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IDENTIFYING THE ROLE OF FAITH AND SPIRITUALITY IN THE RECOVERY AND WELLNESS OF ALCOHOL ABUSERS

Andrea Elisabet Masdeu

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IDENTIFYING THE ROLE OF FAITH AND SPIRITUALITY IN THE RECOVERY
AND WELLNESS OF ALCOHOL ABUSERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Andrea Elisabet Masdeu

June 2018

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ABSTRACT

There is extensive literature available on the topic of recovery from alcohol abuse. The research focus of this study explores diverse ways in which the practice of faith and spirituality in any form have affected individuals' recovery and wellness from a post-positivist perspective. The following question is addressed: How does faith and spirituality impact the recovery process and wellness of alcohol abusers? The study was conducted by interviewing volunteer members of three Alcoholics Anonymous mutual-help groups located in Southern California. Participants were asked 15 open ending questions interview. The study uses open and axial coding for analysis. The indirect variables (IV) for this study are faith and spirituality and the direct variables (DV) are recovery and wellness. Qualitative data has been analyzed using Nvivo data analysis software. Some of the themes that emerged from the interviews after coding were family history, willingness to recover, sense of hope, acquired coping skills, belonging to a healing community, and long-lasting sobriety. The analysis of the interviews and these themes showed a positive correlation between the practice of faith and spirituality and recovery and wellness among the pool of participants. Alcoholics with three or more years attending Alcoholics Anonymous meetings reported that they earned at least one year of sobriety through being willing to recover, having a sense of hope, the practice of new skills and spiritual tools, being consistent in attending the group meetings, and being at service of other alcoholics.

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I would like to recognize the men and women that shared their time and personal stories with me to complete this research project. Your willingness to be at service of others did not go unnoticed.

To my parents, who gave me the example to build my life on the pillars of being healthy in body, mind, and spirit. They helped me to grow up and never give up.

To the men of my life, Sergio, Matt and Mikah, my husband and children. I could not have it done without your love, patience and support. Thank you for never complaining about meals, house cleaning, and laundry rather than grouching you helped and provided love and support. Your encouragement kept me going even when I did not feel like it.

Finally, to my teachers at Cal State San Bernardino, School of Social Work and my co-workers at San Bernardino County, Department of Behavioral Health. Your experiences, wisdom and personal lives are an inspiration for those coming behind you on the road to helping others.

DEDICATION

I dedicate this research project to the broken men and women that keep looking for hope and second chances while struggling with the power alcohol has over them. Coming back from darkness and embracing recovery is not an easy path, however, it is a promising one for those that are willing to change. It is my hope and prayer that the practicing of faith and spirituality in all their affairs may guide them throughout their own journey to recovery and wellness.

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CHAPTER ONE

ASSESSMENT

Introduction

This chapter addresses the assessment stage of this study. The research focus is on identifying the role of faith and spirituality in the recovery and wellness of individuals under treatment from alcohol abuse and alcohol dependence. Next, this chapter explains the rationale for using the post positivist paradigm to conduct this study. A literature review is presented with the purpose of reviewing past information about the subject of this research focus. Lastly, the theoretical orientation of this study is elaborated and the potential contribution to both, micro and macro social work practice is discussed. The chapter concludes with a summary.

Research Focus and Question

The research focus of this study is identifying the role of spirituality in the recovery and wellness of individuals under treatment from alcohol abuse. The study explores how the practice of spirituality in any form have affected these individuals' recovery and wellness. The following question is addressed: How does faith and spirituality impact the recovery process and wellness of alcohol abusers?

For this paper, faith and spirituality are considered as the acquisition of a sense of transcending while reaching inner peace practicing some specific

spiritual disciplines (Alcoholics Anonymous World Services, 2001). In addition, faith and spirituality are considered as an experience constructed by values, sense of purpose in the relationship with a higher power, which might include prayer, meditation, taking personal inventory, and serving others. In the context of recovery, spirituality is both, individual and relational experiences, and it must be considered as a set of private and communal practices as well.

Alcohol abuse is discussed in this study as a condition in individuals with less severe drinking problems, low to moderate levels of alcohol dependence, regularly attending alcohol dependency mutual help groups and not those in the late stages of alcohol dependence. Finally, the terms research participants and participants are used as synonyms referring to the individuals participating in this study.

Paradigm and Rationale for Chosen Paradigm

This study was conducted using a post positivist perspective. Data was collected through qualitative research and analysis using research interviews. This modality allowed for the discovery of knowledge, understanding, effectiveness and an alternative way to improve performance in the recovery from alcohol abuse problems.

The rationale for using this paradigm is that the post positivist approach is most appropriate as it enables the opportunity to build new theory and themes. These themes are based on the qualitative data and the discovery of behavioral health care industry professionals' objective realities and concludes in a theory to

better understand the recovery process experiences from the struggles of alcoholism and improve the quality of practice (Morris, 2014). A second element for this rationale includes the fact that the data has been gathered in a naturalistic setting, where alcohol abusers experience the ups and downs of treatment delivery and services. Research journals such as the narrative account and the reflective journal were kept recording the interactions with participants and any thoughts and reflections prompted by these interactions. These journals helped in the aiming and understanding the problem focus. The last element behind this rationale is that this study allows behavioral health care professionals to have insight into the realities of individuals overcoming alcohol abuse and learn about struggles and obstacles they might encounter in behavioral health social work practice and would improve sensitivity and competence when working with this vulnerable population.

This researcher understands that the use of this rationale is the best way to study the research problem because it may offer an in-depth statement about the impact of faith and spirituality in the recovery of alcohol abusers. Second, a better understanding of the needs and experiences of the sampled range of individuals and services and practices to address these needs. Third, this rationale may bring clarity on what is and what is not faith and spirituality in the experience of an alcohol abuser. Finally, it may help to narrow and define the challenges for the behavioral health professionals when providing services for a population within this specific segment of needs.

Literature Review

The literature review discusses the definition of spirituality. Second, the definition of alcohol abuse adopted for this study. Third, the incorporation of spirituality into traditional cognitive-behavioral therapy protocols. Fourth, the significance of voluntary affiliation to join twelve step groups versus court mandate or employment coercion to attend meetings. Fifth, the mental health benefits of practicing spirituality. Lastly, theories guiding conceptualization discussing knowledge gained from courses along with theories that have shaped past research on the subject.

Definition of Spirituality

Gedge & Querney (2014) presented a view on the topic of spirituality. They addressed varying definitions of spirituality found in the academic literature. Most definitions emphasize the meaning of life, the integration of ultimate values, and connectedness with the transcendent, God or also called Higher Power. Seeking meaning through connectedness to ultimate values defined by a power greater than ourselves is part of the human condition.

Hodge (2011) differentiated between spirituality and religion as spirituality is commonly understood as a person's existential relationship with God or the Transcendent. On the other hand, religion is often viewed as an expression of the spiritual relationship in specific forms, beliefs, and practices that have been developed—in community—with others who share similar experiences of transcendent reality. In other words, spirituality emphasizes the personal, and

religion emphasizes the corporate. Conceptualized in this manner, most people are both spiritual and religious.

Faith and spirituality are considered as an experience constructed by values, sense of purpose in the relationship with a Higher Power, which might include prayer, meditation, taking personal inventory, and serving others. This study does not consider the institutional religion in the context of an organization since it is not how the idea of spirituality is presented, for example, in the Alcoholics Anonymous principles used worldwide in rehabilitation centers.

Definition of Alcohol Abuse Adopted for This Study

Behavioral health professionals, mental health workers, and alcohol recovery programs literature have long debated the definition of alcoholic and alcohol abuse. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) introduced the term substance use disorders (American Psychiatric Association, 2013) rather than substance abuse or dependence, adding to the debate. Linton, Campbell, & Gressick, (2016) explored the definition and interpretation of common terms used in the recovery field, including alcohol abuser. The study concluded that lack of specificity was evident among participants and that there existed an overlap between the definitions. The term alcohol abuser in this study is used to describe individuals who admitted that they have drinking problems, feeling powerless over alcohol, and whose lives had become unmanageable due to their drinking habits (Alcoholics Anonymous World Services, 2001).

Incorporation of Spirituality into Traditional Cognitive-Behavioral Therapy Protocols.

Cognitive-Behavioral Therapy (CBT) has been used successfully in the treatment of substance abusers. Therapists and clients work together to discover thoughts, feelings, and circumstances that precede substance misuse. Once unproductive beliefs and behaviors are identified, they are replaced with more beneficial alternatives that inhibit misuse (Hodge & Lietz, 2014). Despite CBT effectiveness, alcohol dependency and relapsing still are a problem for some clients. One approach that might enhance outcomes is the incorporation of the practice of spirituality into traditional CBT practices (Hodge, 2011). As a matter of fact, the largest health care accrediting body in the United States, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), now requires the administration of a spiritual assessment and provides a list of questions to help operationalize the assessment.

Spiritual assessments are now mandated in a vast number of settings, including hospitals, home care organizations, long-term care facilities, and certain behavioral health care organizations such as those providing addiction services (Hodge, 2006). Since CBT focuses on identifying and reducing habits associated with alcohol dependency by substituting those behaviors and negative thoughts with positive activities and rewards, spirituality can be used as an alternative reinforcer.

