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HOW DOES ALCOHOLICS ANONYMOUS AFFECT DRINKING OUTCOMES?
A GROUNDED THEORY PERSPECTIVE

A dissertation submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy in Social Work at Virginia Commonwealth University

by

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Abstract

HOW DOES ALCOHOLICS ANONYMOUS AFFECT DRINKING OUTCOMES? A GROUNDED THEORY PERSPECTIVE

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A dissertation submitted in partial fulfillment of the requirements for the degree of
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Virginia Commonwealth University, 2017

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The mutual aid of Alcoholics Anonymous helps more people with alcohol-related problems than all forms of clinical treatment combined. Yet, efforts to understand AA's action have been conducted, almost exclusively, from a clinical perspective. Thus far, the literature representing Alcoholics Anonymous from the perspective of its members is very limited. This study uses qualitative content analysis of the AA literature and a grounded theory approach to AA's fellowship to provide an insider's perspective of change processes associated with AA involvement. This understanding of the AA literature posits that Alcoholics Anonymous involvement results in life improvement, changes in spirituality, improved well-being, an

acceptance of powerlessness over alcohol and a sense of fellowship. This understanding of AA's fellowship posits that Alcoholics Anonymous involvement results in increased life meaning, reduced insecurity, loneliness, anxiety and shame.

Chapter 1. An Introduction

Alcohol is the most commonly used addictive substance in the United States. In 2013, over 70% of adults, aged 18 and older, reported using alcohol in the last year, outpacing illicit drug use by more than fourfold (Substance Abuse and Mental Health Services Administration [SAMSHA], 2013, Tables 2.41B and 1.23B). Nearly 10% (.0998) of adults who used alcohol met the DSM-IV (2000) diagnostic criteria for alcohol dependence or abuse (SAMSHA, 2013, Table 5.1A). This translates to 16.6 million Americans who have trouble with alcohol, and the associated costs, both human and economic, are staggering. Excessive drinking has profound effects on the public health, with nearly 88,000 deaths—roughly one in every ten deaths—attributable to alcohol annually from 2006 to 2010, representing nearly 2.5 million years of potential life lost (Stahre, Roeber, Kanny, Brewer, & Zhang, 2014). In strictly financial terms, the cost of excessive drinking in health care, lost productivity, traffic accidents, crime, and property damage was \$249.0 billion in 2010, reflecting a \$25.5 billion increase over the 2006 estimate (Sacks, Gonzales, Bouchery, Tomedi, & Brewer, 2015). Premature death and economic costs are, of course, only two measures of the consequences of excessive drinking; it affects the public health in myriad other ways as well. Fortunately, treatment for excessive drinking can be effective (Bond, Kaskutas, & Weisner, 2003; Miller, Ninonuevo, Klamen, & Hoffmann, 1997; Project MATCH Research Group, 1997; Timko, Moos, Finney, & Lesar, 2000).

The most effective ways to address excessive drinking fall into two categories: clinical treatment and self-help groups. In 2013, more than 2.5 million adults received clinical treatment

for problems with alcohol alone, while an additional 1.2 million received treatment for concurrent illicit drug and alcohol problems (SAMSHA, 2013, Table 5.20A). Taken together, these figures represent more than 10,000 adults per day entering clinical treatment for alcohol use. Of the self-help groups, Alcoholics Anonymous (AA) is by far the largest, with over 1.3 million members meeting in more than 59,000 groups weekly in the United States alone (General Service Office of Alcoholics Anonymous [GSO], 2014). Alcoholics Anonymous is “a non-professional, community based fellowship that provides help through a network of informal gatherings, convened at rented venues, such as churches and hospitals” (Kelly, Magill, & Stout, 2009, p. 238). There is also significant overlap between participants in clinical treatment and in self-help: over 60% of those in treatment attended self-help groups as well (SAMSHA, 2013, Table 2.15), again with AA representing the largest proportion of the latter.

Alcoholics Anonymous plays a crucial role in improving drinking outcomes, both on its own and in combination with clinical treatments. AA is utilized more frequently than all forms of clinical treatment combined (Humphreys, 1994; Room & Greenfield, 1993; Weisner, Greenfield, & Room 1995), with comparable outcomes at a significantly lower health care cost (Humphreys & Moos, 1996, 2001). Although distinct from clinical treatment, AA and clinical alcohol treatment are substantially intertwined. Nearly all clinical alcohol treatments are based, at least in part, on the tenets of AA, including the 12 steps, and depend on AA for adjunct and aftercare support in the form of clinical treatment participants attending AA meetings (Humphreys & Moos, 2007; Humphreys, 1997; Kelly, Magill, & Stout 2009). Numerous studies indicate that AA participation improves drinking outcomes for clinical treatment participants (Emrick, Tonigan, & Montgomery, 1993; Tonigan, Connors, & Miller, 1996; Kownacki & Shadish, 1999; Kelly 2003; Ferri, Amato, & Davoli, 2006; Kaskutas, 2009). Given the scale of AA’s influence,

both to community AA members and clinical treatment participants, and given the influence of AA as both an undergirding framework and adjunct or aftercare support for clinical alcoholism treatment, it is important to understand how AA improves drinking outcomes (Longabaugh, Donovan, Karno, McCrady, Morgenstern, & Tonigan, 2005; Morgenstern, Labouvie, McCrady, Kahler, & Frey 1997; Owen, et al., 2003; Tonigan, Rynes, Toscova, & Hagler, 2013). Without such an understanding, translation of research findings into practice is limited and generalizability cannot be gauged.

Yet exactly how AA improves drinking outcomes remains unclear (Kelly, Magill, & Stout, 2009; Kelly, Stout, Magill, & Tonigan, 2011). Typical efforts to understand AA's benefit focus exclusively on clinical treatment participants, examining differences between clinical treatment participants who attend AA and those who do not, in order to identify changes attributable to AA involvement (e.g., reduced anger) thought to explain drinking reductions. However, the level of AA involvement and drinking outcomes observed in clinical participants who attend AA may not be consistent with the tenets of Alcoholics Anonymous as a nonprofessional community-based fellowship. As a result, the findings may not be generalizable to the larger community of AA participants.

Clinical treatment participants who attend AA differ from community AA members in a number of ways. Perhaps most significantly, the extent of community members' involvement is much greater in terms of duration and frequency of meeting attendance. Community AA members tend to be involved in AA much longer than clinical participants are. Clinical treatments are often delivered within a specific and relatively short period. For example, Project MATCH, the largest evaluation of clinical alcohol treatment to date, delivered interventions over a 12-week period (Project MATCH Research Group, 1993). Even with follow-ups, these

evaluations rarely extend beyond 15 months (e.g. Kelly et al. 2011; 2011a; Kelly, Hoepfner, Stout, & Pagano, 2012), with the longest follow-up period being 36 months (e.g. Bond et al., 2003; Tonigan, 2003) Thus, it is unlikely that clinical participants who attend AA have done so for more than three years. In contrast, the tenets of AA recommend lifelong involvement: “This is not an overnight matter. It should continue for our lifetime” (AA, 2001, p. 84). The average community AA member has been involved in AA for nearly 10 years, with 22% being involved for over 20 years (GSO, 2014). In addition to participating in AA over a longer period of time, community AA members attend meetings more often than clinical participants do. Community AA members attend meetings often, averaging 2.5 meeting days per week (GSO, 2014). Members new to recovery are advised to attend “ninety in ninety” (Tonigan, Connors, & Miller, 2003) or seven meeting days per week for the first three months. Clinical treatment participants attend AA considerably less often (1.4 meeting days per week) than the average AA member and much less (80%) than what is recommended in the first 3 months. These dramatic differences in duration and intensity of involvement mean not only that the samples used in clinical studies are not representative of the broader community of AA participants, but also that the changes attributable to AA involvement (e.g., reduced anger) associated with the longest periods of continuous abstinence may not have been considered.

The intended drinking outcome measured by studies of clinical alcohol treatment differs from the intended outcome of AA as well. Clinical alcohol treatment is expected to reduce alcohol use. Thus, outcomes are often operationalized as Percent Days Abstinent (PDA) or Drinks per Drinking Day (DDD). These outcomes are not consistent with AA’s stated objectives, however: the only drinking outcome intended by AA is continuous abstinence (AA, 2001, p. xxx). The average community AA member has been entirely abstinent for nearly ten years (GSO,

2014). Compared with clinical treatment participants, community AA members may be more likely to be entirely abstinent from alcohol and represent the outcome intended by AA.

In summary, results from studies that have drawn conclusions about the effectiveness of AA based on samples of clinical participants who attend AA may not be generalizable to the population of community AA members because of differences between these groups in AA exposure (how long and how frequently involved). Further, the existing clinical literature does not address AA's effectiveness in its own terms—that is, in terms of AA's intended outcome, entire abstinence. As a result, typical efforts to identify changes attributable to AA involvement among clinical participants essentially examine the effect of low AA involvement on drinking outcomes inconsistent with AA tenets. This research strategy is clearly flawed with regard to identifying differences in outcomes attributable to AA.

The obvious but perhaps overly simplistic solution to this problem with the existing literature might be to “fill in the gaps” by examining a sample of community AA members in terms of changes attributable to AA involvement thought to explain continuous abstinence. This approach may address potential limitations in terms of AA involvement and AA's intended outcome. However, it does not address the problem of determining exactly what changes attributable to AA involvement should be evaluated in the first place. Unlike many clinical alcohol treatments, AA is not grounded in formal theory; instead, AA is grounded in the experience of alcoholism. As a result, there is no guiding theory to suggest specific changes attributable to AA involvement for study. Without such guidance, the identification of changes to evaluate is speculative.

Grounded *Theory* (Strauss, 1987) is especially useful when existing theory is inadequate or nonexistent (Creswell, 2008) and there is a need to develop understanding of a pattern of

behavior that is relevant and problematic for the people involved (Strauss, 1987, p. 50). To the extent that existing research strategies employed to understand AA's effect on drinking outcomes might be limited in their explanation of the phenomenon, this limitation may be addressed through a Grounded Theory analysis (Strauss, 1987) of qualitative data generated from focus groups involving current AA members as well as qualitative content analysis (Schreier, 2012) of AA's central text, *Alcoholics Anonymous* (AA, 2001). The purpose of the study is to create an effective understanding of changes attributable to AA involvement from the perspective of community AA members. In turn, this information may inform efforts to identify changes attributable to AA involvement for both participants engaged in clinical alcohol treatment as well as community AA members. The findings may be useful to clinicians who serve clients engaged in AA, or clients transitioning from clinical services to AA for aftercare.

This chapter begins with an introduction to key terms framing the project, followed by a discussion of why an understanding of AA is important. Next, recent efforts to identify changes attributable to AA involvement are discussed along with their limitations. Lastly, a grounded theory approach is proposed to inform an understanding of how AA involvement improves drinking outcomes.

Key Definitions

It is important to clarify the terms *clinical alcoholism treatment* (referred to here as *clinical treatment*) and *Alcoholics Anonymous* (or AA), and in turn, the differences between participants in each. AA is often confused with clinical treatment, yet it is a distinct entity (Krentzman, 2008). Clinical treatment is often grounded in formal theory (e.g., Cognitive-Behavioral Therapy; Longabaugh et al., 2005), employing models detailed in treatment manuals, and delivered by professionals in a clinical setting. Thus, a *clinical treatment participant* is an

individual engaged in alcohol treatment delivered by professionals. Clinical treatment participants often attend AA as well (Humphreys & Moos, 2007; Kelly et al. 2009). Clinical alcohol treatment often lasts 12 weeks or less (Project MATCH Research Group, 1993). The intended outcome of clinical treatment is reduced alcohol use and/or reduced alcohol-related harm. This outcome is most often expressed as Percent Days Abstinent (PDA) or Drinks per Drinking Day (DDD) (Project MATCH Research Group, 1993). Clinical treatments are often based in the tenets of AA. For example, Twelve-step-based treatments, such as the Minnesota Model or Twelve-Step Facilitation (TSF) therapy, are clinical treatments based on the 12 steps of AA. However, they are entirely separate from Alcoholics Anonymous.

In contrast, Alcoholics Anonymous is nonprofessional, mutual-aid recovery organization grounded in members' experience with alcoholism, and as such is considered a folk society (Madsen, 1974). AA's program of recovery is detailed in its primary text, *Alcoholics Anonymous* (AA, 2001), where *step-work* involving AA's 12 steps is detailed. The completion of step-work, in the AA text, is connected to *promises*, or positive enhancements in life associated with the completion of different steps.

AA describes itself as "A fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism" (GSO, 2014). AA involvement is not time limited; it is intended to continue for a lifetime (AA, 2001, p. 84). Thus, a *community AA member* is an individual engaged in mutual aid recovery within community AA meetings for an extended period. An AA *old-timer* is generally a community AA member who has been both entirely abstinent and involved in AA for several years, perhaps decades. In contrast, an AA *newcomer* is new to or returning to AA. In the current study, *AA involvement* simply refers to AA meeting attendance.

The only AA-intended outcome related to alcohol is *entire abstinence* (AA, 2001, p. xxx). The term *entire abstinence* refers to continuous and complete abstinence from alcohol and other drugs measured in elapsed days, months, or years.

Approaches to understanding AA have occurred from two perspectives, the *etic* and the *emic*. The etic or outside perspective follows the tradition of behaviorist psychology (Morris, Ames, & Lickel, 1999). The etic perspective emphasizes common or universal elements in human behavior, and connects these common elements to factors of interest to the researcher (Pike, 1954; 1987). The etic perspective assumes that these common elements of human behavior may be unnoticed or considered irrelevant by cultural insiders. Etic methodologies describe how cultural variables are part of a general causal model explaining human behavior, and as such they are often quantitative in their analysis (Morris et al., 1999). In contrast, the emic or inside perspective follows the traditions of folk psychology (Morris et al., 1999), and uses the language and categories of the people studied. An emic approach emphasizes unique elements of human behavior and their functioning within a culture (Pike, 1954; 1987). The emic perspective assumes that these unique elements within the culture may be unnoticed or considered irrelevant by cultural outsiders. Emic methodologies describe cultural variables within the population studied from their own perspective, and as such are they often qualitative in their analysis (Morris et al., 1999).

Recent efforts to understand AA's effect on drinking outcomes from an etic perspective have utilized statistical mediation to evaluate mechanisms of change (changes attributable to AA involvement) in a causal change analysis. From an etic perspective, the successful study of change mechanisms requires a guiding theory detailing how change occurs and specific criteria defining the mechanism (Nock, 2007, p. 9s). A mechanism of change (also referred to here as

simply *mechanism*) “depicts the process or series of events through which one variable leads to or causes change in another variable” (Nock, 2007 p. 5s). Statistical mediation is necessary, but not sufficient, to establish a mechanism of change. To identify a mechanism of change, the requirements for inferring causal relation must also be met, including, at a minimum, strong association, temporal relation, experiment, and specificity (p. 7s). The intention of some of the studies discussed is to establish strong association through statistical mediation, and therefore they utilize the term *potential mediator(s)* or simply *mediator(s)*. Thus, a mediator is evaluated to determine if it meets the requirements, in part, for a mechanism of change. The intended product of an etic evaluation of AA’s effect on drinking outcomes is a *mediator* that meets the requirements, in part, for an etic mechanism of change. Simply stated, an etic evaluation of AA produces a cultural outsider’s explanation for AA benefit grounded in theory. For brevity in this study, potential mediators that meet the requirements, in part, for an etic mechanism of change are simply referred to as *etic mechanisms*.

In contrast, efforts to understand AA’s effect on drinking outcomes from an emic perspective examine unique elements within the culture, which may include AA’s literature and the lived experience of its members. This examination is qualitative in nature and may employ diverse methodologies, including content analysis of AA’s literature and interviews with AA members. The intended product of an emic evaluation of AA’s effect on drinking outcomes is the identification of changes attributable to AA involvement, from AA members’ perspectives and in their language, that explain entire abstinence, which is the intended drinking outcome as articulated in its literature. Simply stated, an emic evaluation of AA produces a cultural insider’s explanation for AA benefit, and one grounded in lived experience. For brevity in this study, changes attributable to AA involvement that may explain drinking outcomes from an insider’s

perspective are simply referred to as *change processes*. Whereas the investigation of etic mechanisms is related to theory testing, the investigation of change processes is related to theory building.

Grounded Theory is “the discovery of theory from data—systematically obtained and analyzed in social research” (Glaser & Strauss, 1967, p. 1). A grounded theory approach involves the generation of theory which explains the main concern or phenomenon of interest to the population involved (Strauss, 1987). As such, a grounded theory approach generates an emic perspective of the population examined. Such a theory is prerequisite to a deeper knowledge of social phenomena (Glaser & Strauss, 1967; Glaser 1978) and should be developed “in intimate relationship with data, with researchers fully aware of themselves as instruments for developing that grounded theory” (Strauss, 1987, p. 6). Thus, a grounded theory approach to identify change processes related to entire abstinence experienced by AA members may involve the systematic analysis of qualitative data representing a main concern or phenomenon of interest to AA itself.

