels of consciousness: the conscious, the preconscious, and the unconscious. The conscious level consists of one's cognitive processes, encompassing all of one's thoughts and actions. Below this level, both the pre-conscious and the unconscious consist of thoughts, memories, and impulses. While the pre-conscious is easily assessable, the unconscious houses the impulses of the id and holds memories, urges, and desires from past experiences (Stevenson). The id is responsible for basic needs and is a component that all individuals are born with. Disregarding others and the most selfish component, the id takes one's personal needs into account. As one grows, the ego

develops and begins to take the environment and others into consideration, although one's personal needs are still most important. In addition, inappropriate desires are repressed by the ego. It is through the ego that an actual self develops. The final component of Freud's mind, the super-ego, is comprised of the conscience and ego ideal. The understanding of right and wrong and the attempt to meet society's standard of ideal are the roles of the super-ego. Each aspect of Freud's concept of the mind functions in a different level of consciousness (Stevenson). Freud's work has provided an important understanding of the self, especially in understanding the ego and the relationship to reality. Although Freud provided this detailed picture of the mind, he did not express a spiritual dimension. Others, though, have expressed another dimension of the self that involves finding purpose in life and a connection with a Higher Power.

The self can be viewed in relationship to consciousness, whether it is expressed as levels, waves, or states. The basic concept of consciousness is that the self relates to these levels of consciousness and through them forms its identity (Wilber). For Carl Jung, the self is manifested as a balance between the conscious and the unconscious. Jung portrays the self as something to be realized, yet it can never be truly realized because it is partly made up of the unconscious. Jung defined a collective unconscious that is beyond the individual, as a universal dimension of shared memories (Daniels). The collective unconscious was also referred to as transpersonal, referring to a "Higher Self." (West 32). A yoga practitioner, Roberto Assagioli, expressed the nature of a lower and higher level of unconscious. The lower self relates to others and the environment, while the higher self represents the spiritual, or true, self. The conscious self is simply an expression of this higher self, which is above the level of consciousness and must be realized through spiritual means (Daniels). With a similar concept of a *higher* self, Maslow's theory focuses on mankind's ultimate goal of self-actualization. The foundation of this path

requires basic drives and needs be met; however, Maslow describes a higher, “Real” self that is of the spiritual dimension and consists of universal values (Daniels).

At the heart of the Gnostic tradition, lays this sense of the divine and a *higher self*. The ego, or the everyday self that is attached to worldliness is not at the core of this tradition. Instead, one’s life journey is to strengthen one’s spiritual connection and actualize the true self. In order to reach a higher level of awareness, one must let go of previous conceptions of one’s identity, or self. In a sense, it is a process of death and rebirth. An individual experiences the end of one self and a new, more meaningful self emerges. It is this continuous cycle of change and growth that leads to the realization of the *higher self*: *A false self* dies to bring the true self to life (Aldridge 121). The Gnostic tradition, along with the others mentioned, resonates with the process of recovery in Alcoholics Anonymous. It is important to point out the similar perspectives of a higher, or true self, and a lower self. The ideal of a true self is something that is realized. It is not tangible but represents the purest form of the self. In his book *Recovery: The Twelve Steps as Spiritual Practice*, Rami Shapiro refers to the deepest and truest aspect of oneself as the soul. He believes that one has the freedom to see the soul as separate from the ego, connected yet transcendent of the ego, or simply as the “breath of life” (Shapiro 37). *Recovery* for the alcoholic is the epitome of the journey to realization of the true self.

In recovery from alcohol dependency, one gains an understanding of the self and how it is tainted by the addiction to form the addictive personality. Alcohol dependency is best understood when viewed as a cycle or process. In the “addicted” phase, the individual feels that he or she is being fulfilled (Nakken 7). Temporary emotional fulfillment may be met, but when the cycle continues, and the alcoholic must continuously turn to alcohol for solace, other relationships in the individual’s life are set aside. The addiction takes over as the individual’s

primary relationship, and important people are no longer priorities (11-13). When the individual seeks this emotional fulfillment through an object or substance, the addictive cycle takes over. It consists of an initial pain or discomfort that leads to the urge to act out and then actual engagement with the substance. The individual experiences temporary relief until the pain from acting out reemerges and the cycle continues on its path. An individual whose life has been consumed with the addictive process exhibits the addictive personality. The presence of this personality is the first stage of substance dependency and involves both the self and the addictive personality, or the addict: “The Self represents the ‘normal,’ human side of the addicted person, while the Addict represents the side that is consumed and transformed by the addiction. Eventually, the addicted person forms a dependent relationship with his or her own addictive personality” (Nakken 25). This personality is not innate, but forms from the attempt to satisfy needs in unnatural ways. The individual steers away from the hierarchy of needs, as defined by Maslow, and instead places the relationship with the substance as the means of fulfilling emotional needs. Denying the self and its relationship with others and a Higher Power further develops and strengthens the chemical dependency (27). The cycle of addiction involves a constant struggle between the self and the addictive personality. When the Addict gains power, it takes over and conceals the true self.