Clients willing to break the addictive cycle are seeking more and more for professional help that offers some hope for their condition. Spiritual modifications

to the CBT may speed recovery, enhance treatment compliance, prevent relapse, and reduce treatment disparities by providing more culturally congruent services (Hodge, 2011). In the context of alcohol abuse treatment, CBT usually provides clients with new tools to rebuild their lives from their strengths rather than following any set portion of rational guidelines. In a recent study, Hodge and Lietz (2014) found that incorporating clients' spiritual values into CBT was perceived to foster enhanced outcomes that were identified in three basic areas, horizontal and vertical social support, access to divine coping resources, and increased spiritual motivation.

Voluntary Affiliation to Join Twelve Steps Versus Court or Employment Coercion

While there is evidence of enhanced outcomes when incorporating spirituality to the protocols of CBT, clients' recovery rest in their own willingness to recover. This study defines willingness as the voluntary exercise of one's own will (Merriam-Webster Online). Voluntary implies freedom and spontaneity of choice or action without external compulsion. It is also intentional, stressing an awareness of an end to be achieved. It is deliberate, since implies full consciousness of the nature of one's act and its consequences.

Clients attending Alcoholics Anonymous meetings by voluntary affiliation after treatment, predicted more favorable outcomes than those attending by coercion, required by court or employers (Montgomery, Miller, & Tonigan, 1995).

Whereas the benefits of attending Twelve Steps recovery meetings and working the steps as directed by a sponsor are widely recognized, it seems that

Alcoholics Anonymous program was modeled to work under the premises of attraction and voluntary affiliation rather than promotion, and never by coercion. To use a phrase commonly heard among AA recovery groups to illustrate this concept, “it works if you work it”.

Mental Health Benefits of Practicing Spirituality

The experiences of mental health workers and gatekeepers, specifically in the behavioral health practice, is essential to understand the benefits of practicing spirituality during the recovery process. Researchers have found that the practice of faith and spirituality are associated with many positive mental and physical health outcomes (Pardini, Plante, Sherman, & Stump, 2000). In addition, results on the same study indicated that among recovering individuals, higher levels of religious faith and spirituality were associated with a more optimistic life orientation, greater perceived social support, higher resilience to stress, and lower levels of anxiety (Pardini et al., 2000).

The Big Book of Alcoholics Anonymous stated the necessary experience of spirituality, arguing that when the individual lay aside prejudice and express even a willingness to believe in a power greater than himself, then the results will come, even though it is impossible to fully define or comprehend that power, which is God (Alcoholics Anonymous World Services, 2001).

A study evaluated alcoholics who entered treatment in several community-based programs. Among patients who then attended Alcoholics Anonymous meetings, those who reported having a spiritual awakening were over three times

more likely to be abstinent three years later than those who did not have such an awakening (Galanter, 2008).

Spiritual experience has also been linked with positive mental health outcomes such as lower levels of depression and suicide, and higher levels of self-esteem and life satisfaction. Likewise, epidemiological studies reported an association between religiousness and lower rates of morbidity and mortality from cardiovascular disease, hypertension, and cancer. Other studies examined the potential value of religious involvement as a coping mechanism for individuals suffering from chronic illnesses (Pardini et al., 2002). The practice of faith and spirituality has been widely recognized as an effective tool in the recovery and wellness of substance abusers to enhance treatment outcomes.

Theories Guiding Conceptualization

Turner (2011) gathered a very instructive compendium of theoretical approaches driving social work treatment and knowledge development, including psychoanalysis and crisis intervention. Among them, cognitive behavior theory provides a deep insight on the conceptualization and treatment possibilities for a wide range of problems, including addictions treatment, substance abuse, and obsessive-compulsive disorders, all participants related to alcohol dependency.

This literature review discusses spirituality, defined as the acquisition of a sense of transcending while reaching inner peace practicing some specific spiritual disciplines. Second, it discusses the incorporation of spiritual assessments into traditional cognitive-behavioral therapy protocols. Third, it

highlights the positive outcomes of voluntary affiliation to join twelve steps in comparison to court or employment mandatory affiliation to attend meetings. Fourth, the literature features the mental health benefits of practicing spirituality. Lastly, theories guiding conceptualization, discussing knowledge gained from courses along with theories that have shaped past research on the subject.

Alcohol abuse impacts individual's physical being, emotional being and spiritual being. Healing must happen in all three. Whereas spirituality is not frequently considered as one key aspect of recovery from alcohol abuse, it remains as a deeply personal human experience and, therefore, deeply impacted by alcohol abuse. The incorporation of the spiritual assessment into traditional behavioral therapy protocols can certainly enhance the benefits of voluntarily joining and consistently attending self-help recovery groups.

Theoretical Orientation

The theoretical orientation used in this study is Cognitive Behavioral. According to Thomlison and Thomlison (2011), the emphasis of cognitive behavior therapy is on client behavior and includes thoughts and beliefs in the determination of clients' struggles and its overcoming. Learning new, more adaptive behaviors will lead to more rewarding behaviors. Clinical treatment through this theory focus on present challenges rather than in painful thoughts, feelings, and experiences of the past. This relates to the research focus because this theory promotes specific techniques or, as expressed by most participants on the research interviews "a set of practical tools," intended to facilitate

observable behavioral change. For this research, that observable change can be materialized in certain abstinence, or sobriety and change in attitude, for example the willingness to serve others. Other changes in attitude include but are not limited to willingness to be honest, to pray, to call others, to forgive all resentments, to surrender fears, to refuse any drink as toxic, to read literature, to go to meetings, to set healthy boundaries, and to maintain an attitude of gratitude.

This study intends to consider the practice of faith and spirituality as a prevention tool to avoid relapsing and recidivism, an element that will aid these individuals in overcoming the cycle of substance abuse. Thomlison and Thomlison (2011) explained that cognitive behavioral interventions operate under three basic assumptions: problem behaviors can be identified and changed, cognitions shape behaviors, and affecting behavioral change requires a systematic approach. New, positive behaviors can be learned in a social environment, such as the one offered by mutual-help recovery groups. Those new, positive behaviors can be brought to the individual's social environment involving family, work, and social relations.

This study will hopefully bring additional awareness to the practice of faith and spirituality as key tool in the recovery and wellness of alcohol abusers. In addition, it is expected that this study might help clients and institutions to consider the practice of spirituality into their life experiences and into the CBT protocols while thriving for wellness and sobriety.

Potential Contribution of Study to Micro and/or Macro Social Work Practice

The information obtained in this study represents a contribution to social work practice bringing another tool and offering extra resources to help maintain personal stability in clients and to optimize the utilization of public resources available. At a micro level, this will improve personal satisfaction and well-being on the part of the clients, which will result a positive reinforcement towards their recovery. At a macro level, this study might help private organizations and government agencies to better understand how to meet these aspects among the needs of their clients creating innovative programs or modifying current ones, to prevent recidivism and enhance the positive outcomes for treatment.

Summary

Chapter one covered the assessment phase of this post-positivist study. It provided information about the post-positivist perspective as well as the rationale as to why it is appropriate for this study. The chapter also presented previous literature focusing on the topic of the practice of faith and spirituality as a tool to enhance outcomes of recovery and well-being of alcohol abusers as well as the theoretical orientation that was used for this study. Lastly, chapter one explained this study's potential contribution to the field of social work.

CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two addresses the engagement stage of this study. It explains how the research focus was developed and how the participants were engaged. It also addresses the necessary self-preparation to accomplish the study. This chapter addresses possible diversity, ethical, and political issues in the study. Lastly, the role of technology in this study is discussed.

Study Site

The study site consisted of three local alcohol dependency mutual-help groups serving individuals struggling with alcohol abuse in Southern California. These groups follow the directions from Twelve Steps and Twelve Traditions of Alcoholics Anonymous (AA), providing hope, encouragement, support, accountability and new tools for individuals that genuinely want to overcome the alcohol addiction (Alcoholics Anonymous World Services, 2001). AA members often refer to passages, steps or traditions of their program as main guidelines, claiming that there is one ultimate authority, a loving God as He may express Himself in the group conscience.

These mutual-help groups offer support to a wide variety of individuals without regard to gender, race, language, sexual orientation, marital or social status. Some individuals attending the groups may join the fellowship as part of

court or work requirements. However, long lasting and life changing results are being identified by those in the fellowship attending willingly rather than by coercion. There are no dues or fees to join the groups. As stated in one of the group traditions, the only requirement for membership is the desire to stop drinking and maintain long-term sobriety. Since the groups remain non-professional and non-organized, the identification and engagement with informal gatekeepers has been developed by interviewing members self-identified as alcoholics, with at least three years' experience of attending Alcoholics Anonymous groups, and with at least one or more years of sobriety as expressed by themselves on the open-share group meetings. Often the group members refer to sobriety as the complete and absolute abstinence of drinking alcohol.