Why Understanding AA is Important

The vast majority of clinical alcohol treatments today are based, at least in part, on the 12 steps of AA and recommend, if not require, adjunct and aftercare AA involvement (Humphreys & Moos, 2007; Humphreys, 1997; Kelly, Magill, & Stout 2009). There is ample evidence that participation in AA improves alcohol-related outcomes (Timko, Moos, Finney, & Lesar, 2000; Tonigan, 2001; Tonigan, Miller, and Schermer, 2002) on par with or exceeding those of clinical treatment at a significantly lower health care cost (Humphreys & Moos, 1996, 2001). However, little is known about non-treatment AA samples and the degree to which AA-specific processes are associated with long-term recovery in community AA members (Kelly, Magill, & Stout 2009; Tonigan, 2003).

In 1989, a committee of experts appointed by the Institute of Medicine (IOM) recognized “a pressing need for high-quality research on the impact and mechanisms of AA (IOM, 1990, p. 179) and suggested research informing “the characteristics of individuals who maintain a stable affiliation . . . and experience favorable outcomes” in AA (p. 180). In response to this, and to NIDA requests for research into “mechanisms of behavior change” in the broader alcohol treatment field (Kelly, Magill, & Stout 2009), a variety of studies were conducted to assess AA benefit in clinical populations. Investigations that are more recent have focused on identifying potential mechanisms described by AA’s literature to explain AA benefit, primarily in clinical populations as well. The next section will briefly review the existing literature on research into AA mechanisms.

AA Mechanism of Change Research

Efforts to explain AA benefit in the clinical literature have done so by examining factors thought to mediate the effect of AA involvement on drinking outcomes. It has been argued that AA benefit may be explained by processes common to other treatment approaches (DiClemente, 1993; McGrady, 1994). Although the mutual aid support offered by AA is, in many ways, very different from clinical services, it is thought to mobilize common change strategies found in behavioral treatments (Morgenstern et al., 1997). Common processes of change that appear to explain, in part, AA’s effect on drinking reductions for clinical participants include changes in social networks (Kaskutas, Bond, & Humphreys, 2002; Bond, Kaskutas, & Weisner, 2003; Kelly, Stout, Magill, & Tonigan, 2011; Owen & Slaymaker, 2003), self-efficacy (Bogenschutz, Tonigan, & Miller, 2006; Connors, Tonigan, & Miller, 2001; Tonigan, 2003), and impulsivity (Blonigen, Timko, Moos, & Moos, 2011).

It has also been argued that AA benefit may be explained by processes indicated by AA's literature (Brown, 1993; Tiebout, 1994). Recent efforts have evaluated potential mechanisms suggested by passages of AA's central text, *Alcoholics Anonymous*, but exactly how these processes were identified in the AA text is unclear, and their evaluations have been less consistent in their findings. Changes in spirituality appear to mediate AA's effect on drinking reductions in most (Kelly et al., 2011; Krentzman, Cranford, & Robinson, 2013; Tonigan, Rynes, & McCrady, 2013) but not all (Tonigan, 2003) clinical treatment studies. However, other processes suggested by AA's text—reduced depression (Kelly, Stout, Magill, Tonigan, & Pagano, 2010), anger (Kelly et al., 2010a), or selfishness (Tonigan et al. 2013), or increased purpose in life (Oakes, 2008)—do not appear to explain drinking reductions in clinical treatment participants who attend AA. Interestingly, common processes of change seen in behavioral treatments, but also attributable to AA, appear to explain drinking reductions in clinical participants (Morgenstern et al., 1997), while many of the processes suggested by AA's text do not, in that population. However, detecting processes described in AA's literature may be difficult if treatment participants are less involved in AA than what is expected, and the drinking outcome assessed is inconsistent with the outcome described in the same AA literature. The next sections discuss recent AA mechanism research in terms of AA involvement and expected outcome. This is followed by a discussion of how identifying changes attributable to AA involvement might be improved.

AA Involvement

Whereas clinical services are delivered in a clinical setting, AA is experienced, largely, in community AA meetings. Not surprisingly, literature looking at both clinical and community AA involvement has demonstrated that meeting attendance is inextricably linked to AA benefit

(Tonigan, Miller, & Connors, 1996), with more frequent attendance and longer duration of participation leading to better outcomes. While meeting attendance alone does not insure AA benefit, it is reasonable to expect that infrequent attendance would limit any such benefit. As mentioned previously, however, community AA members attend meetings, on average, 2.5 meeting days per week (GSO, 2014), and persons new to recovery are advised to attend “ninety in ninety,” or seven meeting days per week for the first three months (Tonigan, 2003, p. 203). In contrast, the clinical participants utilized to evaluate changes attributable to AA involvement attend AA roughly half as often (50.8%) as the average community AA member (1.27 vs 2.5 meeting days per week), with over half (52%) of the sample not attending AA at all (detailed in Chapter 2). In terms of what AA recommends for persons new to recovery, these clinical participants attended less than 20% of the number of meetings recommended (1.27 vs 7.0 meeting days per week). More frequent AA attendance in itself may be associated with improved outcomes, but it may also be true that without a certain frequency or duration of AA exposure, certain changes attributable to AA involvement are not activated. For example, while changes in social networks can occur quickly, changes in a sense of purpose or meaning in life, or in longstanding patterns of selfishness or anger, may take a longer time to be manifested. These types of deeper emotional changes may not be activated by the relatively intermittent or shorter-term AA participation that is studied in clinical treatment studies.

It is possible, and perhaps even likely, then, that the benefits associated with AA not only increase with time, but also change with time (Kelly & Greene, 2013). The average length of entire abstinence for AA members is nearly ten years, and almost half (49%) have been entirely abstinent five years or more (GSO, 2014). These old-timers may demonstrate accrued benefit from AA and may best represent “the characteristics of individuals who maintain stable

affiliation . . . and experience favorable outcomes” as the IOM put it in their call for further research on AA (IOM, 1990, p.180). Attempts to identify changes attributable to AA involvement that explain improved drinking outcomes may be enhanced through involving community AA members, and particularly those with extended participation and abstinence. Community AA meetings provide a large, easily accessed population, with over 1.3 million members meeting in more than 59,000 groups weekly (GSO, 2014). AA has welcomed research from its beginnings. In the forward to the first edition of *Alcoholics Anonymous* is the statement that “Inquiry by scientific, medical, and religious societies will be welcomed” (AA, 1939, p. vii), and AA currently offers suggestions for its study (GSO, 2014). AA meetings provide access to members with varying lengths of involvement, from those new to recovery to members with decades of entire abstinence. Given AA’s openness to research and the potential for accrued AA benefit, a research strategy that considers elements that may be particularly relevant within community AA may be warranted.

Clinical Treatment Outcomes vs AA-intended Outcomes

The goal of clinical alcohol treatment is to reduce alcohol-related harm by reducing alcohol use. Therefore, the utilization of scales that reflect reduced alcohol use, such as Drinks per Drinking Day (DDD) or Percent Days Abstinent (PDA), is the standard in alcohol treatment research (Project MATCH Research Group, 1993). Indeed, these outcome measures were the first indicators that AA improved drinking outcomes in clinical treatments. Numerous studies indicate that participation in AA is related to reduced alcohol use (Emrick et al., 1993; Tonigan et al., 1996; Kownacki & Shadish, 1999; Kelly 2003; Humphreys, 2004; Ferri et al. 2006; Kelly & Yeterian, 2008; Kaskutas, 2009). However, reduced alcohol use per se is not an outcome intended by AA.

The AA literature indicates a single alcohol-related outcome, *entire abstinence*. As stated in AA's central text *Alcoholics Anonymous*, "The only relief we have to suggest is entire abstinence" (AA, 2001, p. xxx). Entire abstinence is a continuous measure of sobriety and a component critical to AA recovery. If an AA member consumes any alcohol whatsoever, they again become a *newcomer*, and their entire abstinence time starts over. Yet, measures of percent days abstinent (PDA) or drinks per drinking day (DDD) are common in investigations of AA benefit (see Kelly et al., 2011). The argument appears to be that reduced use leads to entire abstinence (Krentzman, 2008), and some studies measure both reduced use and entire abstinence (e.g. Tonigan, 2005). However, mixing entire abstinence with reduced use measures is problematic, as it confuses harm reduction and abstinence-only models (Krentzman, 2008).

The utilization of reduced alcohol use measures (e.g. DDD, PDA) in the study of AA is in conflict with core AA tenets. The idea of reduced use leading to eventual abstinence implies a form of control over alcohol consumption, which is incongruent with AA beliefs. "Once he (the alcoholic) takes any alcohol whatever into his system, something happens, both in the bodily and mental sense, which makes it virtually impossible for him to stop" (AA, 2001, p. 33). Hence, the first step states, "We admitted we were powerless over alcohol—that our lives had become unmanageable" (p. 71), a critical tenet in the AA program.

Scholars in mutual aid research recommend that investigators measure outcomes actually sought by the mutual aid group itself (Powell, 1993). Accessing outcomes attributable to AA using traditional scales created for clinical services and theory-based interventions creates limitations (p. 152). If investigators wish to understand AA's impact on drinking outcomes, they have an obligation to measure the outcomes desired by AA itself (Krentzman, 2008).

Summary of AA Mechanism of Change Research

Efforts to explain AA benefit have investigated factors thought to mediate the effect of AA involvement on drinking outcomes, but have done so largely within clinical treatment samples. Mechanisms of change common to behavioral treatments appear to explain, in part, this effect in treatment participants. Evaluations of AA-specific processes identified by clinical investigators examining AA's central text have yielded less consistent results. However, the clinical participants utilized to evaluate AA-specific processes attend AA substantially less often (50.8%) than what is common for community AA members. Further, these AA-specific processes are evaluated with a drinking outcome in conflict with core AA tenets. Perhaps most important, there is no indication that the AA-specific processes identified by clinical investigators are the processes most important to community AA members. In summary, what appears to be missing in the evaluation of AA-specific processes is an understanding of how AA involvement affects drinking outcomes from the perspective of AA members themselves.

Etic and Emic Approaches to AA

The etic, or outside, perspective follows the tradition of behaviorist psychology (Morris et al., 1999) and uses categories specified by the researcher to be tested in analysis (Pike, 1954; 1987). The emic, or inside, perspective follows the traditions of folk psychology (Morris et al., 1999), and uses the language and categories of the people studied (Pike, 1954; 1987). The etic perspective emphasizes common or universal elements in human behavior, and it connects these common elements to factors of interest to the researcher. For example, the proposition that AA involvement affects drinking outcomes due to changes in social networks (e.g. Kelly et al., 2011b) is based, at least in part, on Social Learning Theory (Bandura, 1987). This approach investigates a common belief about human behavior, Social Learning Theory, to see if its

elements hold true in explaining AA behavior. Thus, an etic perspective may be useful when evaluating change process common to behavioral treatments (Morgenstern et al. 1997).

However, AA is a folk society (Madsen, 1974), and as such the understanding of changes attributable to AA involvement may be better understood through an emic, or inside perspective.

Identifying AA Change Processes

Unlike many clinical alcohol treatments grounded in formal theory, AA is grounded in experience with alcoholism. This folk experience is codified in a literature dating back to the 1930s and is collectively embodied in the ever-changing AA community. Indeed, AA exists as both a literature and a people; and any effort to understand one will need to consider the other (Kurtz, 1992). The next section considers both the literature of AA and the lived experience of AA members in terms of how prior efforts to identify changes attributable to AA involvement have or have not been identified.

AA literature. AA's central text *Alcoholics Anonymous* remains largely unchanged across four editions since 1939 and contains the instructions for working the 12 steps, descriptions of program benefits, and stories of members' experiences. The purpose of the text is clearly stated in the second line of the Foreword: "To show other alcoholics *precisely how we have recovered* is the main purpose of this book" (AA, 2001, p. xiii, italics original). Thus, the AA text may describe changes attributable to AA involvement that are important to understanding AA benefit.

While several investigators have examined *Alcoholics Anonymous* to identify changes attributable to AA involvement (e.g. Kelly et al., 2010; 2010a; Tonigan et al., 2013), some have argued that the AA text is challenging to understand. One researcher described it as "mystical, . . . difficult to grasp" (Kelly et al., 2009, p. 240), "making key factors difficult for researchers to

identify” (p. 14). One reason the AA literature may be difficult for investigators to understand is that it is a *story* of how alcoholics have recovered (AA, 2001), as opposed to an expository guide for treatment. The AA literature is based in a narrative (Kurtz & Ketcham, 1992), and storytelling constitutes almost the entirety of the AA text (Humphreys, 2000). *Alcoholics Anonymous* expresses a collective personal experience, a community narrative from which AA gains its authority (Jensen, 2000), and provides the critical vehicle to understanding its phenomenon (Rappaport, 1994). AA’s central text offers an insiders’ perspective of AA, how members view themselves and what has changed as a result of involvement in AA, as opposed to what clinical investigators normally see from the outside; as the text puts it, “Our stories disclose in a general way what we used to be like, what happened, and what we are like now” (AA, 2001, p.58). Thus, the community narrative of *Alcoholics Anonymous* may detail key factors and represent a largely untapped potential for understanding AA benefit (Emrick et al., 1993, p. 63).

Content analysis, as a research strategy, is especially well suited to analyzing community narratives in light of the meanings the community attributes to itself (Krippendorff, 1989). In this way, content analysis of AA’s text provides an emic or insider’s perspective of AA critical to understanding its phenomenon. Utilizing this strategy, the AA text provides a viable lens to identify the changes AA members experience that may explain changes in drinking behavior. Previous efforts (e.g., Tonigan et al., 2013b) have based their inquiry on isolated passages of *Alcoholics Anonymous* that they perceive as signifying importance, for example “Selfishness—self-centeredness! That, we think, is the root of our troubles. . . . Above everything, we alcoholics must be rid of this selfishness. We must, or it kills us!” (AA, 2001, p. 62). Little else is known about any formal basis for these selections. While interpreting passages of the AA text on face value may be entirely logical, it does not take the context into account the text as a

whole, perhaps missing underlying themes important to understanding AA's action. In contrast, content analysis interrogates the entire text with a systematic, replicable, research strategy examining all units of analysis equally (Krippendorff, 1980). Content analysis organizes information into specific categories based on explicit rules of coding (Krippendorff, 1980; Weber, 1990), revealing trends, patterns, differences (Krippendorff, 1980), critical processes (Lenderman, 1991), and the focus of group attention (Weber, 1990). If investigators wish to utilize AA's central text to identify potential factors underlying AA's role in producing improved drinking outcomes, they may benefit from analysis consistent with its literature style (community narrative). Further, content analysis of AA's central text provides an emic perspective that may enhance efforts to understand exactly what changes as a result of AA involvement that may explain improved drinking outcomes.

A second reason that investigators may have trouble understanding the AA text is that the book was written for a particular audience. The AA text was written "To show other alcoholics" how recovery can occur (AA, 2001, p. xiii). As such, the AA text is written both for and by alcoholics. The AA literature may be difficult for investigators to understand if they have not experienced alcoholism. Thus, content analysis of AA's central text may be further enhanced if conducted by individuals who have experienced alcoholism, particularly community AA members. However, while content analysis, even by AA members, may accurately identify changes attributable to AA involvement described by AA's central text, there is no guarantee that these processes are consistent with the experience of community AA members today.

Lived experience of AA. The experience of AA is embodied in the lives of its members, including in over 1.3 million members in the United States alone (GSO, 2014). This experience has been described autobiographically in Mumey's (1984) *The Joy of Being Sober* and Erdman's

(2001) *A Bar On Every Corner: Sobering Up In A Tempting World*. As retrospective accounts, they provide a continuous story and highlight critical factors. However, they provide singular accounts, which may be limited in their representation of the common AA experience.

The experience of AA has been approached through ethnographies. Denzin's (1987) *Recovering Alcoholic* is perhaps the oldest in-depth analysis of lived experience in both alcoholism treatment centers and AA. *Recovering Alcoholic* presents slice-of-life stories from community AA meetings collected during fieldwork from 1980 to 1985. Maxwell's (1984) *The AA experience: A close up view for professionals* reports observations from AA meetings intended to capture members' experience with alcoholism. Rudy's (1986) *Becoming alcoholic: Alcoholics Anonymous and the reality of alcoholism* observed AA members to identify themes of the AA experience. More recent accounts of AA members' lived experience have focused on the experience of specific genders or ethnicities, including male (Zakrzewski & Hector, 2004), African American (Durant, 2005), Taiwanese (Yeh, Che, Lee & Horg, 2008), and British (Dyson, 2007) AA members. Though these ethnographies report the lived experience of AA, taken together they are somewhat aged (i.e., 1984–1987), narrow (e.g., male), and exclusive (e.g., Taiwanese). As such, these reports may not accurately represent the common experience of AA members today. Further, none of the accounts reviewed thus far specifically discuss changes attributable to AA involvement that may explain drinking outcomes.

Robinson (1979) proposed that talking/storytelling is a change attributable to AA involvement that may explain drinking outcomes. This study utilized data generated from random surveys and in-depth interviews of AA members in the United Kingdom. Lederman and Menegatos (2011) extend Robinson's (1979) work through grounded theory analysis (Charmaz, 2001) of data generated from surveys involving AA members in the United States. Approached

through Facebook, AA members were asked, through open-ended questions, to describe how sharing their experience of recovery with other alcoholics helped them remain abstinent.

Given AA's group format, it is perhaps surprising that focus groups have not been utilized to understand the lived experience of AA. Focus groups have been utilized to gain insight into the pathways and processes of recovery, and to discuss community perceptions of alcohol use and the feasibility of self-help programs, including AA (CSAT, 2010). However, it does not appear that focus groups have been utilized to capture the lived experience of community AA members, or changes they have experienced that may explain drinking outcomes.