The second phase of alcohol, or any substance, dependency involves a change in one’s behaviors. The addictive cycle moves beyond the mental and emotional dimensions and becomes a lifestyle. This stage involves the rearrangement of one’s priorities, placing alcohol and the addiction as the centerpiece of one’s life (Nakken 37). Some characteristic behaviors of this stage include denial, lying, blame, isolation, and secrecy. It is at this point that the addict loses sight of the individual’s relationship with the world, and the substance becomes the

primary, most significant relationship. The addictive personality thrives on the sense of control, while the self develops deeper feelings of shame and guilt (46). In this phase, relationships with others are weakened or lost because of the addict's desire to satisfy the addiction. The individual becomes self-centered and loses sight of concern for others (53). Finally, in this phase, the addict's life is void of spirituality, or connection with a Higher Power, resulting in the loss of both meaning and purpose.

In the third stage of addiction, the addictive process has completely consumed the individual. This phase is characterized by increasing occurrences of acting out, paranoia, and instability. The majority of the individual's relationships with people involve manipulation in order to fulfill the needs of the addiction. The addict aspect of the individual takes the role of the victim and seeks caretakers. However, most family members and friends have been emotionally hurt through the addict's lies and manipulation. The addiction results in the loss of many relationships and taints the ones with people that remain (Nakken 58-59). Although the Self seeks true fulfillment, healthy behaviors are lost in the cycle of addiction.

As this cycle sends the alcohol dependent individual along a lost path, there comes a point where the Self breaks through and cries for help. It is the lowliest point for the Self, and is often referred to "hitting rock bottom." This is the trigger for renewal of the Self, and leaves the individual on his or her knees asking for help. The realization that he or she has no control sinks in, and a sincere desire to change emerges. "Hitting rock bottom" is a critical component in the spiritual journey of the recovering alcoholic: "Hitting rock bottom is how many people in recovery truly encounter a Power greater than themselves" (Shapiro 33). This phase of reaching one's lowest point is not the same for every person. But it leads to a complete transformation: "Hitting rock bottom is an experience of the ego. It is the point where the ego, the addicted self

clinging to the illusion of control, can no longer maintain that illusion and is surrendered to the reality of powerlessness.” (46) A necessary yet unpleasant experience, hitting rock bottom jolts the struggle between the *self* and the Addict, and allows the *self* a chance to reemerge and escape the addictive cycle.

The cycle of addiction and recovery can be compared to the Buddhist and Hindu concept of *samsara*, which is the endless cycle of birth, suffering, and death. The addictive cycle definitely encompasses the suffering aspect, and death in the sense of recovery can be the death of the Addict, followed by the rebirth of the Self. But this is not the end of the cycle. Recovery is a lifetime process that requires constant maintenance and growth. Although pain is an inevitable part of life, the break from the addictive cycle allows one to regain connection with others and meaning in life.

The path to recovery requires a complete reconfiguration of the self. At the beginning of the recovery phase, addicts have a deep sense of hurt and pain. Now that alcohol cannot conceal their emotional burdens, they must face the pain directly. In a sense, the Self has been wounded and must go through a process of spiritual, emotional, and physical healing. One of the best known and most successful processes to complete renewal for alcoholics is expressed through the 12-steps of Alcoholics Anonymous.

We admitted we were powerless over alcohol—that our lives had become unmanageable.

The first step provokes two concepts: powerlessness and willingness. The essence of beginning the recovery process is an understanding that in the grand scheme of life, one is truly powerless. There are things in life that are completely unexplainable and realizing this part of life is the key to the first step. Often this realization does not come easily. When one has been

trying to control one part of life so desperately, grasping that no one truly has control is a hard lesson to learn. This step asks one to admit that the addictive personality, the Addict, has consumed and overtaken his or her life. By surrendering, one opens up to the natural peaks and valleys of life, and the tension of trying to remain in control relinquishes (Shapiro 3). Step one marks the alcoholic's awareness that he or she has been afflicted by the disease of addiction and expresses the desire for help (Keating 9). The first step lays the foundation for finding happiness again in one's life, and working through pain rather than attempting to escape it (10).

We came to believe that a Power greater than ourselves could restore us to sanity.