While Southern California is a mixture of cultures and nationalities, the socio-economic status of the participants was represented at all levels, race diversity among participants is expected to be limited. Tonigan, Connors, & Miller, 1998) found that most members at the Alcoholics Anonymous groups in the United States are white. The extent of alcohol abuse as a problem, is well documented. According to the Centers for Disease Control and Prevention (CDC) (2017), citing the Behavioral Risk Factor Surveillance System (BRFSS) survey, in 2013 more than half of the U.S. adult population drank alcohol in the past 30 days. The same article, mentioned that excessive alcohol use was responsible for an annual average of 88,000 deaths, including 1 in 10 deaths

among working-age adults aged 20-64 years, and 2.5 million potential life lost per year.

Engagement Strategies for Gatekeepers at Study Site

For this study purpose, participant members self-identified as alcoholics, with at least three years attending Alcoholics Anonymous groups, and with at least one or more years of sobriety are considered as informal gatekeepers. They were engaged by having a detailed explanation of this study at their home open share meetings. As defined by Alcoholics Anonymous World Services (2001), open meetings are available to anyone interested in Alcoholics Anonymous' program of recovery from alcoholism. Non-alcoholics may attend open meetings as observers. Attendees at open share meetings are prepared to share their stories in less-graphic terms and are willing to be more open about their alcohol problems.

This researcher attended three different Alcoholics Anonymous open share mutual help groups and introduce herself to the group secretaries, who, for this study have been identified as gatekeepers. This researcher introduced herself as a Cal State University San Bernardino graduate student completing the Master Social Work program and doing a research on identifying the role of faith and spirituality in the recovery and wellness of individuals self-identified as having alcohol problems. Following the introduction, this researcher asked for permission to attend and talk -prior or after the meetings- to potential candidates about their experiences in recovery. Once explained the details about the study,

this researcher was allowed during the announcements segment to extend an invitation to attendees to voluntarily participate of this study. After establishing a clear understanding, gatekeepers were advised about the potential benefits of the discoveries.

Self-Preparation

This researcher considered the reviewing of past and current literature on the topic as an important aspect of self-preparation. This allowed the researcher to be up to date on current practices, motivational interviewing techniques and available resources in this field. Other noticed aspect was the insistence of the participants to maintain their anonymity at the level of press, radio, television or films, even documentaries. Individuals that are committed in recovery are not interested in any publicity or even any recognition for their efforts to follow the recovery program. It was pointed to this researcher from one of the group secretaries that these are the guidelines established by tradition 11 of the Alcoholics Anonymous. For that reason, this researcher assumed a great deal of responsibility while managing the participant's stories, focusing on the facts and experiences rather than individuals. A common trait among committed recovering alcoholics is their willingness to share their personal stories, especially if it will benefit other alcoholics that are still suffering. This researcher pointed out that their participation in this study represented an opportunity to be of service to other alcoholics inside and out of the recovery meetings.

Additional preparation included maintaining a positive perspective on the study research process and being aware of any biases that might influence research. Some of the identified biases were, trying to validate participant's emotions, and showing attitude of approval or disapproval about their past or present decisions. Specific biases that this researcher deemed necessary to be aware of included the emotional triggers that could arise during research interviews since this researcher had a family member deeply involved in an addictive cycle a few years ago, who passed away due to his addiction.

Diversity Issues

Even though diversity issues were expected to develop during the research interviews, no one of the suspected issues aroused in the interaction with the participants. Among the expected diversity issues were this researcher's foreign accent, which could have had a negative influence in the responses. However, participants did not ask to repeat the questions. Second, this researcher assumed that some participants might not feel comfortable while being questioned by a female Hispanic student. On the contrary, the attitudes towards this researcher and the topic ranged among collaboration and support rather than rejection and indifference. Finally, this researcher assumed that the practice of faith and spirituality could not necessarily be related to the participant's affiliation to a traditional or historical religion or faith. Moreover, in some recovery settings, may exist negative attitudes towards the validity of some

traditional faith rituals. On the contrary, this researcher found openness to self-regulation practices such as prayer and meditation.

Finally, another diversity issue that could arise was the participant's attitude towards their participation in this study, since this researcher does not identify herself as an alcoholic. To address such potential issues, self-disclosure was used as necessary to relate and establish/maintain rapport. Topics ranged from the researcher's family member also being a part of the substance abuse cycle, to empathy and praise for choosing a career path helping other human beings to recover. This self-disclosure certainly assisted with relationship building. Informal language was used to increase comfort levels when it came to diversity issues between this researcher and participants.

Ethical Issues

This researcher was aware that the study was conducted among a vulnerable group and she is committed to the protection of human dignity assuming as essential being proactive, trying to avoid ethical issues such as confidentiality of the human participants. To accomplish the task, this researcher submitted the research project for a Human Participants review through the Institutional Review Board receiving the approval to conduct the study. In addition, this researcher offered potential participants with enough information to make a fully informed, voluntary decision. An informed consent form was provided and explained to each participant, followed by a required signature. Topics included: the purpose of the project, confidentiality rights and limitations,

length of interview and the option to withdraw and terminate their participation at any time if research participants felt uncomfortable.

This researcher emphasized that the identity of the participants will remain confidential in this study. Participants received assurance that personal information about participation in the present study will be protected along with identifiable research data (Resnik, 2015). An issue that did not arise on behalf of the researcher was asserting her own moral values during the interview. To prevent this to happen, the researcher remained aware of biases and consciously avoided to communicate using some body language such as nodding or asserting. On the contrary, this researcher opted to communicate compassion and self-assurance by adopting common social postures such as standing tall with shoulders back, making solid eye contact and a smile, showing purposeful and deliberate gestures with hands and arms, using a slow and clear speech and a moderate to low tone of voice.

Political Issues

This researcher anticipated that some potential political issues could arise in this study. For example, the Twelve-step group secretaries could feel that the confidentiality and anonymity standards their groups held was threatened. As described in tradition seven of the Alcoholics Anonymous program, anonymity and confidentiality are basic requirements (Alcoholics Anonymous World Services, 2001). They wanted to know that the data will not expose the anonymity of the potential participants. This researcher reassured the secretaries

that the results might be a benefit to society and data could be used to enrich substance abuse rehabilitation programs and health services for alcohol abusers and their families. In addition, potential participants were asked to voluntarily join the study after the meetings and not during the time of their regular meetings.

Moore and Ames (2002) conducted a study on survey confidentiality versus anonymity. They cited the work of Don Dillman (2000) who established that confidential respondents are known only to the researchers, and anonymous respondents are not identifiable even by the researchers. For this study, this researcher guaranteed personal confidentiality but no personal anonymity. In addition, participants were explained how confidentiality was protected. Specifically, participants were informed about the purpose of the study and the use of the data gathered in the research interviews. This researcher is obliged by professional ethics to maintain the privacy and confidentiality of the responses gathered in the interviewing process.

All data, including recordings and written information about this project are kept in a locked cabinet and will be destroyed when the research project is completed, and audio digital recording will be deleted upon research completion. In addition, participants were assured that this researcher is under the supervision of Dr. Brooklyn Saposzchnikov, School of Social Work, California State University, San Bernardino and her professional ethics is backed by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

The Role of Technology in Engagement

This researcher used email communication with the participants throughout the entire study to stay in contact regarding scheduling. In addition, phone calls were made when necessary. This method allowed follow up to be much more efficient and convenient. A digital audio recorder was utilized to record the research interviews as well. This allowed for efficiency and uninterrupted genuine engagement throughout the interview.

Summary

Chapter two addressed the Engagement stage of this study. First, it addressed the study site, then it discussed engagement strategies such as the development of the research focus and engaging participants. Next, it addressed self-preparation and possible diversity, ethical and political issues. Finally, it explained the role of technology in this stage.

CHAPTER THREE

IMPLEMENTATION

Introduction

Chapter three discusses the implementations stage of the study. First, the study participants and selection of participants are discussed. Next, the data gathering, phases of data collection, data recording, and data analysis are addressed. Lastly, termination and follow up, and communication of findings. This chapter concludes with a summary.

Study Participants

Study participants were selected among volunteer members from three Alcoholics Anonymous mutual help groups servicing Southern California. Consequently, the unit of analysis were individuals. The most important criteria met by participants was that they identified themselves as alcoholics. Individuals attending Alcoholics Anonymous meetings that were struggling in the denial stage thinking that they could “control” the way they drink could not be part of this study. It was considered as essential for this study that the participants acknowledged their alcohol habit as a problem and needed help to re-direct their lives and break the alcohol dependency cycle.

It was also required that volunteering participants had at least three years of active participation in a local Twelve Step mutual help group of Alcoholics Anonymous and had at least one-year sobriety as defined by the group. It is

assumed among the recovery groups that sobriety is the result of consistently working the steps and maintaining regular attendance to the group meetings. The number of volunteer participants for this study was 12 (n=12). Males and females qualified for this study regardless their level of education. Having such a wide variety of participants assisted in the acquisition of more knowledge on effective coping strategies, techniques and interventions. As a reference, per the Inland Empire Central Office of Alcoholics Anonymous' website, there are 787 Alcoholics Anonymous groups actively functioning in the area with 10 different types of meetings such as Big Book meeting, Book Study meeting, Closed meetings for alcoholics only, hearing impaired meeting, Men only meeting, No Smoking meeting, Open share meeting, Step Study meeting, Ladies only meeting and Young People meeting.