This may be unfortunate, because focus groups, as a research strategy, are especially well suited to capture the lived experience of people and access elements other research methods cannot reach. Focus groups help investigators discover the meanings and interpretations of a particular culture while gaining understandings of a particular issue (Liamputtong, 2009). Additionally, focus groups provide a voice for the ordinarily silent and allow special populations to define what is relevant and important to understanding their experience (Morgan, 2008). Focus groups create a source for data among groups with little or no societal voice. As a result, focus groups make possible an understanding and appreciation of the way members of a culture see their own reality, allowing investigators to get closer to the phenomenon of interest (Ivanoff & Hultberg, 2006). Thus, focus groups may provide an "insider's" perspective of AA and the changes AA members experience because of their involvement. This inside or emic perspective may allow investigators to identify changes attributable to AA involvement that remain unnoticed by clinical investigators from the outside.

Rationale and Purpose of Study

In 2013, more than 3.7 million Americans received treatment for alcohol-related problems (SAMSHA, 2013, Table 5.20A). Nearly all of these treatments are based, at least in part, on the tenets of AA and depend on AA for adjunct and aftercare support (Humphreys & Moos, 2007; Humphreys, 1997; Kelly, Magill, & Stout 2009). AA involvement improves alcohol-related outcomes (Timko, Moos, Finney, & Lesar, 2000; Tonigan, 2001; Tonigan, Miller, and Schermer, 2002). Yet, exactly how AA involvement improves drinking outcomes remains unclear (Kelly, 2009; 2011). Without an understanding of what changes as a result of AA involvement, the translation of research findings into practice is limited and generalizability cannot be determined.

The research of AA change processes has been constrained through etic approaches to understanding AA benefit in clinical treatment participants. Etic approaches follow the tradition of behaviorist psychology (Morris et al., 1999) and examine common or universal elements of human behavior (Pike, 1954; 1987). Etic methodologies utilize a general causal model explaining human behavior, and as such are often quantitative in their analysis (Morris, Ames, Leung, & Lickel, 1999). This has several distinct advantages, including measurable features that can be manipulated with quasi-experimental conditions and findings that may generalize to a larger population of interest (Morris et al., 1999). While this approach has been successful in evaluating change processes common to behavioral treatments (e.g. changes in social networks; Kelly et al., 2011), studies evaluating processes suggested by AA's literature have been less consistent in their findings (e.g. selfishness; Tonigan et al. 2013).

Efforts to understand changes attributable to AA involvement from an emic perspective are rare (e.g. Robinson, 1979; Lederman & Menegatos, 2011). This may be unfortunate because

emic approaches follow the traditions of folk psychology (Morris et al., 1999), and emphasize unique elements of human behavior and their functioning within a culture (Pike, 1954; 1987). As such, an emic approach is especially well suited to identify culture-specific processes unnoticed or considered irrelevant by cultural outsiders (Morris et al., 1999). AA is a folk society (Madsen, 1974), and as such the identification of AA-specific processes may be better understood through an emic or inside perspective.

A grounded theory method (Strauss, 1987) generates an emic perspective of the population examined. It is the discovery of theory from data, which explains the main concern or problem important to the population involved (Strauss, 1987). Grounded theory analysis of data generated from focus groups gives “voice” to the meanings and interpretations of the lived experience within a culture (Liamputtong, 2009). Qualitative content analysis (Mayring, 2000) of AA’s central text *Alcoholics Anonymous* provides “a window into indigenous thinking” of a culture (Morris et al., 1999, p. 783).

There is a dearth of information about AA from its own perspective (Kelly, Magill, & Stout 2009; Tonigan, 2003). The argument made here is that efforts to understand how AA involvement improves drinking outcomes in clinical treatment participants will be enhanced by an understanding of how AA involvement improves drinking outcomes within AA itself. In short, the etic perspective of AA benefit may be informed by the emic perspective of AA benefit. To this end, this dissertation identifies emic change processes underlying AA benefit through qualitative content analysis (Schreier, 2012) of *Alcoholics Anonymous* to determine what the AA text indicates *will change* as a result of AA involvement, and through grounded theory analysis (Strauss, 1987) of data generated from focus groups with long-term community AA members to determine what *has changed* as a result of AA involvement.

Chapter 2. Literature Review

In Chapter 1, the purpose of the study was introduced, along with a general reporting of the research strategies previously employed to understand the effect of AA involvement on drinking outcomes. *Etic* (outside) and *emic* (inside) approaches to understanding AA's action were offered. The etic and emic approaches are mutually exclusive (i.e., outsider's perspective vs insider's perspective). However, when both perspectives are considered, a comprehensive understanding of what is known, and how it is known, in terms of AA benefit can be established. This comprehensive understanding informs the next steps warranted to understand better how AA involvement improves drinking outcomes. Without such an understanding, the translation of research findings from either perspective into practice is limited, and generalizability cannot be determined. Thus, Chapter 2 presents a specific accounting of what is known of changes attributable to AA involvement from both perspectives.

The chapter begins with a brief synopsis of AA effectiveness studies and is followed by a description of how changes attributable to AA involvement have been identified and studied from an etic perspective, primarily using clinical treatment samples, and what part tests of statistical mediation play in that process. Next, a detailed review of the studies to date that use an etic perspective to evaluate processes thought to explain AA benefit is presented. The review is straightforward. First, the studies are discussed in terms of the processes evaluated. Second, the study samples are discussed in terms of levels of AA involvement among participants and the drinking outcome assessed. Third, the reviewed material is summarized. Following the review of

the literature that takes an etic approach, efforts to identify changes attributable to AA involvement from an emic perspective are reviewed, including studies examining AA's literature and the AA fellowship. Next, attempts to understand AA benefit from the emic perspective are summarized. Finally, the "gaps" or opportunities identified by the literature reviewed in both perspectives are combined to inform a dissertation study extending the current knowledge base of what is known about AA's underlying mechanisms.

AA Effectiveness Studies

The following is a brief synopsis of large-scale studies demonstrating AA's effectiveness in improving drinking outcomes for adults. Thus, studies involving minors, studies that did not indicate AA involvement specifically (e.g. Dawson, Grant, Stinson, & Chou, 2006), and studies not reporting drinking outcomes (e.g. Kaskutas, Weisner, Lee, & Humphreys, 1999), reporting outcomes not related to AA (e.g. recidivism; Ditman, Crawford, Forgy, Moskowitz, & Macandrew, 1967), or reporting drinking outcomes combined with substance use (e.g. Morgenstern, Labouvie, McCrady, Kahler, & Frey, 1997) are not discussed.

Two studies directly compared outcomes for individuals receiving alcohol treatment alone, AA participation alone, or a combination of alcohol treatment and AA. AA was found to be effective when it was offered as either an independent intervention in itself or as an adjunct resource to formal treatment (Humphreys & Moos, 1997). Timko, Moos, Finney, and Lesar (2000) examined four groups of VA patients: no help (n = 78), AA only (n = 66), professional treatment only (n = 74), and a combination of AA and professional treatment (n = 48). The combined AA and professional treatment group was more likely than the treatment-only group to be abstinent (6 months) at one and three years. The AA-only group was more likely to be abstinent (6 months) than the professional treatment-only group. However, after eight years these

two groups demonstrated equal levels of abstinence. Humphreys and Moos (1996) compared VA participants who selected AA (n = 135) to participants who selected professional treatment (n = 66), and reported that neither group outcome was superior. However, the AA group incurred a significantly lower mental health care cost.

Moos and Moos (2005), examining the same data set, reported that participants utilizing both AA and professional treatment in the first year had the highest rates of stable remission. Stable remission was defined as abstinence or moderate drinking in each of the previous six months. Lemke and Moos (2003), in a study designed to look at the effectiveness of alcohol treatment for veterans of different age groups, also looked at the degree to which AA participation predicted positive treatment outcomes. Results demonstrated that for veterans in all age groups one year after treatment, participants who attended more meetings and participants who had a sponsor fared better, drank less, had fewer drinking-related problems, and reported less psychological distress. Participants who got involved in AA within the first two years after treatment were more likely to continue to be involved in AA, drank less, and reported fewer drinking related problems at the five-year follow-up.

AA also appears to be effective as an aftercare resource to formal treatment in non-veteran populations seeking alcohol treatment. Tonigan (2001), examining Project MATCH participants (n = 1726), reported that AA meeting attendance in the first three months after treatment was correlated ($r = .25$), on average, with percent days abstinent for months 9 through 12 after treatment. Bond, Kaskutas, and Weisner (2003) evaluated the role of network support in AA with a sample of men (n = 367) and women (n = 288) in treatment. The authors reported that AA involvement in the year preceding the one- and three-year follow-ups was a significant predictor of 90-day abstinence, and participants who increased AA meeting attendance between

the one- and three-year follow-ups increased their odds of 90-day abstinence by 35%. In the United Kingdom, Gossop et al. (2003) determined that participants who attended at least one AA meeting a week after inpatient alcoholism treatment reported more abstinent days and a greater reduction in alcohol use than those who did not. Miller, Ninonuevo, Klamen, Hoffmann, and Smith (1997) examined outpatients (n = 2029) and determined that 12 months after treatment, patients who attended AA weekly or more while engaged in aftercare were more often abstinent (85%) than participants undergoing aftercare alone (78%) and were far more likely to be abstinent than patients who attended no AA or aftercare (35%).

The review of AA effectiveness studies is not exhaustive; however, at a minimum, AA appears to be effective as an independent, adjunct, or aftercare resource to formal treatment in public and private inpatient or outpatient settings for diverse populations. While the effectiveness of AA involvement in improving drinking outcomes is well established, exactly what changes occur based on AA involvement to facilitate this effectiveness is less well understood. This is the focus of the following sections.

Identifying Changes Attributable to AA Involvement

Etic Perspective

As described previously, etic methodologies utilize a general causal model explaining human behavior (Morris, Ames, & Lickel, 1999). Within a causal model, “A mechanism of change refers to the process or series of events through which one variable leads to or causes change in another variable” (Nock, 2007, p. 5S). Thus, an AA mechanism of change is a variable explaining how AA involvement causes change in drinking outcomes. The successful study of a change mechanism requires, first, a guiding theory detailing how change occurs and specific criteria defining the mechanism (Nock, 2007, p. 9s). For example, Social Learning

Theory (Bandura, 1987) may suggest that for AA participants, the reduction or elimination of network associations that support drinking, and their replacement with pro-abstinent associations in AA, explains improved drinking outcomes. In this case, the mechanism of change or variable explaining how AA involvement causes change in drinking outcomes is the change in social networks.

To establish the operation of a mechanism of change, the criteria for inferring causal relations (Hill, 1965; Cook & Campbell, 1979) must be established, including association, temporality, specificity, gradient, plausibility and coherence, consistency, and, ideally, validation through experimental conditions (Kazdin & Nock, 2003; Nock, 2007). Statistical mediation can establish the first three causal inferences: association (i.e. the variables must covary), temporality (i.e. the cause occurs before the effect), and specificity (the mechanism is specific to the cause). Thus, a test of statistical mediation satisfies some, but not all, the criteria necessary to establish a mechanism of change. Applying these principles to etic studies of AA, any potential mechanism of change explaining AA benefit should be correlated with the AA variable (e.g., AA meeting attendance), follow it in time, and occur before the drinking outcome. To establish that the mechanism is specific to the cause, alternative explanations should be ruled out. Perhaps without exception, all that is known of AA benefit from the etic perspective is based in mediation studies that satisfy some, but not all, of the criteria necessary to establish a mechanism of change.

AA mediation studies. The purpose of the following sections is to create a specific accounting of what is known about AA benefit from the etic perspective. Ultimately, this accounting reveals that the AA involvement and drinking outcomes assessed are not representative of community AA's literature or participants, and as such generate a limited understanding of how AA involvement affects drinking outcomes.

The majority of the studies looking at AA mediation are authored by a small number of investigators who have written extensively about AA. For example, Scott Tonigan contributed to nine (56%) and John Kelly contributed to five (31%) of the 16 studies reviewed. Further, several of the studies examine the same data sets. All of the studies report on whether the proposed factor mediated, in part, AA's effect on drinking outcomes.

The sections below are organized in terms of the study components. First, the studies are discussed in terms of the change or process that AA involvement is thought to have fostered (e.g., studies evaluating social networks are reviewed together). These processes are organized into two categories: common change strategies found in behavioral treatment approaches (common processes) and change processes associated with AA's literature (AA literature processes). Common change processes include changes in social networks, increased self-efficacy, and reduced impulsivity; AA literature change processes include changes in spirituality, depression, anger, selfishness, and purpose in life. Lastly, a multiple process study is discussed. Following the discussion of the evaluated processes, the study samples are discussed in terms of AA involvement and the drinking outcomes measured.

Common change processes. The following sections discuss common change strategies found in behavioral treatment approaches applied to understanding AA. These common processes are grounded in formal theories of human behavior. For example, the proposition that AA involvement affects drinking outcomes due to changes in social networks (e.g. Kelly et al., 2011b) is based, at least in part, on Social Learning Theory (Bandura, 1987). This approach investigates a common belief of human behavior (Social Learning Theory) to see if its general principle applies in the specific instance of AA behavior. This approach is consistent with an etic or outside perspective. Following the tradition of behaviorist psychology (Morris et al., 1999),

the etic perspective emphasizes common or universal elements in human behavior, and connects these common elements to factors of interest to the researcher (Pike, 1954; 1987).

Social networks. Changes in social networks represent a common change process that occurs when an individual reduces or discontinues associations with individuals who support drinking and replaces those associations with pro-abstinent ones. The proposition that AA's effect on drinking outcomes is explained by such changes is supported in four investigations. Reported direct effects are small to medium (.21–.29) with changes in social networks explaining 7–36% of AA's effect on drinking outcomes. Kaskutas et al. (2002) report that an individual's network size and the number of network ties that support drinking explains 36% of AA's effect (12-month involvement) on 90-day abstinence one year after treatment in a sample from the Community Epidemiology Laboratory (n = 655). Bond et al. (2003), also examining a sample from the Community Epidemiology Laboratory (n = 655), reported that AA-based support explained 16% of AA's effect (12-month involvement) on 90-day abstinence three years after treatment. Kelly et al. (2011b) report that reductions in pro-drinking network ties and, to a lesser degree, increases in pro-abstinent ties, 4 to 9 months after treatment explained 7–16% of AA's effect (3-month attendance) on percent days abstinent (PDA) 12–15 months after treatment in Project MATCH participants (n = 1726). Owen and Slaymaker (2003) reported changes in lifestyle partially explained (< 9%) of AA's effect (12-month involvement) on number of months abstinent (noncontinuous) in a sample of former Hazelden inpatients (n = 112). Together, these investigations suggest that changes in social networks may explain, in part, AA's effect on drinking outcomes for clinical treatment participants attending AA for three to twelve months.

Self-efficacy. Changes in self-efficacy represent a common change process related to alcohol refusal skills in social and negative situations. Three studies examining Project MATCH

data found that changes in self-efficacy explained, in part, the effect of AA involvement on drinking outcomes. Direct effects were small to medium (.23–.34) with changes in self-efficacy explaining 22–43% of AA’s effect on drinking outcomes. Connors et al. (2001) reported that changes in self-efficacy at 6 months explained 24% of AA’s effect (6-month involvement) on PDA 7–12 months after treatment. Bogenschutz et al. (2006) reported that changes in self-efficacy at 9 months explained 22–23% of AA’s effect (6-month attendance) on PDA 10–15 months after treatment. Lastly, Tonigan (2003) reported that changes in self-efficacy at 6 months explained 25–43% of AA’s effect (6-month involvement) on PDA three years after treatment. Taken together, these investigations suggest that changes in self-efficacy may explain, in part, AA’s effect on drinking outcomes for clinical participants attending AA for six months.

Impulsivity. Changes in impulsivity represent a common change process associated with self-control and self-regulation. Blonigen, Timko, Moos, and Moos (2011) reported that changes in impulsivity explained 43.8% of AA’s effect (12-month attendance) on Alcohol Use Problems in a sample of 515 individuals with an Alcohol Use Disorder (AUD) and no previous history of treatment. The direct effect was small to medium (0.16).

AA literature change processes. The following sections discuss change processes associated with AA’s literature. Three of the studies cite passages in the AA text, while the others reference AA literature indirectly. It is not clear exactly how the change processes are identified in AA’s literature. However, a cultural outsider’s interpretation of AA’s literature is inconsistent with the literature’s intent (i.e., “To show other alcoholics precisely how we have recovered is the main purpose of this book,” p. xiii). The etic or outside perspective follows the tradition of behaviorist psychology (Morris et al., 1999). The etic perspective emphasizes common or universal elements in human behavior, and connects these common elements to

factors of interest to the researcher (Pike, 1954; 1987). However, AA is a folk society (Madsen, 1974), and as such the change processes may not be understood from an etic perspective.