The second step incorporates the key element of faith. For many people in AA, the concept of God is daunting because of conflict with religion growing up. However, that is the beauty of the 12-steps. The Higher Power is one of the individual's understanding. At the beginning of his recovery, Webster Bailey identified a set of principles, honesty; hope; faith; courage; integrity; willingness; humility; discipline and action; forgiveness; acceptance; knowledge and awareness; and service, as his Higher Power because both individually and collectively they were greater than himself. He offered his view of spirituality in relation to recovery: "It's certainly been the core of the journey...It's all spiritual to me...Everything that I learned through the Steps is a spiritual lesson...Recovery is spirituality essentially. Recovery is an opening of the heart." The Higher Power serves as a guide and a source to hand over one's worries, fears, and desire to control. The faith in this step is accepting the reality of things and finding meaning in one's own experience (Shapiro 29). In an interview about the 12-Steps, Father Thomas Keating expresses the idea that before one can truly connect with a Higher Power, a sense of faith must exist:

Basically, faith is an experience of God that calls for a response of trust and self-surrender. It is not an image or concept of God in whatever form that might take in one's particular religion. Faith is prior to any belief system. That is why people of faith have different names for the Ultimate Reality. In the Native American tradition, it is the Great Spirit, the belief that God penetrates all of nature. Muslims believe in Allah, the monotheistic God...St. John of the Evangelist identifies God as the Logos, the Word of God, a concept that comes from Greek philosophy and was taken over by the early Christians to explain their belief system. Faith needs some structure in order to explain it to ourselves or to talk about it to others. (Keaton 28)

In the simple process of working the steps, one exhibits faith. This faith in the 12-Steps brings one closer to sobriety and a deepened connection with oneself and Higher Power.

We made a decision to turn our will and our lives over to the care of God as we understood Him.

The third step requires surrender and letting go of control. One of the slogans often heard in AA is *Let Go and Let God*. This step builds upon the first two but takes it further by putting an emphasis on completely trusting in the Higher Power (Adams 152). According to Rami Shapiro, "The success of the Steps isn't dependent on any theological proposition; rather, it is dependent on you finding something or someone greater than yourself to whom you can be surrendered" (40). This step serves as a spiritual challenge as there is no way of truly knowing and understanding one's Higher Power, so wholesomely trusting an intangible entity requires pure faith. Surrendering makes one vulnerable to the emotions and pain that the alcoholic ran away from. It requires a great deal of courage, as this step involves a radical change in attitude

as well. It is in the step, the individual learns to seek happiness through transcendence and find love in their Higher Power (Keating 37).

We made a searching and fearless moral inventory of ourselves.

We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

We were entirely ready to have God remove all these defects of character.

We humbly asked Him to remove our shortcomings.

Humility encompasses the fourth, fifth, sixth, and seventh steps. Humility is not a matter of humiliation or embarrassment, but instead, an acceptance of one's place in life. When an addiction rules one's life, the afflicted individual feels a sense of supremacy because of the false concept of one's control of life. By surrendering to a Higher Power and then going deep within oneself to admit shortcomings and imperfections, one learns the meaning and importance of humility. This step involves the death of the false self, a self created from early mechanisms learned to deal with frustrations and pain in life. This self is based on meeting basic needs to satisfy the ego. As a child, the feelings of satisfying the ego, along with control and security represented happiness (Keating 50). It is with these steps, that one lets go of pride to learn humility and fear for trust. Humility is learned by accepting the imperfectness of human nature and opening up to the transformation of the self.

We made a list of all persons we had harmed and became willing to make amends to them all.

We made direct amends to such people wherever possible, except when to do so would injure them or others.

We continued to take personal inventory and when we were wrong promptly admitted it.

The eighth, ninth, and tenth steps teach forgiveness. Yet again, the lesson of powerlessness can be understood by reviewing these three steps. Asking for forgiveness opens one's relationship to others. In accepting one's wrong doings and faults and admitting that to another person, the ego is humbled and allows for the emergence of the true self. This acceptance of being forgiven, forgiving others for harsh words in the past, and forgiving one's self allows one to move forward in life. These steps require constant evaluation of one's actions and progress toward cleansing from wrongs committed in the past and the present. It is a change in lifestyle of practicing constant humility and learning to correct behavior in the process; it is a matter of taking responsibility for one's actions (Shapiro 146). Often, the alcoholic was emotionally hurt by others, so these steps help to break down the walls that have scarred relationships with family, friends, and loved ones. Resentments prevent an individual from truly being free and from being loving and kind with others. Although genuine forgiveness can be an arduous process, it enlivens one's spirit and elevates the *self* (Keating 116-118). It is also in these steps that the reality of one's power of choice becomes evident. Although people have no control over conditions, all have the ability to choose one's attitude and actions. This is a refreshing realization that one has a small amount of control by choosing how to respond to a given situation or circumstance (Shapiro 117).