Selection of Participants

Among the qualitative techniques described by Patton (2002) is Purposeful sampling. This is the most widely used technique to identify and select information-rich cases and includes identifying and selecting individuals or groups of individuals that are particularly knowledgeable and experienced within a subject of interest. In addition, was considered their availability and willingness to participate, and the ability to communicate experiences and opinions in an articulate, expressive, and reflective manner (Palinkas, Horwitz, Green, Wisdom, Duan, & Hoagwood, 2015). Although there are several different purposeful sampling strategies, criterion sampling appears to be used most commonly in

implementation research and is the one that was used for this research project since it provides the most accurate and complete data related to the research focus. This strategy is based on a specific characteristic of the population that was included in the study (Morris, 2014), allowing this researcher to only interview participants who specifically met the established criteria.

As presented above, it was expected that participants had at least three-year active engagement in Alcoholics Anonymous mutual help group and had at least one-year sobriety as defined by the group. Being sober in Alcoholics Anonymous means that one has not consumed any alcoholic beverages whatsoever for a period that is generally undefined though usually long enough that noticeable changes in the individual's behavior, attitudes, and thinking may occur (Alcoholics Anonymous, 2001).

At the Alcoholics Anonymous open share group meeting format, newcomers are invited to introduce themselves before the sharing time starts. This researcher introduced herself as a graduate student interested in the program and remained during the entire meeting listening without sharing. After the meeting, this researcher introduced herself with more detailed to the group secretary, who as previously stated has been identified as the gatekeeper. In the following visit, previously arranged with the gatekeepers, this researcher identified herself to the group during the introductions as a Cal State University San Bernardino graduate student completing the Master Social Work program and doing a research on finding the role of faith and spirituality in the recovery

and wellness of individuals self-identified as having alcohol problems. At this visit and the following two or three, this researcher reached for potential participants after the meeting was adjourned. This researcher asked pre-screening questions to verify that the interested individuals meet the basic criteria for participation, such as the length of time attending the group and consistency, sobriety length, nature of their recovery and explore the willingness to voluntarily participate on the study. Then, this researcher set an appointment with qualified participants to complete the research interviews. Potential participants were advised about the possible benefits of the discoveries and they were asked for permission to voice-record their answers. After establishing a clear understanding, participants engaged in assisting with the further development of the research focus by providing input and ideas based on their own experiences.

As a condition for participating, was required that the participants were fluent in English language to understand the open-ended questions given during the interview. The minimum age required was 21 years old. The socio-economic status of the participants was represented at all levels. Tonigan et al. (1998) found that racial diversity among Alcoholics Anonymous recovery groups is limited, since most members in the United States are white. However, given the diversity found in Southern California, an important number of AA members may be second or third generation of Hispanic heritage, adding to the race diversity.

Data Gathering

This researcher gathered qualitative data through research interviews. Participants were engaged at their mutual help Alcoholics Anonymous open share meetings. The secretary of the meeting helped to identify potential participants, based on the established qualifications to participate of this study. They were approached after the meeting to confirm their qualifications to participate in the study. Then this researcher set up a brief meeting to explain and review the open-ended descriptive, structural and contrast questions that were facilitated at the interview to simplify understanding and reflection on the subject, which was expected to increase the accuracy on the answers at the interview. Consent and clarification about the study was provided previously of each interview.

Participants were engaged via personal interviews. The structure of the research interviews (Morris, 2014) begun with engagement questions to build rapport, such as demographics, family history with addictions and previous experience in mutual help groups. It then progressed into development of focus questions, such as the meaning of spirituality, and mentioning some spiritual goals that they liked to achieve in sobriety. Third, maintaining focus questions, such as listing some spiritual qualities that they saw in others. Finally, the interview ended with some throw away questions to wrap the session, such as state the significance of belonging to a community to find help in their recovery and describe some of the spiritual tools they practice that are helpful to maintain

sobriety. After each interview, this researcher reviewed the recordings of the research interviews, wrote in the narrative account journal about all relative occurrences, and then wrote in the reflective journal about all reactions and feelings during the interview.

Phases of Data Collection

This research project involved two phases of data collection: research interviews and transcribing the data collected. Throughout the interview, participants were engaged by introductions and questions meant to build rapport. The researcher used self-disclosure when necessary to bring her experience with a family member struggling with alcohol abuse. In this stage, one question refers to the subject's family history with alcohol abuse. Next, this researcher asked questions about the research focus to gather information about the topic. Since the Alcoholics Anonymous book defines spirituality as "placing value in and practicing spiritual principles and beliefs" (Alcoholics Anonymous World Series, 2001, p.68), participants were asked about the meaning of spirituality in the context of their recovery. Finally, the researcher asked some throw away questions to wrap the interview and terminate the interview session. These questions had the purpose of giving the participants the opportunity to think in perspective regarding the benefits (or the lack of) of practicing faith and spirituality to achieve and maintain sobriety.

The final phase was to transcribe the interview recordings, writing in both the narrative and reflective journals immediately after each interview. The

narrative journal had the purpose of keeping the record of the interview, and eventually, it became the data. The reflective journal, included researcher's thoughts and concerns about the data collected. The research interviews were analyzed via open and axial coding using data analytics software. Tables were constructed to give visual representation of the responses. Key elements were found among the answers that helped to determine the role of faith and spirituality in the recovery and wellness of alcohol abusers.

Data Recording

Research interviews were digitally audio recorded to preserve the quality of the data for further analysis. Participants were individually notified of audio recording and the interview procedures were included on the informed consent the participants signed in agreement prior of the interview. This researcher was prepared to take minimal notes throughout the interview as questions were answered. If the participants wished not to be recorded. As mentioned above, data was recorded as an ongoing process using two journals, one dedicated to tracking the development of research and a reflective journal to disclose the researcher's personal revelations and experiences during the interviewing process.

Data Analysis

Data was attained from twelve face-to-face interviews which were audio-recorded and then transcribed. Each interview was analyzed using the "bottom

up” approach in qualitative analysis procedures and coded using Nvivo data analysis software. This research project explores the potential benefits and influence that the practice of faith and spirituality may have in individuals struggling with alcohol abuse to attain wellness and recover from their disease. Sampling was analyzed using open coding to identify themes and categories and axial coding to organize them. Tables were created to demonstrate these themes through selective coding. Finally, data was organized using a conditional matrix to relate the findings to micro and macro social work practice.

The indirect variables (IV) for this study were identified as faith and spirituality and the direct variables (DV) as recovery and wellness.

Termination and Follow-Up

Termination of the study was done by presenting the findings to the California State University, San Bernardino community as well as to the research sites. Termination with the gatekeeper and participants was done through thanking them for their time and their contribution to the study. The results of the study were offered to the participants once the study is completed at their home meeting upon request to the group secretary and available at the Pfau Library on the California State University, San Bernardino campus. An ongoing relationship with the participants is not expected, therefore follow up is not contemplated for this study.

Communication of Findings and Dissemination Plan

Findings of this research project will be communicated to the social work department through a final report and as a poster presentation at the School of Social Work's annual poster day, so they can contribute to current social work literature. In addition, disseminating the findings to the University and open share groups, support groups and among colleagues might increase the likelihood of considering suggesting clients the practice of faith and spirituality as part of their social work practice.

Summary

Chapter three discussed the Implementation stage of this study. First, the study participants and selection of participants was discussed. Second, the data gathering, phases of data collection, data recording and data analysis was addressed. Lastly, termination and follow-up, and communication of findings.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

Introduction

This chapter presents the results of the data collected in the form of a qualitative analysis. The data presented in the findings section of this chapter were collected and processed in response to the research question posed in chapter one of this thesis which states: How does faith and spirituality impact the recovery process and wellness of alcohol abusers?

This research project explores the potential benefits and influence that the practice of faith and spirituality may have in individuals struggling with alcohol abuse to attain wellness and recover from their disease. To test this, sampling research interviews were analyzed moving back and forth among the following stages: open coding, axial coding, selective coding, and conditional matrix. Open coding was utilized to identify themes and categories within the data. Axial coding was used to organize those themes and categories. Selective coding allowed the creation of tables to demonstrate these themes. A conditional matrix assisted with the organization of data in relation to both micro and macro social work practice.

Using the analytical tools to develop concepts, their dimensions, and their links with other concepts, this researcher determined examples of open coding such as social phenomenon and alcohol abuse, faith and spirituality and recovery outcome, mutual help groups and sobriety. The microanalysis of the narrative

suggested these concepts be grouped into the categories practice of faith and spirituality on one end, and sobriety as second category. These categories also may range from being willing to recover, to work the recovery, and then to keep long-lasting sobriety.

Demographic Data

The data was attained from the qualitative analysis of research interviews to twelve regular members of the Alcoholic Anonymous fellowship program. Participants were engaged at their home meetings in a volunteer basis. Four females and eight males participated. Their participation on the Alcoholic Anonymous program ranged from three to twenty-eight years. The minimum sobriety time required to participate in this study was one year regardless of the time attending the group. While participants were asked the same set of questions, some of them declined to answer one or two out of fifteen. For this study, the lack of answer to one or two questions did not invalidate the interview, just reduced the number of sources analyzed for the specific coding.