Spirituality. Three studies supported changes in spirituality as a variable explaining, in part, the effect of AA involvement on drinking outcomes, while one study did not. Reported direct effects were small to medium (.24–.34), with changes in spirituality explaining 10–28% of AA's effect on drinking outcomes in the supporting studies. Kelly et al. (2011a) reported that spiritual/religious practices at 9 months explained 14–28% of AA's effect (3-month attendance) on PDA 15 months after treatment in Project MATCH participants ($n = 1726$). Krentzman et al. (2013) reported a replication of this finding in a sample from the Life Transitions study. The authors reported that private religious practices at 12 months partially explained the effect of AA attendance (6-month) on PDA and DDD 18 months after treatment. Tonigan et al. (2013a) reported that spiritual/religious beliefs and practices at 6 months explained 15% of AA's effect (3-month attendance) on PDA and DDD 9 months after treatment in a sample of early AA affiliates ($n = 130$). However, Tonigan (2003) reported that a spiritual awakening at 6 months did not explain the effect of AA attendance (6-month) on PDA 33–36 months after treatment. In summary, these investigations suggest changes in spirituality may explain, in part, the effect of AA attendance (3–6 months) on proximal drinking outcomes (9–18 months), but not distal outcomes (3 years) in clinical treatment participants.

Depression. Referencing passages in AA's central text *Alcoholics Anonymous*, Kelly et al. (2010b) proposed that changes in depression might explain AA's effect on drinking outcomes in Project MATCH participants ($n = 1706$). While AA attendance was associated with later improvements in depressive symptoms, these improvements diminished to non-significance when concurrent drinking was controlled for. The authors concluded that the association between

AA attendance and depression might be explained by AA affecting drinking, which, in turn, affects depressive symptoms. In a similar study, Wilcox, Pearson, and Tonigan (2015) also determined that AA attendance was associated with increased abstinence (PDA), which was in turn related to decreased depressive symptoms in a sample of early AA affiliates (n = 253). The use of antidepressants was not controlled for in either study. In summary, the association between AA and reduced depression is encouraging; however, changes in depressive symptoms do not appear to explain the effect of AA involvement on drinking outcomes for participants in clinical treatment.

Anger. Again citing passages from AA's central text, Kelly et al. (2010a) proposed that changes in anger might explain AA's effect on drinking outcomes in Project MATCH participants (n = 1706). The authors reported a significant relationship between AA attendance and drinking outcomes, and a significant relationship between anger and drinking outcomes; however, there appeared to be no relation between AA and anger. It is interesting to note that, when compared with normative data, the baseline anger levels were substantially elevated in this sample (98th percentile), and though these levels decreased significantly by month fifteen; they remained considerably higher (89th percentile) than the general population. In summary, there appears to be a relationship between drinking and anger, and there is a consistent relationship between AA attendance and drinking outcomes; however, changes in anger did not explain this relationship for participants in clinical treatment who attended AA meetings.

Selfishness. Tonigan et al. (2013b), also citing passages of AA's central text, proposed that changes in selfishness, measured as pathological narcissism, might explain AA's effect on drinking outcomes in a sample of new AA affiliates (n = 130). The authors reported a significant relationship between AA attendance and drinking outcomes; however, changes in pathological

narcissism did not explain this relationship. Further, the authors report that their findings are consistent with prior work (i.e. Reinert, et al., 1993; Hart & Huggett, 2005), and argue that further evaluation of a relationship between pathological narcissism and AA participants is unwarranted.

Purpose in Life. Oakes (2008) purposed that changes in purpose in life may explain the effect of AA involvement on length of sobriety in a sample of community AA members (n = 78). The author reported a significant relationship between AA involvement and length of sobriety, and a significant relationship between AA involvement and purpose in life; however, there appeared to be no such relationship between purpose in life and length of sobriety. This study reported the largest direct effect (.41) of the studies reviewed. The study was unique in that the sample was recruited entirely from community AA meetings, included members with extensive sobriety (M = 8.05), and measured continuous abstinence.

Multiple change processes. Kelly et al. (2012) proposed that concurrent changes in social networks, self-efficacy, spirituality, and depression might explain the effect of AA attendance on PDA in Project MATCH participants (n = 1726). The authors reported small–medium (.18–.25) direct effects. Concurrent changes in social networks, self-efficacy, spirituality, and depression explained 50.8% of AA’s effect on PDA for aftercare participants and 42.9% for outpatients. Not all of the variables predicted drinking outcomes, and the most consistent and influential pathway appears to be changes in social networks and increased self-efficacy in social situations.

Summary of change processes evaluated. In summary, eight potential mediators explaining AA’s effect on drinking outcomes have been investigated in 18 different mediational studies. The most consistent findings support common change processes found in behavioral treatments including changes in social networks (Kaskutas et al., 2002; Bond et al., 2003; Kelly et al., 2011b; Owen & Slaymaker, 2003), increases in self-efficacy (Connors et al., 2001;

Bogenschutz et al., 2006; Tonigan, 2003) and reduced impulsivity (Blonigen et al., 2011).

Additionally, changes in social networks and self-efficacy were identified as the most consistent and influential pathways in the multiple change process assessment (Kelly et al., 2012).

Evaluations of AA literature change processes were less consistent in their findings. Changes in spirituality explained AA's effect on drinking outcomes in three studies (Kelly et al., 2011a; Krentzman et al., 2013; Tonigan et al., 2013a), while in one study it did not (Tonigan, 2003). However, changes in depression (Kelly et al. 2010b; Wilcox et al., 2015), anger (Kelly et al. 2010a), selfishness (Tonigan et al. 2013b), and purpose in life (Oakes, 2008) were not supported. Common change processes seen in behavioral treatments but also attributable to AA (e.g., self-efficacy and changes in social networks) appear to explain drinking reductions in clinical participants, while many of the AA literature change processes do not, in that population. This may speak to the potential value of approaching AA from an emic perspective: detecting change processes described by AA's literature may be difficult if treatment participants are less involved in AA than what is expected and the drinking outcome accessed is inconsistent with the outcome intended by AA in the same literature. The following sections discuss the samples examined in the above studies in terms of their AA involvement and the drinking outcome measured.

Samples, AA involvement, and drinking outcomes accessed to evaluate change processes.

Project MATCH data. Project MATCH data was examined to evaluate self-efficacy (Connors et al. 2001; Tonigan, 2003; Bogenschutz et al. 2006), spirituality (Tonigan, 2003; Kelly et al., 2011a), depression (Kelly et al., 2010b), anger (Kelly et al., 2010a), and multiple processes (Kelly et al., 2012). Project MATCH was initiated by the National Institute on Alcohol Abuse

and Alcoholism (NIAAA) in 1989 to investigate the benefits of matching alcohol-dependent clients (based on client attributes) to Motivational Enhancement Therapy (MET), Cognitive Behavioral Therapy (CBT), or 12-Step Facilitation (TSF). The Project MATCH assessment battery was extensive, with 33 instruments accessing several domains including alcohol involvement, social support, spirituality, psychological/psychiatric functioning, neuropsychological functioning, and biological assessments related to alcohol use (Connors et al. 1994). Several of the measures intended to access the “active ingredients” unique to each treatment type (MET, CBT, or TSF) proved useful in evaluating potential mediators explaining AA benefit in a large sample.

The Project MATCH study was unprecedented in terms of size, involving two parallel randomized clinical trials composed of an outpatient arm ($n = 952$; 72% male; age 38.9 SD 10.7) and an aftercare arm, following inpatient or day treatment, ($n = 774$; 80% male; age 41.9 SD 11.1). The study sample was comprised entirely of treatment-seeking individuals; thus, none of the sample was recruited from community-based AA. Both study arms employed 3-month follow-ups for 15 months, and the outpatient arm was assessed for long-term changes at three years. Kelly and colleagues examined both study arms ($n = 1706$) to evaluate the contributions of anger (2010a) and depression (2010b), and a slightly larger sample ($n = 1726$) to evaluate social networks (2011), spirituality (2011a), and multiple processes (2012). Likewise, Bogenschutz et al. (2006) examined both outpatient and aftercare participants ($n = 1284$) to evaluate self-efficacy (2010a). Connors et al. (2001) evaluated self-efficacy with outpatients only ($n = 924$). Tonigan (2003) evaluated self-efficacy and spirituality ($n = 806$) with outpatients only.

AA involvement in the Project MATCH samples was assessed in eight studies by simple AA meeting attendance collected with Form 90 (Miller & Del Boca, 1994), and two studies

utilized the AA Involvement Scale (AAI; Tonigan et al., 1991) which assessed AA meeting attendance, steps worked, sponsorship, etc. Because AA meeting attendance is common to all the studies, it is reviewed here. Project MATCH participants attended AA, on average, once every 5 days (1.44 days per week; see Table 1). However, the majority of the Project MATCH samples attended no AA in the three-month assessment window prior to the evaluation of the change process (see Table 1). For example, when nine-month changes in social networks (Kelly et al. 2011), spirituality (Kelly et al. 2011a), and multiple change processes (Kelly et al., 2012) were assessed, 58.8% of the sample had attended no AA in the previous 90 days. Project MATCH drinking outcomes (see Table 2) were assessed in terms of 90-day frequency (PDA) and intensity (DDD). Continuous abstinence (baseline–completion) was not reported or utilized in change process evaluation.

Community Epidemiology Laboratory data. Two studies, Kaskutas, et al. (2002) and Bond, et al. (2003), examined samples from the Community Epidemiology Laboratory (CEL) to determine if changes in social networks explain the effect of AA involvement on drinking outcomes. The CEL has conducted a series of probability surveys since 1980 to assess the epidemiology of alcohol problems in a northern California county, and the community's response to these problems (Weisner & Schmidt, 1995). Baseline data for these two studies were collected in 1995 and 1996. Both studies examined samples recruited from the ten largest alcohol treatment programs in northern California. The sample was entirely treatment seekers with none of the sample recruited specifically from community AA (although these populations may overlap to some degree). The Kaskutas, et al. (2002) sample (n = 654; 58% male; age 38) was evaluated at baseline and a one-year follow-up. The Bond, et al. (2003) sample (n = 655; 56%; age 38) was evaluated at baseline with a one- and three-year follow-up.

Table 1. <i>AA Involvement</i>				
Project MATCH	(N)	Change Process	AA per week	No AA
Connors et al. 2001	914	self-efficacy	-	-
Bogenschutz et al. 2006	1284	self-efficacy	-	55.4%
Tonigan et al. 2003	806	self-efficacy/ spirituality	-	51% at 3 yrs
Kelly et al. 2011a; 2011b	1726	spirituality/ social networks	1.44	58.8% at 9m
Kelly et al. 2010a; 2010b	1706	anger depression	1.44	36.5% at 3m
Kelly et al. 2012	1726	multiple processes	1.44	58.8% at 9m
CEL				
Kaskutas, et al. 2002	655	social networks	2.05	-
Bond, et al., 2003	655	social networks	2.29	39.7% 1 yr
R01-AA014197				
Tonigan et al. 2013a; 2013b	130	spirituality selfishness	1.68	21.1% 6m
Life Transitions				
Krentzman, et al., 2013	364	spirituality	1.5	53.5% 12m
Blonigen et al., 2011	-	impulsivity	2.07	-
Owen & Slaymaker 2003	-	social networks	-	-
Oakes, 2008	-	Purpose in Life	-	-
All Studies Average			1.4	54.8%

In both samples, AA involvement was estimated by the Alcoholics Anonymous Affiliation Scale (AAAS; Humphreys, Kaskutas, & Weisner, 1998). In terms of AA meeting attendance, the Kaskutas, et al. (2002) sample attended AA once every 3–4 days (2.05 days per week; see Table 1) during the one-year follow-up. The Bond, et al. (2003) sample attended once every three days (2.29 days per week) in the first year and once every five days (1.36 days per week) at the three-year follow-up. When 12-month changes in social networks (Bond, et al., 2003) were assessed, 39.7% of the sample had attended no AA in the previous year, and when 12-month changes were evaluated at three years, 54.6% of the sample had attended no AA in the previous year. In terms of drinking outcomes, Kaskutas, et al. (2002) assessed 30- and 90-day abstinence at one year, and Bond, et al. (2003) assessed 90-day abstinence at one- and three-

years. Continuous abstinence (baseline–completion) was not reported or utilized in change process evaluation.

NIAAA grant R01-AA014197 data (2004-2008). The purpose of the original study (R01-AA014197) was to test a transtheoretical model of behavior change in AA and to identify the specific AA-related behaviors that mobilize such change. The 2-year longitudinal study involved a data set (n = 300) of AA-exposed individuals, with participants recruited from AA and outpatient treatment. From that data set, Tonigan and colleagues appear to examine the same individuals to determine if changes in spirituality (2013a) or selfishness (2013b) explained the effect of AA attendance on drinking outcomes. The sample (n = 130; 53% male; age 38.7 +/-9.6) was recruited between 2007 and 2008 from community-based AA (n = 31, 24%), substance abuse treatment (n = 66, 51%) and word-of-mouth advertising (n = 33, 25%). Inclusion criteria specified a current diagnosis of alcohol abuse or dependence, having consumed alcohol in the previous 90 days, and having attended at least one AA meeting in the same period. Participants were excluded if they reported more than 16 weeks of lifetime AA attendance, or abstinence for 12 months or more after they had determined that alcohol use was a problem. The authors state that this exclusion was intended to insure that participants had limited histories with treatment and 12-step programs (2013a, p.1164; 2013b, p. 14). The study exclusion criteria insure a sample of AA newcomers to evaluate change processes explaining AA's benefit, meaning that these studies' conclusions regarding AA's benefit cannot necessarily be generalized to include all AA members, and in fact specifically exclude those whose experience of AA has been most successful.

In terms of AA involvement for the NIAAA data set, twelve-step involvement was determined by simple meeting attendance collected with Form 90 (Miller & Del Boca, 1994).

The term “12-step involvement” is used in keeping with the authors’ description, although the article referred to AA throughout and utilized FORM 90 to measure 12-step attendance, which in previous publications (e.g. Tonigan et al. 2003; Kelly et al. 2011a) is described as AA attendance. Participants in this sample attended one meeting every 4–6 days (1.19-1.68 days per week; see Table 1). When 6-month changes in spirituality (2013a) and selfishness (2013b) were assessed to determine if these changes explained AA’s effect on drinking outcomes, 21.1% of the sample had attended no meetings in the previous 90 days. Drinking outcomes were also assessed with Form 90 in terms of 90-day drinking frequency (PDA), and intensity (DPDD, or Drinks per Drinking Day, recorded with Form 90 and abbreviated DDD in previous publications [e.g. Tonigan et al. 2003; Kelly et al. 2011a]). Continuous abstinence (baseline–completion) was not reported or utilized in change process evaluation.

Life Transitions Study data. Krentzman et al. (2013) examined data from the Life Transitions study to determine if changes in private religious practices explained the effect of AA attendance on drinking outcomes. The Life Transitions study was a 3-year longitudinal study of alcohol-dependent individuals, both in treatment and untreated, to determine the effect of spiritual and religious change on drinking outcomes independent of AA involvement. The sample (n = 364, 65.7% male, age 44, SD = 12.8) was recruited between 2004 and 2009 from a university outpatient treatment program (n = 157, 43%), a VA outpatient treatment program (n = 80, 22%), a moderation-based program (n = 34, 9%), and untreated individuals from the community (n = 93, 26%). None of the sample was recruited from community AA.

AA involvement was assessed as simple meeting attendance, and participants attended AA once every 5–6 days (1.1–1.5 days per week). When 12-month changes in private religious practices were assessed, 53.5% of the sample had attended no AA in the previous 90 days.

Drinking outcomes were assessed with a Time-Line-Follow-Back interview (TLFB; Sobell & Sobell, 1992) to assess 90-day PDA and DDD. Continuous abstinence (baseline–completion) was not reported or utilized in change process evaluation.

Other sample data. Blonigen et al. (2011), evaluating impulsivity, analyzed data originally collected by Finny and Moos (1995) to investigate a stress and coping model of treatment entry for problem drinkers. The sample ($n = 628$, 53% male, age 34.7 SD 9.4) attended one meeting every 3–4 days (2.07 days per week), and the outcome evaluated was a composite of drinking-related problems and alcohol dependence severity. Owen et al. (2003) investigated changes in lifestyle with a sample of former Hazelden inpatients ($n = 112$, 53% male, age $M=38$). AA involvement was assessed using the AAI (Tonigan et al., 1996), and participants attended AA nine of the twelve months assessed. In terms of drinking, participants were abstinent 9.3 months (noncontinuous) of the twelve months assessed. Oakes (2008) evaluated purpose in life with data collected for the author's 1998 dissertation, which investigated spirituality, problem-solving, and sobriety in AA. The sample ($n = 78$, 53% male, median age 45) was unique among the studies reviewed in two ways: the participants were all community AA members, and the drinking outcome measured was Length of Sobriety (LOS), a measure of continuous abstinence. The majority of the sample (68%) had been continuously abstinent for five years or more, and the average LOS was eight years. Involvement in AA was assessed with the AAI (Tonigan et al., 1996); however, AA meeting attendance was not reported.

Summary of Samples, AA involvement, and drinking outcomes assessed. With the possible exception of Owen and Slaymaker (2003), it appears that all of the examined samples resulted from a secondary analysis of data collected for another purpose. The vast majority of these samples were originally recruited from clinical alcoholism treatment. With the exception of

Oakes (2008) and part of the sample (24%) utilized by Tonigan et al. (2013a; 2013b), none of the studies recruited participants from community AA meetings. Put differently, less than 1% (.98) of the samples examined to explain the effect of AA involvement were recruited from AA itself (see Table 2). The literature indicates that community AA members are understudied in efforts to identify AA's underlying change processes.