We 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.

The eleventh step brings wisdom. Much like love, spirituality is known, yet completely indefinable or measurable. Living the steps, opening to a Higher Power, and taking it one day at a time are parts of the wisdom learned through the Steps. No one can ingrain the teachings of the Steps into a recovering alcoholic's mind. It is through renewing the Self's connection to a

Higher Power and mending relationships that one gains wisdom. In an interview, Patty B. highlighted the importance of the word “sought” in her recovery. She expressed the importance of the 11th Step as “keeping the search alive”, continuing the 12-Steps, and keeping spirituality first. There is a great difference between knowledge and wisdom of the steps as well. Anyone can know the 12-steps, but it is in the experience, in the pain, the struggle, the spiritual searching, and the true realization and understanding of each step that one gains wisdom. This step emphasizes the connection with one’s Power of understanding and actively seeking that spiritual relationship through prayer, meditation, and other practices (Keating 145-46). One way to access this step is by questioning each decision and action: “Will this action expand love or constrict love?” (Shapiro 151). The eleventh step is incorporating spirituality into daily thoughts, words, and actions. It, once again, resonates the practices of powerlessness, letting go, and trusting (153).

Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

The twelfth, and final step, elicits hope. Hope is an invaluable asset throughout the process of recovery. The Steps not only provide hope for the individual but the communication of people’s stories shares hope also. Just as the concept of the Higher Power is dependent on one’s understanding, the spiritual awakening has a different meaning and purpose for every person. (Shapiro 167). In Alcoholics Anonymous, sharing one’s story, or journey, reminds an individual of his or her progress while also inspiring others and filling them with hope. These are people’s life stories that hold deep meaning and purpose. They are stories of revitalization and healing (Shapiro 172-73). The Steps, at this stage, provide more than just physical sobriety: they offer emotional sobriety and an abundant spiritual life as well, thus leading to wholesome

happiness and well-being (Keating 157). By living the Steps in daily life, one shows others the way to a happy, spiritually based life that offers hope, love, and community to others in their own life struggles. The Steps are portrayed as a way of life; it is a path to meaning, purpose, happiness, and the awakening of the *true self*.

It goes well beyond the extent of this paper to delve into the many theories of the self, levels of consciousness, and spirituality. However, the fact that there are so many different perspectives emphasizes the reality that healing is a very individual and personalized process. Although many people may agree with or follow a certain practice, their specific journey is unique. This is in part due to cultural differences. It also is impacted by the individuality of the human brain. When it comes to healing and recovery from alcohol dependency, it is important to remember that the time working through each step and navigating through the phases of recovery, really the journey itself, is different for everyone. This understanding is one of the reasons why AA is so widely accepted and utilized; it calls for the individual to believe in a Higher Power of *his or her understanding*. It does not require any specific beliefs and only asks for patience and an open mind. The path is personal and only requires belief in the power that will help him or her to sobriety. For some, it may not seem restrictive enough, but that is the point. The goal is to guide an individual to sobriety, not to enforce rules. Really, the most important aspects are belief and trust. AA is a program that provides community, support, acceptance, and hope. It has had a huge impact on the lives of many throughout the world, and serves as the most effective alcohol dependence recovery treatment available (Adams 1). It restores the well-being of individuals and their families through a straight forward 12-step model. The 12-Steps provide no end point, but rather guide one on a continuous journey of change and self-betterment.

Concluding Statements and Acknowledgments

Above all, recovery is a journey, one that is different and holds a unique meaning for every individual. The process not only changes an individual's behavior but completely transforms one's life. Alcoholics Anonymous was emphasized because of its current position as the most effective alcohol dependence recovery program and its emphasis on spirituality in healing. The goal of this project was not to convince or persuade one to a particular belief system, but instead to have an open mind of the holistic view point of healing. Bill W. and the other founding fathers of A.A. created a recovery program that spans 150 nations, so there is no doubt that Alcoholics Anonymous has a profound impact and works for many people. Of course there are other routes to sobriety, and they do work for some people as well. But many recovery programs are based off of the Steps and the combination of physical, psychological, and spiritual renewal. The high correlations of spirituality and overall health in this project calls for a deeper look into the general importance that spirituality may hold in all fields of healing. In fact, a recent study reported that about 77% of patients would like to discuss their spirituality during appointments with their physician (Stanlevich). In many cultures, spirituality and healing are one and the same. There is no denying the great strides that modern medicine has made, but what if it could be even better. Imagine the impact of incorporating your spirituality into all of your health practices. Could spirituality be the next revolution in medical science?

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