Findings

The research interviews kept the pattern of asked questions, defining the cluster of topics. In addition, the interviews were taken individually, at separate times and with no other individuals present. However, the uniformity in the answers on each theme is notorious, showing similar experiences through the recovery process among the participants. Some of the themes that emerged are

family history, willingness to recover, sense of hope, acquired coping skills, belonging to a healing community, and long-lasting sobriety. The similarity of the experiences seems not to be affected by the different background origin of participants.

Family History

One theme that emerged from the research interviews was family history. It was noticeable that behavioral patterns were learned by the participants from close relatives and passed through generations. Eleven of twelve participants claimed that a close relative or relatives have had or continue having alcohol-related issues. Among the examples, participants said “both of my parents were alcoholics, almost all my siblings are alcoholics, and my two oldest sons are alcoholics” (Participant 2, Personal Interview, June 2017). “Every member of my father’s immediate family struggled with the disease of addiction/alcoholism as well as mental health problems” (Participant 6, Personal Interview, June 2017). “I have many alcoholics in my family. My grandfather mother side and my grandfather father side. Also, my uncle father side. On top of that, one of my brothers passed because of cocaine abuse” (Participant 10, Personal Interview, June 2017). “Well yea, my mom, my grandma. [They] used to drink a lot, my aunt used to get together and drink like a lot” (Participant 11, Personal Interview, June 2017). A table illustrating alcoholism in the participants’ family history can be found in Appendix D, Table 1: Family History.

The Big Book of Alcoholic Anonymous on the chapter *The Family Afterward* (World Services, 2001), expressed the idea that after many years living with an alcoholic, wives and children might become neurotic, and that the entire family is, to some extent, ill. Somehow individuals, starting in their childhood validate and try to emulate the behaviors of their adult counterparts, including the destructive ones. Another noticeable issue is the common experience showing that the passing of close relatives due to alcohol complications did not acted as deterrent in the participants' volition before start drinking.

Approaching the history of alcohol in the family of origin is just one side of the coin. The reality is that there is an immediate history that is also part of the life of an alcoholic. While alcohol abuse has a profound impact in the lives of individuals struggling with the addiction, it also has a permanent and painful impact in the lives of close relatives. Even though many children of alcoholics from troubled families might not develop drinking problems, parents, siblings, spouses and children may also carry the burden in some form of emotional trauma, which at some point may develop as a personality trait, such as co-dependency or becoming people pleasers.

Codependency is a usual form of response from those who care the most about a problem drinker and happen as an evolving cycle when they try to control the drinking of the loved one. Codependent individuals focus on the alcoholic, their whereabouts, their actions, and trying to bail them out of trouble is frequent.

In the same way, codependency leads them to take on the blame, guilt, and shame that really belong to the drinker.

On the other hand, people-pleaser individuals always feel unfit and try to do anything possible to be accepted, praised, and congratulated. Sometimes, they want to say 'no', but they are afraid to, and say 'yes' just to avoid conflict. People-pleasers are capable to put their own families behind to receive a praise for the job done and if that does not occur, then they feel betrayed and miserable. These family's reactions to the alcoholic's behavior promote the grounds for a dysfunctional household, where the members found themselves in an always threatening situation. This researcher listened many stories depicting spouses trying to cover the behavior and actions of the alcoholic, while children grow in a household where economic insecurity is the norm due to the inability of the alcoholic to keep jobs.

The failure to sustain employment, leading to frequent family relocation and the loss of friends and nonexistent sense of belonging is a burden that children of alcoholics usually carry. Soon, the children also start blaming the other spouse for the inability to do something to protect them from the ill parent, losing both the role of caretakers. While the alcoholic parent is absent because of the illness, the other must work two jobs and become the breadwinner, being also absent from their children's basic needs. Children learn to take care of themselves and many times taking care of the younger siblings. They learn to survive on their own terms, which are not always the healthy ones. And the cycle starts all over again.

Willingness to Recover

Other theme shows that alcoholics that overcome denial and are willing to do something about their disease are the ones able to recover faster. However, self-will in an alcoholic is compromised. Withdrawing from the disease after a relapse and some tragic events might sound like a final call to family members, but for most alcoholics, those are unrealistic expectations. Sadly, most of them need to hit rock bottom and lose mostly everything to wake up of their denial. For some, it is the loss of a marriage, children, and their home. Others, have lost their careers and jobs. Some have lost their faith and hope. There is no recovering alcoholic who does not have a story to tell about something lost due to alcohol abuse.

Many participants expressed their emotional ties to AA sharing their own journey from mandated attendance to going on their own with comments such as sixteen and a half years ago, when I was mandated to go to treatment by probation, it was mandatory to attend AA by the program I was in. That is how I first learned about AA. After about a month, I fell in love with the AA program, and began to actively participate in all aspects of the program (Participant 2, Personal Interview, June 2017).

“I was court ordered into the rooms and was a proud court card carrying member for almost 2 years. After that I was convinced and stayed. I still thank God every day for court cards” (Participant 6, Personal Interview, June 2017).

I started attending AA after I was arrested because of my drinking problems, but not because it was court mandated. I started on my own willingness. What I have seen in the groups I am attending is that individuals that were compelled to attend the meetings stop coming after they reach the required attendance (Participant 10, Personal Interview, June 2017).

More examples on participants views on willingness to recover can be found in Appendix D, Table 2: Willingness to Recover.

Direct quotes from the research interviews are aligned with Montgomery, Miller, & Tonigan (1995) predictions. Individuals under treatment with higher severity of alcohol dependence, and in greater existential crisis ("hitting bottom") would be more likely to participate in AA and those involved in AA would show more favorable outcomes.

Sense of Hope

Other theme brought in during the research interviews was the sense of hope. This speaks about future, goals, vision and purpose. This sense of hope is a new experience for most alcoholics, whose described their lives prior to recovery as hopeless.

Some participants' views on hope clearly define the expectation for a better future, a vision of the upcoming rather than a series of regrets.

I literally found through the steps and through this process of recovery it's almost like a second chance of life. Hope is something that makes

anything possible. I know that's cliché but it's true. Hope is always one of those key human emotions that make superhuman things a reality (Participant 4, Personal Interview, June 2017).

"[I hope] continued sobriety and helping other people. Being a service to my fellow people. Being a good example of sobriety" (Participant 5, Personal Interview, June 2017). "My hope (belief) is that I continue to grow and learn and have balance in my life" (Participant 9, Personal Interview, June 2017).

I hope I become the man God wants me to. A good husband and father to my boys. I hope that God would use my brokenness to help other alcoholics that are in the same path of destruction I was. I hope that my pain and the pain that my family suffered can ease the pain on others (Participant 10, Personal Interview, June 2017).

More examples of participants' views on the sense of hope can be found in Appendix D, Table 3: Sense of Hope.

Most participants have mentioned their willingness to reach and serve other alcoholics as part of their recovery. One participant has even mentioned that "serving others is what is keeping me sober". This service can be as doing something for someone else or also reach out for help and to connect with other alcoholics in recovery. Taking the time to listen a newcomer's story is both, awakening and a big reminder that alcoholics can always go back to those obscure places and lose everything again, if they decide to interrupt the healing

process and give up on recovery. Most alcoholics develop a servant heart and become compassionate.

Acquisition of new Coping Skills

Attending meetings and being part of the fellowship of Alcoholics Anonymous expose alcoholics to the acquisition of new tools and coping skills to deal with the personal losses because of their drinking habits and to transform their pain in something positive and useful.

“I have learned how to be accountable for my own actions and to promptly admit the exact nature of my wrongs and the healing power of making amends
“(Participant 2, Personal Interview, June 2017).

I have acquired practical tools such as calling on others, attending to meetings to break the path of isolation in my life, being honest with other man about the things that had happened in my life. But also, I was taught to develop spiritual tools such as attending church, living a spiritual day, praying, meditating in the Word of God, serving others. These tools have changed my life and bettered my life with God (Participant 3, Personal Interview, June 2017).

Among the practical tools for example is to be consistent in attending meetings, calling on others and trying to be at service as much as I can. Among the spiritual tools, prayer, reading religious or AA literature and meditation, forgiveness, making amends to the people I have harmed, and

identify the triggers that led me into alcohol dependency in the past
(Participant 10, Personal Interview, June 2017).

A table detailing more examples of the new coping skills acquired by the participants in the rooms of Alcoholics Anonymous is depicted in Appendix D, Table 4: Acquisition of New Coping Skills.

These new tools are the foundation to learn and develop a set of coping skills more appropriate to face the circumstances of their lives, such as the practice of accountability. Alcoholics Anonymous makes a bold emphasis on being accountable to others, since the main issue with having drinking problems is associated with isolation. Twelve an Twelve (2001) addressing the issue of isolation on the life of an alcoholic stated that [alcoholics] shall get rid of the sense of isolation they have. Almost without exception, alcoholics are tortured by loneliness. Further, the book mentioned that until the alcoholic talked with complete candor of their conflicts, and had listened someone do the same thing, the individual still struggling with isolation. Accountability is a powerful life skill to have.