Table 2. <i>AA Recruitment and drinking outcomes</i>			
Project MATCH	(N)	AA (n)	outcome
Connors et al. 2001	914	0	PDA, DDD
Bogenschutz et al. 2006	1284	0	PDA, DDD
Tonigan et al. 2003	806	0	PDA, DDD
Kelly et al. 2011a; 2011b	1726	0	PDA, DDD
Kelly et al. 2010a; 2010b	1706	0	PDA, DDD
Kelly et al. 2012	1726	0	PDA, DDD
CEL			
Kaskutas, et al. 2002	655	0	30/90 Day abstinence
Bond, et al., 2003	655	0	30/90 Day abstinence
R01-AA014197			
Tonigan et al. 2013a; 2013b	130	31	PDA, DpDD
Life Transitions			
Krentzman, et al., 2013	364	0	PDA, DpDD
Blonigen et al., 2011	-	0	ETOH use problems
Owen & Slaymaker 2003	-	0	months abstinent
Oakes, 2008	78	78	continuous abstinence
		.98%	.55%

The most consistent reporting of AA involvement across studies involved meeting attendance. Project MATCH participants attended AA roughly once every 5 days (1.44 days per week; see Table 1). Life Transitions participants also attended AA about once every 5 days (1.5 days per week), R01-AA014197 participants attended AA about once every 4 days (1.7 days per week), and CEL participants, on average, attended AA once every 3 days (2.17 days per week). The Blonigen et al. (2011) impulsivity sample attended AA once every 3–4 days (2.07 days per week). In comparison, the average community AA member attends a meeting every 2–3 days

(2.5 days per week; AA, 2014), and as previously discussed, new members are advised to attend “ninety in ninety,” or seven meeting days per week for the first three months (Tonigan et al., 2003). The samples examined to understand the effect of AA involvement on drinking outcomes, in the current review, attended AA notably less often (44%) than the average AA member (1.4 vs 2.5 meetings per week) and much less (80%; 1.4 vs 7 meetings per week) than what is recommended in the first 3 months. The literature indicates that the samples examined to evaluate potential change processes explaining AA’s action attend considerably less AA than community AA members.

In terms of outcome, the majority of the studies (75%) assessed drinking frequency, PDA, and intensity, DDD (see Table 2). Kaskutas, et al. (2002) and Bond, et al. (2003), evaluating social networks, measured 30- and 90-day abstinence at one and three years respectively. Owen et al. (2003), evaluating changes in lifestyle, measured the number of months abstinent (noncontinuous) in the previous year. Blonigen et al. (2011), evaluating impulsivity, measured a composite of drinking-related problems and alcohol dependence severity. Oakes (2008), evaluating changes in purpose in life, utilized the only continuous abstinence measure, Length of Sobriety (LOS), which is consistent with the outcome intended by AA (AA, 2001, p. xxx). The reviewed studies indicate that less than 1% (.0055; see Table 2) of the participants examined to explain AA’s effect on drinking outcomes were assessed with an outcome measure consistent with the outcome intended by AA. In other words, the outcome intended by AA is rarely utilized in efforts to identify AA’s change processes.

Summary: etic perspective. An etic approach to understanding AA’s action utilizes a general causal model explaining AA’s effect on drinking outcomes. An etic perspective investigates variables thought common to human behavior with measurable features that can be

accessed through parallel methods. As such, examining AA from this perspective has several distinct advantages, including quantifiable elements that can be manipulated with quasi-experimental conditions and findings that may generalize to a larger population of interest (Morris et al., 1999). In this way, investigators have identified three common processes of change seen in behavioral treatments but also attributable to AA, which appear explain drinking reductions in clinical participants. These common processes include changes in social networks, increases in self-efficacy, and reductions in impulsivity.

However, this approach has been less successful in evaluating processes described by AA's literature. Changes in spirituality explained AA's effect on drinking outcomes in three studies, while in one study it did not. Changes in depression, anger, selfishness, and purpose in life were not supported. However, less than 1% (.98; see Table 2) of the samples examined to explain AA benefit were recruited from community AA meetings, and the treatment participants who were examined attended AA roughly half as often as the average community AA member. Further, the average community AA member has been involved in AA for nearly 10 years with 22% being involved for over 20 years (GSO, 2014). As a result, the frequency and duration of AA involvement examined in clinical participants is not representative of what is recommended and experienced in community AA meetings.

Higher AA involvement is associated with improved drinking outcomes, but it may also be the case that without a certain frequency or duration of AA involvement, certain mechanisms of change are not activated. For example, the first three steps require little action by the participant and can be accomplished after a few meetings. The second and third steps are related to establishing a change in spirituality; Step 3, for example, is about making "a decision to turn our will and our lives over to the care of God as we understood him" (AA, 2001, p. 59).

However, the fourth and fifth step, dealing largely with anger, require a lengthy inventory, time for reflection, and a sponsor. This process would be difficult to accomplish with low AA involvement. These types of deeper emotional changes (e.g. reductions in lifelong patterns of anger) may not be activated by the relatively intermittent or shorter AA participation that is studied in clinical treatment studies.

In terms of drinking outcomes, only one evaluation (purpose in life; Oakes, 2008) measured continuous abstinence, the outcome consistent with AA's literature. The remaining studies measured some form of drinking reduction (e.g., PDA, 30- or 90-day abstinence). While continuous abstinence might be considered a form of drinking reduction, in application the two measures yield very different results. For example, the Kaskutas et al. (2002) evaluation of social networks (n = 655) reported that 51% (n = 334) of the sample was 90-day abstinent at one year. The most that can be said of this sample, in terms of abstinence, is that 334 individuals reported 90 days of abstinence or collectively 30,064 days (83 years) of not using alcohol. While this may sound like a lot, if 51% of the sample had reported continuous abstinence, collectively this would have represented 334 years, or four times the abstinence represented by 90-day measures. In this respect, continuous abstinence is not only a more absolute measure of drinking outcome, it can capture a much larger change in that outcome. If investigators wish to understand how AA affects drinking outcomes, it is critical to utilize measures that can adequately capture that effect and differentiate it from outcomes not intended or attributable to AA involvement. Viewed from this perspective, outcome measures of continuous abstinence may reduce false positives and, in turn, false assumptions of AA's effect. Yet, less than 1% (.55; see Table 2) of the participants examined to explain AA's effect on drinking outcomes were assessed with AA's intended outcome, continuous abstinence.

Regarding studies that examine change processes identified in AA's literature, as is the case with the common change process literature, both the cause (AA involvement) and effect (drinking outcome) examined to understand AA's change processes are defined in ways that are ultimately inconsistent with the values of Alcoholics Anonymous. Thus, it should not be surprising if change processes described in AA's literature did not explain this relationship well. Perhaps more importantly, there is no indication that the change processes identified by clinical investigators in AA's literature are the most important processes in that literature or are processes relevant to community AA members today. Taking the studies evaluating AA literature processes together, it is questionable how much of the change attributed to AA involvement is in fact change related to AA's program of recovery found in the larger community-based AA fellowship.

In conclusion, approaching AA's action from the etic or outside perspective has created a limited understanding of how AA involvement affects drinking outcomes for clinical treatment participants. Notwithstanding the absence of a guiding theory, lower-than-expected AA involvement, and drinking outcomes inconsistent with AA's literature, common processes of change do appear to explain, in part, AA benefit in that population. However, change processes specific to AA do not appear to explain AA's action under the same conditions. Given the limitations above, it is perhaps not surprising that AA literature change processes are less consistently detected. More information is needed. Specifically, a guiding theory detailing how change occurs within AA and specific criteria defining AA-specific factors are prerequisite to understanding AA's action. Because AA is a folk society and its program of recovery is experientially based, an emic or inside perspective is necessary to facilitate the information

needed. The following sections review what little is known of AA's underlying mechanisms from the inside, or emic perspective.

Emic Perspective

The emic or inside perspective seeks to describe AA in terms of how its members perceive and categorize the world. Instead of attempting to use generalizable theories to describe important AA-related phenomena, it focuses on describing what has meaning for the community of AA members and how they explain their recovery. Thus, the credibility of an emic construct describing a function of AA is based in the cultural insider's view (Fetterman, 2008). In this way, the emic approach offers an inside perspective of AA and how its members believe AA involvement changes drinking outcomes. As suggested previously and implied by Kurtz (1992), this inside perspective is both embodied in the lives of AA's fellowship and codified in a literature dating back to the 1930s. The following sections report prior research attempts to understand AA's change processes from an emic approach based on examination of either the members of the AA fellowship or AA's literature.

Examining AA's fellowship. The experience of AA members has been approached in a number of ways, including autobiography/case study, participant observation, grounded theory, individual interviews, and group interviews/focus groups. All of these approaches are qualitative, and each has its own strengths and weaknesses in assessing the insiders' view of reality. Though the emic perspective is one of the principle components guiding qualitative research, not all qualitative methods capture the cultural insider's perspective well. The credibility of an emic approach is determined by the insider's view. As a result, any research strategy not acquiring input from the cultural insider during and after the analysis is severely limited in representing a credible emic perspective.

The experiences of a number of AA members have been recorded as autobiographies, including Mumey's (1984) *The Joy of Being Sober* and Erdman's (2001) *A Bar on Every Corner: Sobering Up in a Tempting World*. As retrospective accounts, they provide a continuous story and highlight critical factors important to the individual author's experience of AA and its effects. As with most case studies, they have the advantage of providing a rich feel for a single person's experience, but they may be limited in their representation of the common AA experience. As such, they may not offer a meaningful insight into AA's change processes.

Maxwell's (1984) ethnography *The AA Experience: A Close Up View for Professionals* offers a rather informal accounting of AA based in observations of AA meetings and taped interviews with individual members. The author describes his approach as "essentially anthropological" (p. ix), using both participant observation and knowledgeable informants. The author presents the experience of AA members in terms of becoming alcoholic, active alcoholism, and recovery in AA. Though the author indicates a substantial amount of involvement with AA members, the book offers no description of specific methodology, data acquisition, or data analysis. The majority of the findings rest on direct quotes interwoven with the author's comments. While the book does introduce AA to the uninitiated, it offers little in the way of explaining AA's action.

Rudy's (1986) ethnography *Becoming Alcoholic* offers a detailed description of alcoholism and recovery in AA. Data was collected 1973–1974 through participant observation in open and closed AA meetings and in-depth interviews with AA members. The interviews were minimally structured and captured the respondents' early experiences with drinking, life events related to drinking, how they came to perceive themselves as alcoholic, others' response to their drinking, and lastly their experience with AA. The data for analysis was primarily field

notes from AA meetings and the recorded interviews. In terms of data processing, the data was sorted chronologically and coded for themes. A matrix was constructed to organize the themes into larger categories and to capture how frequently an event occurred. In sum, the book offered a description of the experience of alcoholism and recovery in AA. However, it did not attempt to explain how AA might affect drinking outcomes.

Denzin's (1987) ethnography *Recovering Alcoholic* is based on the author's fieldwork from 1980 to 1985 involving participant observation in over 2000 community AA meetings and participation with 12-step based treatment centers. Denzin indicates that there is a connection between how alcoholics learn to tell their story in AA, and recovery in AA. Storytelling helps the newly sober organize their past identification with the alcoholic self and redefine it in terms of a recovering self. According to Denzin, this sense of self is molded through telling and retelling one's narrative. Although the author's intention is to bring "the lived experience" before the reader (p. 83), the author suggests that storytelling and the resulting changes in self may be an explanation for AA's action. However, it is not clear exactly how the author collected or analyzed data or reached conclusions based in that data.

Lederman and Menegatos (2011) investigated how sharing one's story in AA may help members stay sober. The participants were AA members who were contacted via Facebook, a social networking site. The data was collected through a questionnaire asking AA members to describe, in their own words, how sharing their story of recovery helped them stay sober. Using a grounded theory approach, 16 questionnaires were analyzed separately by both researchers. The responses were coded line by line to identify the main concept, idea, or feeling described. Next, the investigators engaged in constant comparative analysis through identifying similarities, differences, and patterns in the 16 responses to create a codebook. The codebook was then used

to analyze the remaining 162 questionnaires line by line. Emergence of new categories and ideas refined the codebook and generated new analysis of the data. Five major themes emerged: reminders of the painful past, reinforcing recovery, losing the sense of terminal uniqueness, developing one's relationship with oneself, and helping others. As such, the study offered theoretical insight into how storytelling in AA may explain continuous abstinence in its members. The data acquisition and analysis in the study was described in detail and the procedures according to which conclusions were drawn were clearly explicated. However, a sample generated from Facebook has some limitations, among them that the participants cannot be confirmed in terms of distinction (no repeats) or authenticity (actual AA members). More importantly, there was no back-and-forth interaction with the participants; as a result, the emergence of new categories was not followed by theoretical sampling or reconnection to the participants for "new data," a fundamental process in a grounded theory approach. Further, with no reciprocal interaction with the participants, member checking was impossible.

More recently, Medica (2014) investigated changes in sense of self associated with AA involvement through a series of semi-structured interviews with six long-term members of AA in London. The author wished to determine if recovery in AA involved a loss of independent self. Participants were recruited through the dissemination of flyers before and after AA meetings. The semistructured, one-hour interviews were recorded and transcribed verbatim. The printed transcripts were then examined using Interpretative Phenomenological Analysis (IPA), a method of thematic analysis examining the personal experiences of individuals to determine how they find meaning in those experiences. The data analysis involved identifying and organizing themes into meaningful clusters of superordinate themes and subthemes, first within and then across cases. The study findings indicated that participants had overcome their alcoholic self and

emerged as a more empowered, responsible and free self. Though not described as a change process and without reference to Denzin, the study at least suggests that AA's action may be accomplished by overcoming the alcoholic self and replacing it with a recovered self, as Denzin (1989) described.

Bradley (2011) posited that specific practices within AA promote changes in spirituality that may explain sustained recovery for women. The study sample of 29 women was recruited from women's AA meetings. Data was collected through three nondirective but structured focus groups. The focus groups were guided by five researcher-developed questions and probes developed from the literature review. A cofacilitator wrote major themes, ideas and concepts indicated by participants' responses to each interview question on a flipchart. Both the researcher and the assistant took notes during the focus groups. Member checking was conducted with each focus group to verify the accuracy of the notes taken at each session. The data was triangulated for accuracy through comparing the notes collected during the focus group, the researcher's field journal, and audio recordings of each focus group. It was not clear exactly what the research questions were or how the data was processed, and emergent findings were not detailed. However, the use of triangulation and member checking lends strength to the credibility of the findings.

Summary examining AA's fellowship. Nine studies have examined the AA fellowship, using five different qualitative approaches. As stated previously, each has its own benefits and liabilities. Because the focus of this section is an emic perspective of AA, the studies are examined in terms of how well they represent this perspective. As such, the trustworthiness or general "goodness" or "soundness" of the study is discussed. More specifically, within an emic tradition of reporting, the study's credibility is "based on the native informants or community

members' views" (Federman, 2008, p. 249). Thus, member checking is considered. Member checking involves the research participants' evaluation of how well investigators represented the participants' experiences and how well the final interpretations by the researcher reflect these experiences (Sandelowski, 2008, p. 501). Credibility may also be strengthened through triangulation of the data, in which one source of data is compared against a separate source of data to uncover alternative explanations (Rothbauer, 2008, p. 892). Further, credibility may also be strengthened with direct quotes of participant's comments in the final report (Poindexter & Lane, 2003). Thus, studies employing member checking, triangulation, and direct quotes should represent a more credible representation of an emic perspective than studies that do not. In this way, evaluations of credibility can be considered across the studies reviewed. Dependability (reliability), on the other hand, is specified by paradigmatic and methodological considerations (Miller, 2008 p. 754) which may differ between methods (e.g., ethnography versus grounded theory). As such, issues of dependability are not considered.

All of the studies reviewed included direct quotes of participants in their final report. Two studies (Denzin, 1987; Medica, 2014) discussed storytelling that may facilitate a change in identity as a possible change process through which AA acts. However, neither employed member checking or triangulation. Bradley (2011) utilized both member checking and triangulation in investigating how changes in spirituality promote recovery for women in AA. The study employed focus groups to collect data, which may have advantages over participant observation and individual interviews, because the study participants are available, as a group, for ongoing member checking. In the case of Lederman and Menegatos (2011), the study that used data collected from Facebook in electronic form, using focus groups might also have been beneficial. The fact that the participants were not accessible for member checking or theoretical

sampling may be unfortunate because the authors essentially generated theoretical insight into how storytelling in AA may explain sobriety in its members without fully grounding the theory in the data. In sum, it appears that member checking and triangulation of data may be more easily accomplished when the data is collected with focus groups. In addition, the use of focus groups in a grounded theory study may more easily facilitate member checking and accomplish the theoretical sampling critical to the method.

Examining AA's literature. The AA literature has also been approached in a number of ways including historical, narrative, and structural analysis. As with the approaches to AA fellowship, all of these approaches are qualitative, and each has its own strengths and weaknesses in assessing the insiders' view of reality. In the same way, the credibility of an emic approach to AA's literature is determined by the insider's view. As such, any research strategy not accounting for the cultural insiders' interpretation both during and after the analysis is severely limited in representing a credible emic perspective.