Other coping skill is the practice of faith and spirituality as the conscious surrendering of their will to a Power greater than themselves. It is noticeable that the terms spiritual experience and spiritual awakening are used as a synonym in the Big Book of Alcoholics Anonymous. Participants have identified their addictive behaviors as their giants to defeat. They cannot do it by themselves, they need someone that is greater than those giants. That one is God. So, the

practice of spiritual rituals such as praying, meditation and being at service are becoming key elements on the daily schedule of recovering alcoholics.

Belonging to a Healing Community

Another theme, is the role of the twelve steps group as the healing community. Recovery does not happen in a vacuum. The sense of belonging to a recovery community is the persistent determination that push the alcoholic forward to keep coming back to his/her home group, especially after a relapse. Alcoholics used to hide their being behind the bottle. They used to be what their drug of choice made them to be: drunks. In recovery, they learn that the bottle does not define them, but the choices they make are the ones defining them. When they decide to belong to a community of recovery, they “are part of something bigger than themselves” (Participant 9, Personal Interview, June 2017). Joining a community improved their interpersonal skills and brought a solid social support.

Participants were asked about how important is to belong to a healing community and among their answers they expressed “[belonging to a healing community] is the very essence of my recovery, fellowship and support from other alcoholics is the bedrock of my recovery and my church I attend is recovery based, with most members are in recovery” (Participant 2, Personal Interview, June 2017).

“[It is] very important. That’s the first step in a successful recovery. Healing happening in community” (Participant 3, Personal Interview, June 2017). “Yeah

100%. You really can't do it alone. The natural tendency for addiction is isolation and to try and do it all by yourself" (Participant 4, Personal Interview, June 2017). More views about the role of belonging to a healing community on the process of wellness of alcohol abusers can be found in Appendix D, Table 5: Belonging to a Healing Community.

Being restored to sanity is the ultimate desire of an alcoholic. And as Bill W. mentioned in the Big Book of Alcoholics Anonymous, what is this but a miracle of healing? (World Services, 2001). Healing and wellness are among the promises found in the Big Book, and healing happen in community.

Long-Lasting Sobriety

At least one year of Long-lasting sobriety was required to participate on this study. Participants were inquired about their sobriety time without specifics at the time of engagement, during the pre-screening. It was asked to them: Do you have one year or more of continue sobriety? It was expected a simple yes or no answer. Those who responded with yes were selected as participants. The time attending the meetings of Alcoholics Anonymous range between three and twenty-eight years. However, the emphasis was given to steady attendance and participation on the twelve steps groups, since this revealed identification with the disease and commitment with the recovery fellowship. These attitudes are at the core of recovery and are two of the pillars in which sobriety can be build up.

Participants expressed their convictions regarding steady and long-lasting attendance to the meetings with comments like "I have been attending these

meetings since 2002 on 7/26/17 will make it 15 years” (Participant 1, Personal Interview, June 2017). “I have been a member of AA for 16.5 years” (Participant 2, Personal Interview, June 2017). “I originally started attending meetings when I was court ordered in 1990 after receiving a DUI. So, make it 28 years (Participant 9, Personal Interview, June 2017). More examples can be read in Appendix D, Table 6: Long-lasting Sobriety.

One more finding in this area is the fact that most participants have a history of relapse before reaching continue sobriety. While the benefits or detriments of relapse is a theme purposely not considered for this research, this researcher considered that a brief reference might give the lector a broad scope of the value of sobriety for an alcoholic. Bill W. expressed that while no relapse at all is good, relapse is by no means bad in some cases. The individual will see that he must redouble his spiritual activities if he expects to survive World Service, 2001). Long-lasting sobriety is, in most cases, attained because of a disciplined, methodical and long-term participation in a twelve-step group of Alcoholic Anonymous and the carefully planned and disciplined spiritual activities.

Summary

This chapter analyzed participants sharing about specific topics that revealed similar experiences through the recovery process on areas such as family history, willingness to recover, sense of hope, acquired coping skills, belonging to a healing community and long-lasting sobriety. These patterns are

at the core of the practice of faith and spirituality in the context of a healing community, where the focus is in learning to rely in a power greater than themselves rather than individual limited abilities.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the findings, the conclusions about the outcome of the study as well as suggestions and recommendations for social work practice. Additionally, a discussion of the limitations of the study and recommendations for future research will be addressed.

Discussion

This researcher learned a great deal from the body of interviews in which selected participants were willing to share several aspects of their journey as recovering alcoholics as highly valuable elements on this research project. Some of the themes that emerged from those interviews were family history, willingness to recover, sense of hope, acquired coping skills, belonging to a healing community, and long-lasting sobriety.

It was found a direct correlation between family history and the addictive cycle of alcohol dependence. Most participants shared a story involving close relatives trapped in this cycle. They used to deal with the disease of alcoholism using some of the common ways for them such as isolation, conflicts leading to aggression and violence, depressive symptoms, and a troubled household. Even though some of them shared that they were functional alcoholics at work, at some point, they were not able to keep it due to repetitive absences and violent

outbursts episodes involving co-workers and supervisors. All these situations leading to other behavioral and emotional problems. Alcoholics were not able to see a way out, and as a palliative against the depression and sense of failure, they were caught again into the drinking cycle.

Being willing to recover was shown as one of the keys to break the cycle of the disease. Alcoholics that overcame denial and were willing to do something about their disease were the ones able to recover faster. Participants on this research study made a great emphasis on taking an affirmative action. They shared their common experiences noticing the changes that started developing since they worked steps two and three of Alcoholic Anonymous. At that moment, they decided to turn their will and their lives over the care of God as they understood Him. Willingness within these steps is described by them as the key that opened a door that showed a pathway with an inscription that reads “this is the way to a faith that works”.

For most of them, all started the day in which they realized the damage their habits were bringing to their loved ones. They hit rock bottom, felt hopeless and needed a way out. Then, they realized that nothing they tried before worked. They needed a new path. That path was found through the program of Alcoholics Anonymous. According to the participants, what was keeping God out of their lives was their self-will, which was defeated by the exercise of faith. Willingness to change brought a sense of hope as they never experienced before.

Acquiring this sense of hope was shown in the experiences of the participants as a significant reinforcer to recover from alcoholism. Members of Alcoholics Anonymous shared their hope with each other that they may solve their shared problem and help others to recover from alcoholism. Steps two and three of Alcoholics Anonymous lay out the spiritual foundations of the 12 Steps; to recover from the disease of alcoholism in mind, body and spirit, individuals must come to realize that they must look outside of themselves and rely on a greater power. The concepts of higher power and God are dominant within the 12 Steps however, are widely distant from the concept of religion. The practice of faith keeps alive the sense of hope, gives the individual a renewed image of self, purpose and direction and the healing and recovery begins.

This recovering process included the use of some tools or coping skills acquired when they consistently attended their recovery groups and practice their faith. Participants identified some of these tools as accountability, calling on others, attending to meetings to break the path of isolation, and being completely honest. But also, they identified a kit of simple spiritual tools that was laid at their feet by other alcoholics such as prayer and meditation, reading literature about spiritual topics, maintaining an attitude of gratitude, and serving others. Participants often refer to the Serenity prayer as their foremost spiritual resource when facing new challenges.

The fact that belonging to a healing community as essential in the recovery from alcohol abuse was something distinctive brought several times

during the meetings this researcher attended and during the interviews. These communities were crucial to improve interpersonal relationships providing social support. Participants were unanimous asserting that there is no such thing as recovery in isolation. On the contrary, individuals heal and recover in community. Alcoholism drag people into isolation. A healing community, composed by other broken men and women pull out people from isolation and guide them to recovery and wellness. This is also a characteristic component of the practice of faith and spirituality. Individuals in recovery need to develop a sense of belonging to a community where they are contained, listened, encouraged, educated, equipped and challenged to pursue a healthy lifestyle that is threefold, emotional, physical and spiritual. The healing must come in all three.

Limitations

Limitations on this research study included the set conditions for participating such as participants were required to be fluent in English language to understand the open-ended questions given during the interview. Since Alcoholics Anonymous is spread worldwide and the Big Book is translated into 67 languages (Alcoholics Anonymous, 2012), is necessary to mention that other cultures may not necessarily share the same views toward the practice of faith and spirituality. Another condition for participation was the minimum age required to be as 21 years old and have at least three years attending Alcoholics Anonymous meetings. This age limitation was consistent with the minimum age set by Alcoholics Anonymous to attend AA groups as 18 years old.

Another limitation found, as considered by Tonigan et al. (1998), racial diversity among Alcoholics Anonymous recovery groups is limited, since most members in the three engaged Alcoholics Anonymous open share groups were white. Sometimes, racial diversity might be associated with cultural diversity, however, this is not necessarily true. This researcher also found some second and third generation of Hispanic and Koreans immigrants members of the Alcoholics Anonymous groups that identified themselves more with the American culture and mores rather than their heritage. Racial diversity was also limited in this research project.

Recommendations for Social Work Practice, Policy and Research

This study might bring behavioral health care professionals some insight into the realities of individuals overcoming alcohol abuse and learn about struggles and obstacles these professionals might encounter in behavioral health social work practice. In addition, it might improve sensitivity and competence when working with this vulnerable population.

The information obtained in this research project might represent a contribution to social work practice by bringing another tool and offering extra resources, assisting clients to maintain personal stability and to optimize the utilization of available public resources. From a social work micro practice point of view, this research project might support the social workers' ethical standards such as promoting the well-being and promoting the right of clients to self-

determination. From a macro practice, this study might help private organizations and government agencies to better understand how to meet the needs of their clients. This can be accomplished by creating innovative programs or modifying current ones, preventing recidivism and enhancing the positive outcomes for treatment.

More research is needed to determine the long-lasting impact that the practice of faith and spirituality might have in the wellness of recovering alcoholics. Lastly, disseminating the findings through the University, open share groups, support groups, and among colleagues might increase the likelihood of suggesting clients the practice of faith and spirituality as part of their social work practice.

In future studies, it would be beneficial to incorporate other ethnic groups and cultures to have a broad understanding of the place these cultures give to spirituality in the recovery from alcohol abuse. Further research should be obtained from various Alcoholics Anonymous groups throughout Southern California.

Conclusions

Practicing faith and spirituality through the 12 Steps of Alcoholics Anonymous, was the path in which most participants reached long-lasting sobriety. In most cases, was attained because of a disciplined, methodical and long-term recovery process and a commitment to a carefully planned and disciplined healthy habits and spiritual activities. This researcher gained life-time

knowledge for her professional career listening first-hand the experiences and stories shared by the participants. This research study also raised awareness on the fact that individual experiences might contribute to bias while assessing and diagnosing potential clients involved in alcohol abuse. Finally, the study lies down a challenge: What this researcher will do with the knowledge and awareness gained through this research study? It certainly might determine the field of specialization she might want to pursue.

APPENDIX A
RESEARCH TOOL

Research Tool: Interview Questions

1. How long have you been attending these meetings?
2. What about this topic sounds interesting to you?
3. Has Anyone else in your family has or had the same problem?
4. What did they do to overcome the cycle of alcohol abuse?
5. Have you been required to join the groups of Alcoholics Anonymous by a court or you are attending in your own willingness? Do you see any difference in the outcomes on both cases?
6. Would you tell me about the tools you have acquired attending the recovery group of Alcoholics Anonymous?
7. What does spirituality mean to you in the context of your recovery?
8. What would you hope for your life through the practice of faith and spirituality?
9. What are some spiritual qualities that you see in others that you would like to have?
10. To reach these goals, what steps do you think you will need to take?
11. Do you find it easy or hard to reach out for help to make these changes?
Have you the tendency to want to “do it alone”?
12. How important is the sense of belonging to a community to your recovery?
13. Thinking about your past experiences, mention some of the benefits and differences you found in your life since you attained sobriety.
14. How do you see yourself in ten years?

Developed by Andrea Elisabet Masdeu

APPENDIX B
INFORMED CONSENT

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s): Andrea Masdeu

Proposal Title: Identifying the role of faith and spirituality in the recovery and wellness of alcohol abusers.

SW1746

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

☒ X approved

☐ to be resubmitted with revisions listed below

☐ to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

☐ faculty signature missing

☐ missing informed consent ☐ debriefing statement

☐ revisions needed in informed consent ☐ debriefing

☐ data collection instruments missing

☐ agency approval letter missing

☐ CITI missing

☐ revisions in design needed (specified below)


Committee Chair Signature

5/10/2017
Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student



California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 5/10/2017 VOID AFTER 5/9/2018
IRB# SW1746 CHAIR [Signature]

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to investigate the role of the of faith and spirituality in the recovery and wellness of alcohol abusers. The study is being conducted by a graduate student, Andrea Masdeu under the supervision of Dr. Brooklyn Saposzchnikov, School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to examine the role of faith and spirituality in the recovery and wellness of alcohol abusers

DESCRIPTION: Participants will be asked of a few questions on the family history with addictions, experience in self-help groups, meaning of spirituality, sobriety, and some demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: All information pertaining to this research project will be kept confidential. The researcher will be required to break confidentiality if the following takes place: in the participant communicates to the researchers that he/she plans to hurt him/herself, someone else, a child or an elderly person. Names will not be associated with any reported data. All data including recordings and written information about this project will be kept in a locked cabinet, and will be destroyed when the research project is complete.

DURATION: It will take 30 minutes to complete the interview.

RISKS: Participating in this study exposes you to minimal risk, no more than you would encounter in your daily life. A possible foreseeable risk of this research project may be some discomfort when discussing past issues and struggles with alcohol abuse.

BENEFITS: There may not be any direct benefits to you for participating in this study. However, when the study is completed, participants will gain knowledge about the role of faith and spirituality in recovery and wellness for alcohol abusers through the final report.

AUDIO: I understand that this research will be audio recorded Yes ☐ or No ☐.

909.537.5501 · 909.537.7029

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CONTACT: If you have any questions about this study, please feel free to contact Dr. Brooklyn Sapozhnikov at 909.537.5238

RESULTS: The results of this study can be found at the ScholarWorks (<http://scholarworks.lib.csusb.edu/>) database at Pfau Library, California State University, San Bernardino, after September 2018.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

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APPENDIX C
DEBRIEFING STATEMENT



College of Social and Behavioral Sciences
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DEBRIEFING STATEMENT

This study you have just completed was designed to investigate the role of faith and spirituality in the recovery and wellness of alcohol abusers. This is to inform you that no deception is involved in this study.

If any of the questions asked were disturbing to you, please feel free to contact the following resources: Behavioral Health County of San Bernardino Access Unit 888.743.1478 or Riverside Health University System (800) 706-7500

Thank you for your participation. If you have any questions about the study, please feel free to contact Dr. Dr. Brooklyn Saposzhnikov at 909.537.5238.

The results of this study can be found at the ScholarWorks (<http://scholarworks.lib.csusb.edu/>) database at Pfau Library, California State University, San Bernardino, after September 2018.

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APPENDIX D

TABLES

Table 1. Family History

Theme 1: Family History
<ul style="list-style-type: none"> • “Yes, my father is in recovery and has been sober for around 35 years (Participant 1, Personal Interview, June 2017). • “Both of my parents were alcoholics, almost all of my siblings are alcoholics, and my two oldest sons are alcoholics” (Participant 2, Personal Interview, June 2017). • “My cousin and my father. They both passed away due to alcohol-related complications in their health” (Participant 3, Personal Interview, June 2017). • “Yes, so my grandfather is an alcoholic. He did AA and he still does AA he is an active member of AA in San Felipe. My mother and her sister grew up with that. In the past 3 years my aunt taken part in recovery through AA. Also, her brother” (Participant 4, Personal Interview, June 2017). • “My mother died of cirrhosis of the liver. My dad didn’t drink, but my brother was an alcoholic. I believe my mother was alcoholic” (Participant 5, Personal Interview, June 2017). • “Yes, every member of my father’s immediate family struggled with the disease of addiction/alcoholism as well as mental health problems” (Participant 6, Personal Interview, June 2017). • “Yeah, my father alcoholic, sex addict. He went through it for many, many years. After recovery, he came out and relapsed. I have many cousins, aunts, who are still going through addiction, but they want to recover their own way. They don’t believe they have a problem” (Participant 7, Personal Interview, June 2017). • “Yes, my uncle and my older sister. Which eventually killed her. She died last April, complications from her addiction” (Participant 8, Personal Interview, June 2017). • “My grandfather mother side and my grandfather father side. Also, my uncle father side. On top of that, one of my brothers passed because of cocaine abuse” (Participant 10, Personal Interview, June 2017). • “Well yea, my mom, my grandma. [They] used to drink a lot, my aunt used to get together and drink like a lot” (Participant 11, Personal Interview, June 2017). • “Yes. Definitely. My brother, is what you would call co-occurring, so he is he has a severe illness. It was really exacerbated by his drug use. He tends to be more, drug struggle mine is alcohol” (Participant 12, Personal Interview, June 2017).