The first and perhaps most complex interpretation of AA's literature is presented in Kurtz's (1979) *Not God*. The text, based on the author's doctoral dissertation at Harvard, is primarily a scholarly document. *Not God* examines the history of AA and its contribution to the larger context of American history and the history of religious ideas. Kurtz was allowed unprecedented access to AA's archives for research data, including documents of early AA members' descriptions of their experience and reel-to-reel tapes of interviews with some of the earliest AA members. In Part 1 of the history of AA, where Kurtz is describing how AA transmits its message, he makes the following observation: "what made the program work was the telling of their stories by now sober alcoholics" (p. 71). Though the book is a historical study, it is interesting to note that an analysis of very early AA literature suggested that storytelling may

be a change process through which AA benefit is reached, an idea corroborated in later, more social-scientific research (e.g., Denzin, 1987). *Not God* is a complex text, and it is difficult to discern exactly how the author reached his conclusion or exactly how storytelling benefits AA members.

Over 30 years later, Strobbe and Kurtz (2012) examined 24 stories of AA members that appeared for the first time in the fourth (now current) edition of *Alcoholics Anonymous*. The authors sought to identify the purpose and structure of storytelling in AA. The stories were evaluated through narrative analysis, which examines a story's structure and component parts, how authentic it appears, and what linguistic and cultural resources it draws upon. In this way, the forms of stories are examined, not simply their content or message. The authors offer a normative structure model for the stories. While the study overall speaks to the importance of storytelling in AA and seeks to understand how it functions, it also reveals the significance of storytelling at another level: in three of the twenty-four stories analyzed, what made the most effective difference to the narrator was hearing the personal story of another member of AA.

Humphreys (2000) explored the connection between the written community narrative of AA and the current experience of AA members. Using "narrative point of view" (p. 504), the author identified five types of AA stories: the drunk-a-log, the serial story, the apologue, legends, and humorous stories. The data for the analysis appears to be the author's experience with AA, the third edition of *Alcoholics Anonymous*, and seven interviews with AA members. The author notes an interaction between the printed AA stories in *Alcoholics Anonymous* and the oral stories shared by AA members. The printed story "shows the reader that his or her individual life story has a place in the A.A. community's narrative" (p. 500). This relationship extends to the experience of new members when they hear the stories of existing members with which they can

identify. Although the author is well known as a researcher with a background in studying etic approaches to AA (see Humphreys & Moos, 1996; Humphreys, Kaskutas, & Weisner, 1998) and the article is well written, it is not methodologically sound. It is unclear exactly what the sample is, how the data was collected or analyzed or how the conclusions were reached.

Cain (1991) examined AA's literature and fellowship to evaluate identity acquisition within AA. Using narrative analysis, the researcher examined 29 personal stories from *Alcoholics Anonymous* (3rd edition), 61 personal stories from AA pamphlets, and two fictional stories in AA pamphlets. Additional study data included notes from fieldwork and three in-depth interviews with AA members. The author's fieldwork involved attending three different AA meetings in North Carolina over a 10-month period from 1985 to 1986. The author compared stories heard in AA meetings and reported in interviews to stories written in AA's literature. The author concluded that over time, members of AA learn to tell their narrative in a way that is consistent with the written narratives in AA's text. The study indicates that composing one's story is a way of self-teaching, and that changes in the story reflect changes in the narrator as well. Further, this transformation requires a new understanding of the self and one's life, and the reinterpretation of the past. In this way, the author describes storytelling as a potential change process explaining AA's action. The article is very informative and exceptionally well written. Data acquisition and analysis are described in detail, and the connection between the raw data and the product are well exemplified. However, there appeared to be a lack of balance in the data examined: three in-depth interviews vs ninety written narratives. If the study had included member checking and another source of data for triangulation, the credibility of the findings may have been greatly enhanced.

Summary Examining AA's literature. All of the studies examined AA's central text *Alcoholics Anonymous*, and two studies (Kurtz, 1979; Cain, 1991) also examined other AA literature. All of the studies suggested that storytelling is an important construct in AA. Further, Cain (1991) proposed that storytelling facilitates a change in identity similar to the one in Denzin's (1987) evaluation of AA's fellowship. All of the studies used direct quotes from AA's text in the final reports, but none of the studies utilized member checking or triangulation. With the exception of Humphreys (2000), which was methodologically unsound, the studies were essentially equal in terms of credibility. Each method of examining AA literature produced a different product. A historical analysis (Kurtz, 1979) of course produced a historical reporting. Narrative analysis (Strobbe & Kurtz, 2012; Cain, 1991) produced a structure of AA stories. Humphreys' (2000) "narrative point of view" (p. 504) was not methodologically defined. Thus, none of the methods utilized to examine AA literature, in the reviewed studies, are well suited to identify change processes explaining AA's action.

Summary Emic Perspective. A review of studies evaluating AA from an emic perspective—nine studies examining AA's fellowship and four studies examining AA's literature—has been conducted and the studies assessed in terms of credibility. Storytelling was identified as an important construct in 6 of the 13 studies (46%) and as a vehicle for identity change in one additional study. Only one AA literature change process examined from the etic perspective, spirituality, was also investigated from the emic perspective (Bradley, 2011). In terms of method, the use of focus groups (e.g., Bradley, 2011) appears to enhance credibility due to the study participants being accessible for member checking. Likewise, focus groups as a method of data collection may enhance the credibility of studies utilizing a grounded theory approach.

Focus of the Study

A review of 18 studies examining AA from an etic perspective indicates that the most consistent findings support common change processes found in behavioral treatments. Evaluations of change processes described by AA's literature with clinical treatment participants have been less consistent in their findings. A preliminary argument was made that AA literature change processes might not be expressed in the absence of the relatively high duration and frequency of AA involvement found in the larger community-based AA fellowship. Further, the effect of this involvement should be detected with AA's intended outcome: continuous abstinence. A second argument was made that without a guiding theory, the identification and function of AA change processes are speculative. Thus, a guiding theory that details how change occurs within AA and includes specific criteria defining AA-specific change processes is prerequisite to their evaluation.

Therefore, a review of studies evaluating AA from an emic perspective was conducted. Nine studies examining AA's fellowship and four studies examining AA's literature were reviewed. No evidence of a guiding theory or specific criteria defining AA-specific change processes was identified. However, the use of focus groups, member checking, and triangulation appear to increase the credibility of findings in qualitative studies assessing how change occurs within AA.

More information is needed. As discussed in Chapter 1, grounded theory (Strauss, 1987) is especially useful when existing theory is inadequate or nonexistent (Creswell, 2008) and there is a need to develop understanding for a pattern of behavior that is relevant and problematic for the people involved (Strauss, 1987, p. 50). In approaching AA's literature (also discussed in Chapter 1), content analysis is especially well suited to analyze community narratives in light of

the meanings the community attributes to itself (Krippendorff, 1989). In addition, as discussed above, focus groups appear to be an effective method to collect data within AA's fellowship.

Research questions:

1. Focus group: What do AA members indicate has changed for them as a result of AA involvement that may explain changes in drinking outcomes?
2. Content Analysis: From the perspective of AA members, how does AA's central text, *Alcoholics Anonymous*, describe change process attributable to AA involvement that may explain changes in drinking outcomes?

The current study proposes two parallel but separate investigations: a grounded theory analysis (Strauss, 1987) of qualitative data generated from focus groups involving current AA members, and a qualitative content analysis (Schreier, 2012) of AA's central text, *Alcoholics Anonymous*, conducted by AA members. The two groups of AA members will be distinct, with no overlap between the groups. To increase credibility in the findings, member checking will be conducted throughout the study, and the data will be triangulated. The products of the focus groups and the content analysis will be compared to inform a grounded theory detailing how change occurs within AA and specific criteria defining AA-specific change processes. Because the methodologies are different, and the two groups are distinct, the two studies are described separately in the next chapter.

Chapter 3. Methodology

Study 1 Qualitative Content Analysis of AA's Central Text *Alcoholics Anonymous*

A guiding theory detailing how change occurs within AA and specific criteria defining AA change processes is needed. The main purpose of Study 1 and Study 2 was to determine what changes due to AA involvement may explain continuous abstinence in its members. Where Study 1 examined the community's written narrative *Alcoholics Anonymous*; Study 2 examined the fellowship of AA for this purpose. The examination of AA's literature served two purposes. First and as previously described, AA exists as both a literature and a people; and any effort to understand one will need to consider the other (Kurtz, 1992). Thus, in the current study both AA's literature and its members are examined. The second purpose was to furnish corroborating independent evidence from different sources (Patton, 1980, 1990; Rothbauer, 2008) to establish credibility in the findings of both studies. In general, if an analysis of AA's literature suggested that factor X and Y were important to establishing continuous abstinence, and a grounded theory analysis involving AA members suggested the same, it would lend credibility to the findings. Specifically, the change processes identified in analyzing AA's literature in Study 1 were expected to be directly related to the *selective codes* identified in Study 2 that explained the relationship between the majority of the grounded theory categories, their properties, and the core phenomenon.

It would be possible to examine AA's literature using a grounded theory approach—the method used for Study 2—and doing so would have all the advantages described in Study 2.

However, using the same method to examine AA's fellowship and AA's literature risked compromising credibility. If both studies utilized the same methodology, then any findings inherent to methodology would suggest credibility not actually present. For example, grounded theory emphasizes the discovery of emergent processes. If grounded theory analysis of both AA's fellowship and AA's literature suggested that emergent change processes (e.g., becoming aware of destructive thoughts) explain AA benefit, this would imply credibility in the findings. However, the changes seemingly attributable to AA (i.e. emergence) might actually be attributable to the method. More simply, the effort to establish credibility may indicate a potential change process that is not present. In contrast, utilizing two unique methods ensures that any communality attributable to the method will not be interpreted, through triangulation, to be evidence of credibility when in actuality it is error. Further, the use of different methodologies in concert reduces the influence of their individual shortcomings while pronouncing their individual strengths (Guba, 1981; Brewer & Hunter, 1989). Thus, different methods were indicated to examine the written community narrative of AA and the fellowship of AA.

Content analysis, as a research strategy, is especially well suited to analyzing community narratives in light of the meanings the community attributes to itself (Krippendorff, 1989). Content analysis was originally a quantitative process utilized to analyze communication media, providing a method to evaluate the results across different coders (Priest et al., 2002). Quantitative content analysis is deductive and generates frequencies of particular variables within researcher-determined categories. Categories determined by the investigator suggest an etic approach in quantitative content analysis. Further, quantitative approaches to textual analysis have been criticized for missing meanings and insights while oversimplifying and distorting the intention of the text (Kracauer, 1952; Priest et al., 2002; Mayring, 2000).

In reaction to the shortcomings of quantitative textual analysis, qualitative methods in content analysis have been developed (Mayring, 2000; Priest et al., 2002). Qualitative approaches utilize inductive strategies to access the latent meaning in qualitative materials (Schreier, 2012; Julian, 2008). In this way, qualitative content analysis may identify themes underlying the phenomenon of interest. However, a qualitative approach to content analysis does not necessarily indicate an emic approach to the textual data. An emic, or inside approach uses the language and categories of the people studied (Morris et al., 1999), and emphasizes unique elements of human behavior and their functioning within the culture (Pike, 1954; 1987). An emic approach to qualitative content analysis is dependent upon the cultural insider (AA member) for category specification. Therefore, a qualitative content analysis of AA's central text *Alcoholics Anonymous* was conducted by AA members for the current study. The choice was made based on the research question, the need for an emic perspective, and the utility of the method in capturing the phenomenon of interest.

Study 1 Research Purpose and Question

Research Purpose. The purpose of the study was to identify AA change processes and their functioning described in AA's literature in order to inform a guiding theory that details how continuous abstinence occurs for AA members.

Research Question. From the perspective of AA members, how does AA's central text *Alcoholics Anonymous* describe changes attributable to AA involvement that may explain continuous abstinence?

Research Design

The research design was qualitative and employed content analysis of AA's central text *Alcoholics Anonymous* to identify AA change processes and their functioning. The product of the

primary analysis was a table indicating participant-identified change categories along with associated passages in the text. The term *change category* was used because it was easier for the participants to understand than *change process*. In this way, the analysis conducted by AA members represented what they believed the AA text indicates will change as a result of AA involvement that may explain continuous abstinence experienced by AA members. The content analysis was conducted independently by three AA members, within the same six-week time period between October 5 and Nov 16, 2016.

Sampling

Qualitative content analysis within an emic tradition utilizes inductive strategies to identify themes underlying the phenomenon of interest. In the current application, analysis of AA's central text *Alcoholics Anonymous* was conducted to identify AA change processes and their functioning. A qualitative content analysis of AA's central text *Alcoholics Anonymous* within an emic tradition necessitated coding by cultural insiders. To this end, the sampling was purposive to include only community AA members. In this way, the content analysis reflects language congruent with the examined culture as suggested by Julian (2008). Further, Mayring (2000) suggests that the categories be theoretically derived from aspects of the text; this, too, necessitated definition by a cultural insider. In sum and simply put, AA members understand the language, know what to look for, and know what to label it in a way consistent with AA's action. This insider-centered appraisal avoids the problems associated with cultural outsiders trying to interpret the text (e.g., finding it mystical or difficult to grasp [Kelly, 2009]), as discussed in Chapter 1.

There is a dearth of information detailing how many coders are necessary to produce optimal qualitative content analysis. Julien (2007) refers to "more than one," Kolbe and Burnett

(1991) and Stemler (2001) indicate that two coders are sufficient. To be certain enough data was generated from content analysis, the current study utilized three coders for the qualitative content analysis of AA's central text *Alcoholics Anonymous*. The three participants are known to this investigator from involvement in AA; however, the participants have no other affiliation with the investigator or each other. Descriptions of the participants are detailed in Chapter 4.

Data Collection

The methodology was qualitative. The qualitative data was collected through content analysis of AA's central text *Alcoholics Anonymous* to inform an understanding of how change occurs within AA. Content analysis, in the current application, must be sensitive to subtle and at times uncommon language (e.g., "jitters," p. 32) within a semantically complex text. Thus, the present content analysis was based upon human rather than computer examination. Although computer analysis is undoubtedly faster and more dependable, it may not be sensitive enough to accurately identify subtle or uncommon descriptions of change processes experienced by AA members. Thus, the dependability and speed of computer analysis was exchanged for the credibility of human coding.

The researcher mailed each participant a research packet including a jump drive and an addressed, postage-paid envelope to return the participant's analysis. The included jump drive contained the text *Alcoholics Anonymous* in Adobe Portable Document Format (PDF), systematic content analysis instructions (discussed below) with examples, and a table in Microsoft Word format to organize the analysis. Each participant was instructed to save his or her content analysis on the jump drive, and when the analysis was complete, to return the jump drive with the postage-paid and addressed envelope furnished for that purpose.

Textual sampling frame. AA's central text *Alcoholics Anonymous* is organized into two sections: the primary text (Chapters 1-11), which remains unchanged since its 1939 publication; and the personal stories section, which has changed somewhat with each edition to reflect better the current AA membership. The sampling frame for the content analysis in the current study was the primary text. Specifically, the sampling frame was the primary text's fourth edition (2001), including the preface (2 pages); the forewords to all four editions (12 pages); "The Doctors Opinion" (8 pages); and Chapters 1-11 (164 pages), where instructions for working the 12 steps and descriptions of program benefits are detailed. Thus, the content analysis examined a total of 186 pages. The content analysis did not include the personal stories section (pages 165-559).

Research media. Three identical versions of the text *Alcoholics Anonymous*, fourth edition (2001), as described above, were assembled in PDF format on three jump drives (memory sticks) for content analysis. The jump drive also contained systematic content analysis instructions with examples, and a table in Word format to organize the analysis. Study participants returned the jump drive with their analysis to the researcher via the postage-paid and addressed envelope furnished for that purpose.

Demographic information. Due to the sensitive nature of an anonymous mutual-aid group, the investigator collected participants' demographic information via telephone. The collected information included the participants age, gender, ethnicity, length of continuous abstinence, drug of choice, consumption at the height of their addiction, number of times engaged in clinical treatment for addiction, number of attempts before successfully engaging in AA, number of AA meetings attended during first three months of AA involvement, whether or not they sponsored others in AA, whether or not they had a sponsor in AA, and average number

of AA meetings they attended weekly. In addition, they were asked to describe in their own words their spiritual or religious orientation, and to describe the most important benefit AA involvement provided for them.

Data Analysis

Primary analysis. Independent content analyses were conducted by three AA members. This primary analysis involved five steps. First, the AA text was read by the participant and all passages reflecting change attributable to AA involvement were highlighted using Adobe Reader's highlight function. Second, the highlighted passages were copied from the AA text PDF and pasted into a table, furnished by the researcher, using the copy-and-paste function of Microsoft Word. Third, the participant-identified passages were organized by like kind. For example, all passages describing a change in *happiness* resulting from AA involvement were grouped together. Fourth, the grouped passages were assigned a change category label (e.g., Happiness). The participant could identify as many or as few change categories as he or she felt necessary and was free to label the change category as he or she saw fit. Fifth, when completed, the jump drive containing the table of participant-identified passages from the AA text and organized by participant-determined change categories was returned to the investigator via the postage-paid and addressed envelope furnished for that purpose. The product of the primary level of analysis conducted by the participant was a table containing the participant-identified passages from the AA text organized in participant-determined change categories. Collectively, the primary analysis conducted by the study participants yielded 147 participant-identified passages from the AA text organized into 16 participant-determined change categories.

Secondary analysis. The secondary analysis, conducted by the investigator, involved five steps. First, the content of the three jump drives, each containing one content analysis of the

AA text, was extracted by the investigator to serve as the data for the secondary analysis. Second, the number of change categories each content analysis generated was determined. Third, to facilitate a comparison of change categories among the three content analyses, a simple coding frame (Schreier, 2012) was established. The purpose of the simple coding frame was to produce subcategories within each participant-determined change category. The participant-identified passages from the AA text, within each participant-determined change category, were examined one passage at a time at a time to determine:

- What is the passage describing?
- What type of change (e.g., a change in well-being) does the passage represent?

The simple coding frame identified nine subcategories of change represented by the participant-determined change categories: (a) Life Improvement, (b) Spirituality, (c) Well-being, (d) Drinking, (e) Fellowship, (f) Problem Solving, (g) Willingness, (h) Tolerance, and (i) Self-knowledge. Fourth, the change categories common to more than one analysis were compared, in terms of the coding frame subcategories, to determine if they represented the same phenomenon in the AA text. Fifth, the change categories designated in only one content analysis (unique categories) were examined in the same way to determine their relation, if any, to the common categories.

It was expected that the participant-determined change categories and their corresponding participant-identified passages would directly inform an understanding of emic change processes described by the text *Alcoholics Anonymous*. Specifically, it was expected that the participants would identify meaningful categories informing an understanding of change processes resulting from AA involvement. Participants did identify a number of passages describing changes attributable to AA involvement. However, the participants' change categories demonstrated two

problems in meeting the study objectives: 1) there was limited agreement regarding what categories of change (i.e., change processes) are described in AA's text, and 2) there was limited agreement regarding what these categories represent (discussed at length in Chapter 4). While the use of native informants to identify passages representative of change attributable to AA involvement was successful, the use of untrained coders to differentiate these passages into meaningful categories led to unanticipated results. To address this limitation, a tertiary level of analysis was conducted.

Tertiary analysis. Because the participants' content analyses were successful in identifying passages representative of change attributable to AA, but were limited in determining meaningful categories to inform an understanding of AA's change processes, a tertiary analysis was conducted. To some extent, this process was begun in the secondary analysis, where the simple coding frame was utilized to determine subcategories for each participant-determined change category. However, the products of the simple coding frame were singular, independent subcategories (e.g., spirituality). The purpose of the complex coding frame (Schreier, 2012) was to isolate *themes* of change underlying the participants' content analyses to inform an understanding of change processes described in AA's text. The participant-identified passages from the AA text were examined one passage at a time to determine:

- What is the passage describing?
- What type of change (e.g., a change in well-being) does this passage represent?
- Is the type of change indicated by this passage related to another type of change? For example, "When we sincerely took such a position [God as director], all sorts of remarkable things followed" (p. 63) suggests that a change in spiritual beliefs may precede life improvement; and

- What *marks* this change or indicates that the change has occurred?

The complex coding frame of the tertiary analysis extends the simple coding frame of secondary evaluation to produce an integrated, thematic understanding of the participant-identified passages from the AA text. The complex coding frame isolated five themes and 18 indicators underlying the participant-identified passages from the AA text. These researcher-identified themes include (a) Life Improvement, marked by three indicators; (b) Spirituality, marked by four indicators; (c) Well-being, marked by seven indicators; (d) Drinking, marked by two indicators; and (e) Fellowship, marked by two indicators. In this way, the tertiary analysis addressed the unexpected results of the secondary analysis, where the use of untrained coders to differentiate passages from the AA text into meaningful categories was limited. Further, this limitation was addressed while maintaining a thorough grounding in the participants' data. The facilitation of this process was enhanced by the investigator's prolonged and persistent engagement in the field (discussed below).

Trustworthiness

Within an emic tradition of reporting, a study's trustworthiness is determined from the native informants' perspective (Fetterman, 2008). Guba (1981) proposed four criteria to establish trustworthiness in a qualitative inquiry: credibility, transferability, dependability, and confirmability. *Credibility* refers to the degree to which a study demonstrates a true picture of the phenomenon of interest (Merriam, 1998). *Transferability* refers to the degree to which the findings represent sufficient contextual description to be informative in another setting. *Dependability* refers the ability of the study method to be utilized in another setting, while *Confirmability* refers to how well the study demonstrates it is grounded in the data and not the researcher's previous conceptions.

Strategies Employed to Enhance Trustworthiness

Credibility. Lincoln and Guba (1985) argue that credibility is the primary factor in establishing trustworthiness, and Guba and Lincoln (1989) consider member checking the most powerful vehicle to establish credibility. In addition, the authors recommend prolonged engagement in the field and triangulation of data sources as ways to enhance credibility.

Member checking. In member checking, research participants are asked to evaluate how well an investigator represented their experiences and how well the research findings reflect these experiences (Sandelowski, 2008, p. 501). Member checking is the most creditable method of establishing trustworthiness in qualitative study (Lincoln & Guba, 1985, p. 314). In the current study, member checking took place during the secondary analysis and at the completion of the tertiary analysis. The first member check (discussed at length in Chapter 4) involved the evaluation of the simple coding frame established in the secondary analysis (described above). Each participant was contacted via phone and asked if a passage they had identified from the AA text represented a change in the related subcategory. For example, a participant was asked if a passage he identified from the AA text (i.e., “There is, however, a vast amount of fun about it all,” p. 15) represented a change described in AA’s text related to *fellowship*. This line of questioning was followed for the remaining subcategories, and the collective process was followed for the other participants.

The second member check (also discussed at length in Chapter 4) involved the evaluation of the five researcher-identified themes and their associated indicators from the tertiary analysis. Each of the study participants was furnished with a document identical to bulleted sections of Summary Study 1 (see Chapter 4). The document was provided via electronic mail, and the participants were invited to reflect on its contents and offer feedback via electronic mail or by

phone. All three participants responded via electronic mail. With minor revisions, all of the participants indicated full support for the change themes and their associated indicators as presented.

Prolonged engagement. Prolonged and persistent engagement in the field fosters an understanding of the culture, builds trust, and reduces distorted information introduced by the investigator (Lincoln & Guba, 1985; Merriam, 1988). Working with people within the culture for extended periods of time engenders credibility and vitality in fieldwork (Fetterman, 1998). This investigator has been involved in AA for over 23 years, and continued to be involved throughout this research project. As such, this author is both an investigator and a cultural insider, familiar with AA's customs, beliefs, and in particular AA's literature, its nuances and at times uncommon language. The effectiveness and accuracy of the simple coding frame in the secondary analysis and the complex coding frame of tertiary analysis (described above) might not have been possible without a prolonged and persistent engagement with AA's literature. In this way, the investigator's extended involvement in AA increased the likelihood that the study participants' content analyses of the AA text would inform an understanding of AA's change processes. On the other hand, being immersed in a culture for over two decades also may increase the risk of researcher bias (discussed in Confirmability section below).

Triangulation of data. Credibility may also be strengthened through triangulation of the data, where one source of data is compared against a separate source of data to uncover alternative explanations (Rothbauer, 2008, p. 892). Corroborating evidence from multiple and different sources lends credibility to the conclusions reached from qualitative data (Patton, 1980, 1990). In the current study, the researcher-identified themes and their respective indicators were

triangulated among the three coders (see Chapter 4) and with focus groups findings (see Chapter 5).

Transferability. Transferability can be enhanced through thick description in the research report (Lincoln & Guba, 1985; Firestone, 1993). In the current study, transferability is enhanced through detailed description enabling a reader to interpret whether the findings are useful or justifiably applied to another context. For example, in the current study the researcher-identified themes and their associated indicators are presented with enough detail that a reader could determine if these findings are useful or can justifiably be compared to a similar analysis of the text *Narcotics Anonymous*.

Dependability. Shenton (2004) suggests that a study's dependability is enhanced through detailed description of the research design and data gathering and processing, so that a reader may determine if the study method is useful in another context. In the current study, descriptions of the research question, participants, textual sampling frame, data collection procedures, and three data analysis procedures are sufficient for a reader to interpret if the method is useful or justifiably applied to another context. This is not to imply the findings are repeatable, only that the method may be.

Confirmability. Confirmability is enhanced through steps taken to verify that the findings emerge from the data and not from the investigator. Thus, efforts to ground the findings in the data and efforts to reduce researcher bias contribute to confirmability. In the current study, all interpretations are grounded in the original raw data created by the study participants. This grounding is sufficiently detailed in the numerous tables of Chapter 4. Interpretations of this raw data (i.e., themes and indicators determined by the researcher) were evaluated through two levels of member checking, lending confidence in their grounding. Further, triangulation of the change

themes across all participants (see Chapter 4) speaks to the integrity of the data (Shenton, 2004). Documentation of the investigator's expectations through ongoing reflective commentary reduces researcher bias (Miles & Huberman, 1994). In the current study, the investigator maintained a reflective journal from the study proposal to the end of data collection. The journal contained 42 entries in 54 handwritten pages detailing the researcher's bias, initial impressions of the participants' data, frustrations, and preconceived ideas of change processes detailed by AA's literature.

Study 1 Human Subjects Research Protection

Human Subjects Research is research in which the subject of the research activity is an individual from whom information is obtained through intervention or interaction, and/or that pertains to private identifiable information protected by Title 45, Part 46 of U.S. federal regulations. Prior to data collection, the proposed research study was submitted for review to the Institutional Review Board (IRB) of Virginia Commonwealth University (VCU). Upon review, it was determined that this project did not constitute Human Subjects Research. Instead, it was determined to be peer research, similar to a student requesting fellow students to report on their perceptions of a common text. Participants were asked to participate in a qualitative content analysis of AA's central text *Alcoholics Anonymous*. The study participants were free to remove themselves from the study at any point. All contact between the investigator and study participants was conducted via telephone and electronic or postal mail. Because there was minimal human interaction between researcher and participants, the participants experienced no more than minimal risk.

Study 2 Grounded Theory Analysis of Focus Group Data

A guiding theory detailing how change occurs within AA and specific criteria defining AA change processes is needed. The overarching purpose of both studies in this dissertation is to determine what changes as a result of AA involvement that may explain continuous abstinence in its members. Study 1 examined AA's literature for this purpose; Study 2 examines long-term participants in AA's fellowship to the same end. As such, the studies provide corroborating independent evidence from different sources (Patton, 1980, 1990; Rothbauer, 2008) to establish credibility in the findings. Grounded theory development is a useful approach when existing theory is missing or incomplete (Creswell, 2007) and there is a need to develop an understanding for a pattern of behavior that is relevant and problematic for the people involved (Strauss, 1987, p. 50). The grounded theory approach has been utilized to explain the experience of AA among African American (Durant, 2005), Taiwanese (Yeh, Che, Lee, & Horng, 2008), and British (Dyson, 2007; Lederman & Menegatos, 2011) participants as well as the role of AA sponsors (Whelan, Marshall, Ball, & Humphreys, 2009) and shared ideology (Wright, 1997) in AA. Grounded theory utilizes a systematic analysis of data grounded in the experience of the people involved (Strauss & Corbin, 1998). It is a general qualitative research design where the data generates an explanation of a process important to those people (Strauss, 1987). Thus, grounded theory is an appropriate method for investigating and understanding how change occurs within AA. The question is which of the several grounded theory methodologies, is most appropriate for the current study.

The current investigation necessitated a prescriptive methodology consistent with an investigator who is part of the culture analyzed (i.e., the researcher is a member of AA with decades of participation and continuous abstinence). O'Connor, Netting, and Thomas (2008)

describe grounded theory methodology either as broadly belonging to an interpretive perspective (e.g., Charmaz, 2005, 2006) or as belonging to a positivistic perspective (e.g., Glaser & Strauss, 1967). An interpretive grounded theory approach is a study grounded in context that generates thick description and a structure that explain a phenomenon within that context. In contrast, a positivistic grounded theory approach is a study grounded in data that generates a mid-range theory to eventually be tested and generalized. In their original articulation of grounded theory, *The Discovery of Grounded Theory*, Glaser and Strauss (1967) do not provide specific directions regarding how to conduct a grounded theory analysis; rather, the authors describe the method in general and encourage others to develop it. Glaser's *Theoretical Sensitivity* (1978) also lacks specific instructions on how to conduct the analysis, and *Basics of Grounded Theory Analysis* (Glaser, 1992) requires investigators to suspend all previous knowledge. Strauss and Corbin's *Basics of Qualitative Research: Grounded Theory Procedures and Techniques* (1990) is highly prescriptive and supports the use of discipline-based knowledge where appropriately applied. The second edition of that text (Strauss & Corbin, 1998) is markedly less prescriptive, and the third edition (Corbin & Strauss, 2008) crosses over into an interpretive approach. Thus, none of these methods fits the current research effort well. However, Strauss (1987) is very prescriptive and advocates for investigators to use experiential data because "they not only give added theoretical sensitivity but provide a wealth of provisional suggestions for making comparisons, finding variations, and sampling widely on theoretical grounds" (p. 11). Therefore, a grounded theory approach following Strauss's (1987) methods was selected for the current study.

Study 2 Research Purpose and Question

Research Purpose. The purpose of the study is to identify AA change processes and their functioning within AA's fellowship in order to inform a guiding theory that details how continuous abstinence occurs for AA members.

Research Question. What do AA members indicate has changed for them, as a result of AA involvement, that may explain continuous abstinence?

Research Design

A grounded theory method was employed to systematically analyze qualitative data generated from focus groups involving AA members. The researcher utilized a focus group guide with tentative questions for each session (see Appendices D and E). The design of the project in terms of sampling, data collection, and analysis followed the framework of Strauss (1987). The six focus groups were conducted 1-2 weeks apart from late September to early November 2016. Each session was facilitated by this investigator; however, he did not participate as an informant. A graduate student assisted with logistics but also did not participate as an informant. The focus groups were conducted in a private conference room in the VCU Academic Learning Center, 900 Park Ave, Richmond, VA.

Sampling

A grounded theory method creates deeper knowledge of a social phenomenon (Glaser & Strauss, 1967; Glaser, 1978) through systematic examination of data from participants who have experienced the process (Strauss & Corbin, 1998). The grounded theory method must account for a great deal of variation in the phenomena studied (Strauss, 1987, p. 7). As such, sampling is not intended to be representative of a population in terms of demographics. Instead, sampling is intended to capture representations of the phenomena to be understood (Corbin & Strauss, 1990).

For the present study, the phenomena to be understood are change processes resulting from AA involvement that may explain continuous abstinence experienced by AA members. Thus, a purposive sample of AA members with considerable histories of AA involvement and continuous abstinence was indicated. The average community AA member has been continuously abstinent in AA for nearly 10 years, with 22% being involved for over 20 years (GSO, 2014). It is reasonable to assume that an AA member with more than 10 years of continuous abstinence and involvement in AA possesses a considerable history of both. To this end, a purposive sampling to include AA members with successful and substantial experience in AA (more than 10 years) was conducted. The resulting sample of five had been continuously abstinent and involved in AA for between 20 and 31 years, with an average involvement duration of 24 years at the time of the study. The five participants were known to this investigator prior to the study through involvement in AA; however, the participants had no other affiliation to the investigator or to each other.

Focus groups create rich description of a shared lived experience and access elements often hidden in conventional one-to-one interviews (Liamputtong, 2009). Further, focus groups are a logical choice for gathering data from AA members: given AA's group meeting format, focus group interviews would represent a familiar structure. The literature is mixed in terms of ideal focus group size. Krueger (1994) recommends four participants, Morgan (1988) recommends five, and Boddy (2005) indicates that most focus groups include eight members. Creswell (2008) suggests 20-30 interviews, where O'Connor (2002) suggests 25-30 interviews for a grounded theory analysis. Combining the above recommendations, the current study intended four group interviews (focus groups) with six participants to produce 24 interviews.

In terms of how long each focus group should last, recommendations vary, including 1.5–2 hours (Greenbaum, 2003), 2 hours (Nielsen, 1997), and 2–3 hours (Schmidt, 2001). Given these recommendations, and accepting that a grounded theory approach is iterative and emergent, up to three hours were scheduled for each focus group, with the intention that sessions would be ended before the three-hour mark if no new information was emerging or participants appeared to become restless. Combining all of these recommendations, then, four focus groups involving six participants and lasting up to three hours each was indicated, and the study was designed to generate up to or slightly under 72 interview hours for data collection. However, successful grounded theory analysis requires data saturation (Strauss, 1987). Saturation is reached when additional information no longer contributes to understanding of the phenomena studied. In the current study, saturation was reached after six focus groups involving three to five participants and lasting three to four hours each. In total, the focus groups generated 90 interview hours. The focus groups were conducted in a private conference room in VCU's Academic Learning Center Richmond, Virginia.

Data Collection

The methodology was qualitative. The qualitative data were collected through focus groups to inform an understanding of how change occurs within AA. Data collection in a grounded theory approach is an emergent process (Strauss, 1987). Data collection involved five steps:

1. Prior to the first focus group, the investigator formulated “grand tour” open-ended questions (e.g., “What is AA?”; see Appendix D) to open up or induce the inquiry. These initial questions were grounded in the investigator's extensive and

prolonged engagement in AA (discussed below). In the remaining focus groups, each session informed the line of questioning in the next (discussed below).

2. Focus group participants' responses were followed up with probes (e.g., "Would you explain that further?") to foster emergence and expansion of the initial questions.
3. The participants' responses to the questions and probes were written on multiple whiteboards for reflection and further expansion.
4. The focus group session was audio recorded and later transcribed.
5. At the conclusion of each session, the whiteboards were photographed for documentation.

The whiteboards facilitated member checking in real time as the investigator was able to solicit feedback on his interpretations. The focus group participants, to a considerable extent, expressed their thoughts in drawings, and the whiteboards provided a forum for the participants to draw or diagram their ideas. The early diagrams developed into conceptual models in the later sessions, and eventually into the final conceptual model for the study.