Table 2. Willingness to Recover

Topic 2: Willingness to Recover
<ul style="list-style-type: none"> • “When people go willingly and are not forced to attend meetings, they go looking for reasons to be part of AA” (Participant 1, Personal Interview, June 2017). • “Sixteen and a half years ago, when I was mandated to go to treatment by probation, it was mandatory to attend AA by the program I was in. That is how I first learned about AA. After about a month, I fell in love with the AA program, and began to actively participate in all aspects of the program” (Participant 2, Personal Interview, June 2017). • “It was court-mandating the first eighteen months. Now, I am counting one year and five months I am attending the meetings on my own. Many things have changed in my life, Now I don’t have to worry. I feel comfortable attending these meetings” (Participant 3, Personal Interview, June 2017). • “I was not required to go legally by the court. I didn’t have a court card or anything like that. I just hit rock bottom and had to stop digging basically” (Participant 4, Personal Interview, June 2017). • “Initially, it was court mandated by in 1978. However, in 2000 I started attending on my own accord” (Participant 5, Personal Interview, June 2017). • “I was court ordered into the rooms and was a proud court card carrying member for almost 2 years. After that I was convinced and stayed. I still thank God every day for court cards” (Participant 6, Personal Interview, June 2017). • “At first it was court mandated, yeah. 2005 was the first time I went to AA. It was through the court. More recently I’ve been going on my own. At first, I didn’t want to go on my own” (Participant 7, Personal Interview, June 2017). • “I had been required to attend AA but that was early in my addiction and I paid no attention to it. I struggled for another 30 years until I came to my senses in 2001” (Participant 8, Personal Interview, June 2017). • “I have been court ordered to attend meetings, however I believe now that seeds were being planted for my future involvement in the 12-Step program. I will admit that I was an unwilling court sent participant in the beginning however I came to believe in the promise of the program” (Participant 9, Personal Interview, June 2017). • “I started attending AA after I was arrested because of my drinking problems, but not because it was court mandated. I started on my own willingness. What I have seen in the groups I am attending is that individuals that were compelled to attend the meetings stop coming after they reach the required attendance” (Participant 10, Personal Interview, June 2017). • “I probably went more often when I was mandated because the court ordered it. I also needed it more back then too” (Participant 11, Personal Interview, June 2017). • “legally, no I’ve never been forced to go. But I also knew if I wanted to make my life different, I had to go” (Participant 12, Personal Interview, June 2017). •

Table 3. Sense of Hope

Theme 3: Sense of Hope
<ul style="list-style-type: none"> • “[I hope] that I can continue to be the best father, husband, son, brother, employee, counselor that I can be” (Participant 1, Personal Interview, June 2017). • “[I hope] to continue to strengthen my relationship with God and to continue to carry on with the assignment God has chosen for me which is to carry the message to those who still suffer from alcoholism and lead by example” (Participant 2, Personal Interview, June 2017). • “Now my hope is to better my relationship with God. I can rely in the promises that He would take care of me if I am willing to surrender to His will” (Participant 3, Personal Interview, June 2017). • “I literally found through the steps and through this process of recovery it’s almost like a second chance of life. Hope is something that makes anything possible. I know that’s cliché but it’s true. Hope is always one of those key human emotions that make superhuman things a reality.” (Participant 4, Personal Interview, June 2017). • “[I hope] continued sobriety and helping other people. Being a service to my fellow people. Being a good example of sobriety” (Participant 5, Personal Interview, June 2017). • “[I hope] acceptance without self-compromise, service to others” (Participant 6, Personal Interview, June 2017). • “I feel like I’m going in the right direction now. I’m not going down the wrong path” (Participant 7, Personal Interview, June 2017). • “My hope (belief) is that I continue to grow and learn and have balance in my life” (Participant 9, Personal Interview, June 2017). • “I hope I become the man God wants me to. A good husband and father to my boys. I hope that God would use my brokenness to help other alcoholics that are in the same path of destruction I was. I hope that my pain and the pain that my family suffered can ease the pain on others” (Participant 10, Personal Interview, June 2017). • “So, to continue to stay clean and sober and help others” (Participant 11, Personal Interview, June 2017). • “hopefully then finding more balance emotionally and balance mentally a deeper connection not only w myself and God but with other people” (Participant 12, Personal Interview, June 2017).

Table 4. Acquired Coping skills

Theme 4: Acquired Coping skills
<ul style="list-style-type: none"> • “I have used the 12 steps as a guide to live a productive life” (Participant 1, Personal Interview, June 2017). • “I have worked the steps of AA which were a journey of self-discovery into the core issues that led me to and kept me drinking, I began to sponsor and work with other new members very soon which I believe has kept me sober. I have learned how to be accountable for my own actions and to promptly admit the exact nature of my wrongs and the healing power of making amends “(Participant 2, Personal Interview, June 2017). • “I have acquired practical tools such as calling on others, attending to meetings to brake the path of isolation in my life, being honest with other man about the things that had happened in my life. But also, I was taught to develop spiritual tools such as attending church, living a spiritual day, praying, meditating in the Word of God, serving others. These tools have changed my life and bettered my life with God” (Participant 3, Personal Interview, June 2017). • “There are lots of tools. Most of these tools can be found in the steps. The steps themselves are spiritual tools” (Participant 4, Personal Interview, June 2017). • “Accountability with a sponsor, telephone using, and prayer. Mainly prayer. Prayer and meditation” (Participant 5, Personal Interview, June 2017). • “Accept responsibility for my actions, identify my emotions/feelings, avoid people places and things that are detrimental to my recovery, think before acting” (Participant 6, Personal Interview, June 2017). • “Accountability; just keeping in touch with other people who are in recovery as well. Being of service, giving back (Participant 7, Personal Interview, June 2017). • “I have a relapse plan, that’s my tool. If I get triggered, I have a card in my pocket that has numerous numbers of people I can call” (Participant 8, Personal Interview, June 2017). • “I learned how to deal with life on life’s terms, better coping/social and decision-making skills” (Participant 9, Personal Interview, June 2017). • “Among the practical tools for example is to be consistent in attending meetings, calling on others and trying to be at service as much as I can. Among the spiritual tools, prayer, reading religious or AA literature and meditation, forgiveness, making amends to the people I have harmed, and identify the triggers that led me into alcohol dependency in the past” (Participant 10, Personal Interview, June 2017). • “I think sharing is a big one. Getting phone numbers of people to call. Helping others, helps keep you sober” (Participant 11, Personal Interview, June 2017). • “learning how to really connect with other people that’s been huge tool. I think that comradery and the fellowship with other people is the real tool in these meetings” (Participant 12, Personal Interview, June 2017).

Table 5. Belonging to a Healing Community

Theme 5: Belonging to a Healing Community
<ul style="list-style-type: none"> • “It is very important to me because it takes a village to raise a child and if I’m involved in my community I can take action to the changes that need to be made instead of complaining on what needs to be done” (Participant 1, Personal Interview, June 2017). • “It is the very essence of my recovery, fellowship and support from other alcoholics is the bedrock of my recovery and my church I attend is kind of recovery based with most members are in recovery” (Participant 2, Personal Interview, June 2017). • “[It is] very important. That’s the first step in a successful recovery. Healing happening in community” (Participant 3, Personal Interview, June 2017). • “Yeah 100%. You really can’t do it alone. The natural tendency for addiction is isolation and to try and do it all by yourself” (Participant 4, Personal Interview, June 2017). • “[It is] very important. A person that stands on their own, is not protected from relapse” (Participant 5, Personal Interview, June 2017). • “10 out of 10, [That is how important it is]” (Participant 6, Personal Interview, June 2017). • “[It is] very important. Big, very important. That’s what recovery does and fellowship, a sense of belongingness” (Participant 7, Personal Interview, June 2017). • “It is important to have to belong a community a group or whatever you want to call it of people that have the same thing and desires that you have” (Participant 8, Personal Interview, June 2017). • “Being a part of something bigger than myself allows me to have support no matter what happens in life” (Participant 9, Personal Interview, June 2017). • “I believe it is essential. Healing happens in community. Listening the stories and struggles of other alcoholics is a constant reminder to who I was, what I have done in the past and who I would become if I decide to walk away from these convictions” (Participant 10, Personal Interview, June 2017). • “I think trying to do it alone is not a good thing” (Participant 11, Personal Interview, June 2017). • “[It is] vital to have that community” (Participant 12, Personal Interview, June 2017).

Table 6. Long-lasting Sobriety

Theme 6: Long-lasting Sobriety
<ul style="list-style-type: none"> • “I have been attending these meetings since 2002 on 7/26/17 will make it 15 years” (Participant 1, Personal Interview, June 2017). • “I have been a member of AA for 16.5 years” (Participant 2, Personal Interview, June 2017). • “I have been attending for the last 3 years” (Participant 3, Personal Interview, June 2017). • “So next month will be 3 years. If you need a more exact answer I can get it. Almost 3 years” (Participant 4, Personal Interview, June 2017). • “I was introduced to these meetings in 1978 but I never got sober until till 2000. So, I’ve been attending for the past 17 years” (Participant 5, Personal Interview, June 2017). • Since 1999. So, I have 18 years [attending] these meetings” (Participant 6, Personal Interview, June 2017). • “[I have been attending for the last] 6 years” (Participant 7, Personal Interview, June 2017). • “Consistently for the past 16 years. It averages about 2 times a week sometimes on those weeks where I struggle it’s about once a day” (Participant 8, Personal Interview, June 2017). • “I originally started attending meetings when I was court ordered in 1990 after receiving a DUI. So, make it 28 years (Participant 9, Personal Interview, June 2017). • “[I have been attending these meetings] about 5.5 years (Participant 10, Personal Interview, June 2017). • “I’ve been going since 1999. 18 years. I used to go every day and now don’t go everyday but I do go when I need to go or to celebrate birthdays or accomplishments of other people (Participant 11, Personal Interview, June 2017). • I’ve been attending between AA and Faith Based meetings on and off for, oh my goodness, 25 years. Yeah, a maybe a little longer. Um consistently up. I did many years in the 25 years 5.5 years consistently. I had a ten-year break in that and I’ve been back and forth and now consistently probably for the past year or more on almost on a weekly basis (Participant 11, Personal Interview, June 2017).

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