Strauss (1987) describes *theoretical sampling*, in which specific data are sought in order to confirm and deny the evolving assumptions of the phenomenon examined. Each session was audio recorded and transcribed for documentation. Between sessions, the investigator reviewed the audio recording and whiteboard photographs to inform tentative questions for the subsequent session (see Appendix E). In this way, each focus group sought data to confirm or deny the tentative assumptions of the previous session. If the tentative assumptions held true, then this information was expanded through probes to explicate causes, consequences, and responses related to the assumption. As such, data collection was an emergent process where each focus

group refined the information of the previous group and, in turn, informed the direction of the next until saturation was reached (see Figure 1). The data used for formal analysis included the photographed content of 33 whiteboards and 241 pages of transcribed focus group recordings.

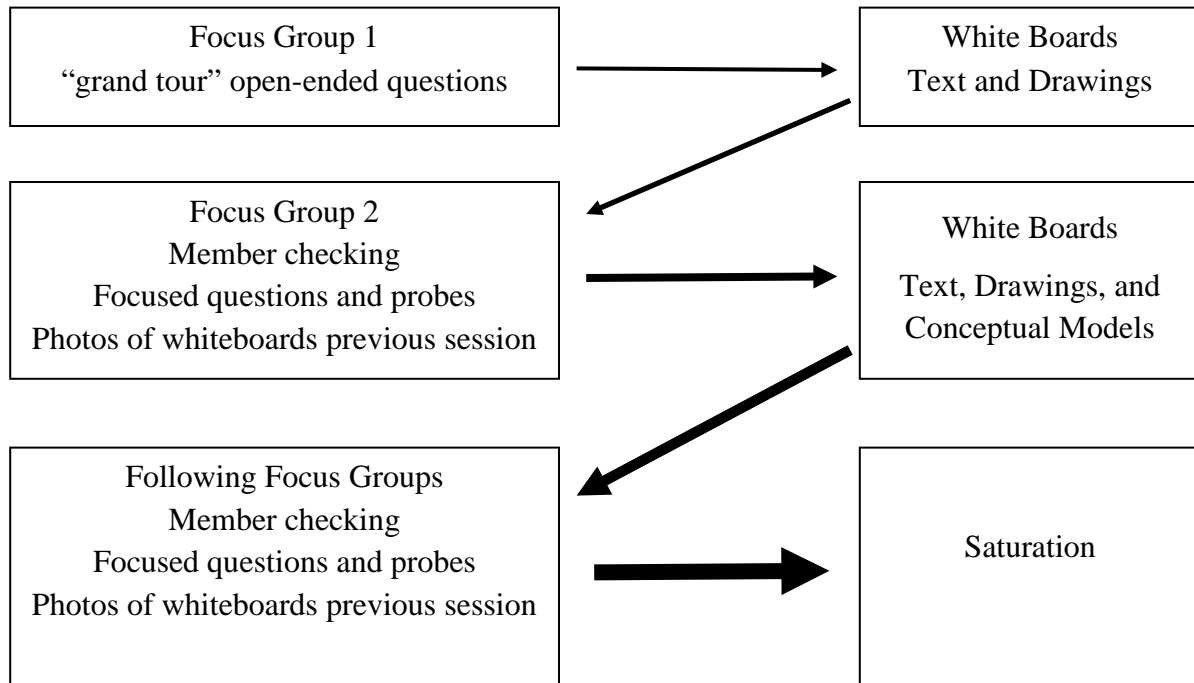


Figure 1
Emergent Data Collection

Demographic information. Consistent with the demographic information collected in Study 1, the information collected in Study 2 included the participants’ age, gender, ethnicity, length of continuous abstinence, drug of choice, consumption at the height of their addiction, number of times engaged in clinical treatment for addiction, number of attempts before successfully engaging in AA, number of AA meetings attended during first three months of AA involvement, whether or not they sponsored others in AA, whether or not they had a sponsor in AA, and the average number of AA meetings they currently attended each week. In addition, the

participants were asked to describe, in their own words, their spiritual or religious orientation, and to describe the most important benefit AA involvement provided for them.

Data Analysis

Data was collected through six focus groups involving long-term members of AA. The resulting data was collected on 33 whiteboards, and 241 pages of transcribed focus group recordings. The data was analyzed utilizing the coding paradigm of Strauss (1987) for a grounded theory analysis involving three levels.

Open coding. The initial examination of focus group data involved open coding, where important concepts were identified and tentative categories were formulated that seemed to represent the data (Strauss, 1987, p. 28). Open coding considers questions such as *What is actually happening in the data? What category does this concept indicate?* and *What accounts for the basic problem the participants are describing?* Open coding yielded concepts (e.g., “recovered”) and tentative categories (e.g., “after AA”) to inform a line of questioning for subsequent focus groups. This informed line of questioning facilitated theoretical sampling, where specific data was sought to confirm and deny the identified concepts and tentative categories. Open coding was substantial in the analysis of the data from the first two focus groups, less productive in the analysis of the third session, and produced no new data in the analysis of the three remaining focus group sessions.

Axial coding. The second level of analysis for the focus group data involved axial coding, where the tentative categories identified through open coding were examined one category (e.g., “before AA”) at a time to identify relating conditions (e.g., overwhelming feelings) and consequences (e.g., increased drinking). This level of analysis determined the conditions that revolved around each category. Axial coding considers questions such as *What*

happened before this condition? What happened after? The purpose of axial coding is to determine the events and conditions revolving around a category. This level of analysis resulted in a thorough understanding of the primary categories, subcategories, and the relationship between categories. Axial coding also clarified areas where more information was needed. In this way, axial coding informed the line of questioning to facilitate further theoretical sampling for increased depth and understanding of each category as well as its relationship to the other categories. Successful axial coding was minimal in the analysis of the first focus group data, increased substantially with the second focus group data, and peaked in the analysis of the third focus group data, where the core phenomenon was isolated.

Selective coding. Selective coding involves the systematic examination of the relationships between the data and the core phenomenon. Once the core phenomenon was identified, all of the data was re-examined in terms of this central category. The data was selectively coded to explain the relationship between the majority of the categories, their properties, and the core phenomenon. These relationships account for most of the variation in the data. This integration process created a conceptually dense or saturated understanding of the “main theme” (p. 35) or central concern problematic for the people examined (Strauss, 1987). In subsequent data collection, theoretical sampling was conducted to acquire specific data that confirmed or denied the evolving assumptions about the core phenomenon. The iterative process of coded data informing future data collection created a “dense texture of conceptualization and linkages” (Strauss, 1987, p. 32) that eventually grounded the core phenomenon in the data.

Trustworthiness

A study’s trustworthiness is determined by the native informants’ view (Fetterman, 2008). The value of a grounded theory analysis depends upon its worth to the people it was

designed to inform or help (Strauss, 1987, p. 301). Trustworthiness is established if “those being researched [read] the researcher’s interpretation and say, *That fits*” (p. 302). Using Strauss’s criterion, no steps beyond member checking were necessary to establish trustworthiness in the current study. Nevertheless, consistent with Study 1, the purposed criteria of Guba (1981) were implemented to supplement the requirements of Strauss (1987).

Strategies to Enhance Trustworthiness

Credibility. Lincoln and Guba (1985) argue that credibility is the primary factor in establishing trustworthiness, and Guba and Lincoln (1989) consider member checking the most powerful vehicle to establish credibility. In addition, the authors suggest prolonged engagement in the field and triangulation of data sources as ways to enhance credibility.

Member checking. In member checking, research participants are asked to evaluate how well an investigator represented their experiences and how well the research findings reflect these experiences (Sandelowski, 2008, p. 501). Member checking is the most creditable method of establishing trustworthiness in qualitative study (Lincoln & Guba, 1985, p. 314). In the current study, member checking was conducted at the beginning of each focus group: participants were presented with the assumptions the investigator had identified based on his analysis of the previous focus group data and asked to reflect on those assumptions. The use of whiteboards allowed for real-time member checking as tentative assumptions and conceptual models evolved in each session. The investigator met with the study participants in person for member checking of the final product for this study. The participants were furnished with the final conceptual model and composite story (see Chapter 4, Study 2) and asked to reflect upon its accuracy. The consistent response was tearful nodding. The vocalized responses ranged from “Damn, that gets

right down it” to “yes, that’s it.” Each of the participants asked to keep the copies they were provided.

Prolonged engagement. Prolonged and persistent engagement in the field fosters an understanding of the culture, builds trust, and reduces distorted information introduced by the investigator (Lincoln & Guba, 1985; Merriam, 1988). Working with people within the culture for extended periods of time engenders credibility and vitality in fieldwork (Fetterman, 1998). This investigator has been involved in AA for over 23 years, and continued to be involved throughout this research project. As such, this author is both an investigator and a cultural insider. As a result, the investigator is intimately familiar with AA’s customs, beliefs, and colloquialisms. The ability to effectively moderate the focus groups, process the data, and sample theoretically was undoubtedly enhanced by the investigator’s prolonged and persistent engagement in AA’s culture. In this way, the investigator’s extended involvement in AA increased the likelihood that the data generated through focus groups might inform an understanding of AA’s change processes. However, being immersed in a culture for over two decades may also increase the risk of researcher bias (discussed in Confirmability section below).

Triangulation of data. Credibility may also be strengthened through triangulation of the data, where one source of data is compared against a separate source of data to uncover alternative explanations (Rothbauer, 2008, p. 892). Corroborating evidence from multiple and different sources lends credibility to the conclusions reached from qualitative data (Patton, 1980, 1990). In the current study, the findings from the focus groups of Study 2 were triangulated against the content analysis findings of Study 1 (see Chapter 5).

Transferability. Transferability can be enhanced through thick description in the research report (Lincoln & Guba, 1985; Firestone, 1993). In the current study, transferability is

enhanced through detailed description enabling a reader to interpret whether the findings are useful or justifiably applied to another context. For example, in the current study the conceptual model and composite story contain sufficient detail that a reader could determine if these findings are useful or could be justifiably compared to findings from a similar analysis involving long-term members of Alcoholics Anonymous (e.g., from a different geographical location).

Dependability. Shenton (2004) suggests that a study's dependability is enhanced through detailed description of the research design and data gathering and processing so that a reader may determine if the study method is useful in another context. In the current study, descriptions of the research question, participants, sampling, data collection procedures, and data analysis procedures are sufficient for a reader to interpret if the method is useful or justifiably applied to another context. This is not to imply the findings are repeatable, only that the method may be.

Confirmability. Confirmability is enhanced through steps taken to verify that the findings emerge from the data and not from the investigator. Thus, efforts to ground the findings in the data and efforts to reduce researcher bias contribute to confirmability. In the current study, all interpretations are grounded in the whiteboard data and transcriptions of focus group recordings. This grounding is sufficiently detailed in the composite story (see Chapter 4) with numerous citations identifying the focus group number, participant, and line number in the transcription. Documentation of the investigator's expectations through ongoing reflective commentary reduces researcher bias (Miles & Huberman, 1994). In the current study, the investigator maintained a reflective journal from the study proposal to the end of data collection. The journal detailed the researcher's preconceived ideas of change processes underlying AA's action, as well as frustrations and struggles with focus group process.

Study 2 Human Subjects Research Protection

Human Subjects Research is research in which the subject of the research activity is an individual from whom information is obtained through intervention or interaction, and/or that pertains to private identifiable information protected by Title 45, Part 46 of U.S. federal regulations. Prior to data collection, the proposed research was submitted for review to the Institutional Review Board (IRB) of Virginia Commonwealth University (VCU). The IRB determined that the study HM20007765 *qualified for exemption* according to 45 CFR 46.101(b), category 2. Participants were asked to participate in focus groups. Before participants were included in the study, the researcher described the study verbally and addressed any questions or concerns. To protect the anonymity of study participants, aliases were used throughout the study and in all research materials. Participants were free to withdraw themselves from the study at any time. All ethical considerations related to this project were consistent with institutional review board (IRB) protocol. Member checking and committee oversight supported an ethical research practice. In addition, this investigator is a social worker and adheres strictly to the core values and ethics of the profession. It is expected that participants experienced no more than minimal risk.

Chapter 4. Findings

Study 1 Qualitative Content Analysis of AA's Central Text *Alcoholics Anonymous*

The purpose of this study was to inform an emic understanding of change processes, embedded in AA's literature, that may explain continuous abstinence experienced by community AA members. The method was unusual. To acquire an emic or insider's perspective it was necessary to use native informants, untrained in formal analysis. This process required three levels of analysis. In the primary analysis, three AA members independently conducted qualitative content analysis of the text *Alcoholics Anonymous* to identify passages they believed to represent changes attributable to AA involvement. The participants then organized these passages by like kind into *change categories*. For example, if a participant identified several passages from the AA text referencing a change in anger, it was expected he or she might organize those passages in a change category labeled *anger*. Collectively, the study participants identified 147 passages from the AA text organized into 16 change categories. In the secondary analysis, the investigator implemented a simple coding frame (Schreier, 2012) to identify subcategories within the participant-determined change categories (discussed below). It was expected that the participants' change categories and their included passages would directly inform an emic understanding of change processes described in the text *Alcoholics Anonymous*.

While the use of native informants to identify passages representative of change attributable to AA involvement was successful, the use of untrained coders to differentiate these passages into meaningful categories led to unanticipated results. There was limited agreement in

what change categories (i.e., change processes) were described in AA's text, and where there was agreement on a change category (e.g., *happiness*) there was limited agreement as to what that change category represented. For example, two of the participants associated changes in *happiness* with external improvements in life (e.g., work, family etc.), whereas another participant associated changes in *happiness* with internal conditions or feelings (e.g., reduced anger, frustrations, etc.). To address this limitation, a tertiary analysis (discussed below) was conducted to isolate change themes underlying the participants' content analyses to inform an understanding of change processes described in AA's central text.

The content analysis of the text *Alcoholics Anonymous* was qualitative as it employed emic understandings. The secondary and tertiary analysis were also qualitative as they focused on subcategories and themes underlying the participants' content analyses. The findings, however, are presented in a quantitative style with heavy use of tables and counts to maintain an authentic connection to the participants' data.

Below, first, brief descriptions of the study participants are presented, followed by an overview of each participant's content analysis. Next, a description of the secondary analysis to identify subcategories in the participants' analyses is presented. Afterward, the participant-determined change categories are presented, followed by a summary and then a discussion of the unanticipated results. Next, the tertiary analysis to address the study limitation is presented, followed by a summary of Study 1. Afterward, the results of member checking are presented, and finally, the study conclusion is offered.

Participants

Nine AA members were invited to participate in the study, and seven accepted. Female and African American AA members were oversampled in an attempt to create a diverse sample.

The seven participants included three females (two African American and one Caucasian) and four males (all Caucasian). Two participants withdrew early in the study, one participant never submitted her product, and one participant did not adhere to study protocols, making his analysis unusable. The remaining participants, three Caucasian males, submitted content analyses for the study. The study participants are briefly described below.

Taylor. Taylor is a 32-year-old white male who has been continuously abstinent in AA for five years. His drug of choice is heroin, and at the height of his addiction, he injected one-half gram of heroin daily. Taylor engaged in clinical treatment for addiction five times, engaged in AA after one “honest attempt,” and attended more than 90 AA meetings in the first three months of his involvement. Taylor sponsors other AA members, has a sponsor, and attends on average four AA meetings weekly. Taylor describes his spiritual orientation as “a belief in a higher power, nontraditional.” Taylor stated that the most important thing AA provides for him is “a platform to take unselfish actions, a design for living that keeps me from being totally self-absorbed and drifting back towards use.”

Calvin. Calvin is a 30-year-old white male who has been continuously abstinent in AA for six years. His drug of choice is alcohol, and at the height of his addiction, he consumed one 750ml bottle of liquor a day (i.e., a “fifth” of liquor). Calvin did not engage in clinical treatment for addiction, but engaged in AA after two attempts. Calvin attended more than 100 AA meetings in the first three months of his involvement. He sponsors other AA members, has a sponsor, and attends on average five to six AA meetings a week. Calvin describes his spiritual orientation as “more so agnostic than anything else.” In terms of his recovery, Calvin states that the most important thing AA provides for him is “an ability to help others; it ensures that I stay involved and active.”

Bradley. Bradley is a 59-year-old white male who has been continuously abstinent in AA for 24 years. His drug of choice is alcohol and at the height of his addiction, he consumed 1 liter of vodka daily. Bradley engaged in clinical treatment for addiction one time and engaged in AA after two attempts. Bradley attended more than 90 AA meetings in the first three months of his involvement. He sponsors others in AA, has a sponsor, and attends on average three AA meetings per week. Bradley describes his spiritual orientation as “spiritual, not religious.” In terms of his recovery, Bradley indicates that the most important thing AA provides for him is “the ability to help other people, and that keeps me sober, keeps me connected to my disease.”

Results

Overview of the Primary Analysis

Taylor’s content analysis. Taylor’s analysis was different in many ways from the other participant’s analyses. His was the shortest, with 39 passages from the AA text organized by five change categories (see Table 3). However, Taylor’s change categories appeared to be more complex and to capture more dimensions than the other participants’ categories (e.g., where Calvin and Bradley identified the category *happiness*, Taylor identified the category *reasonable happiness*). Taylor’s largest change category, *purpose/new outlook on life*, was unique to his analysis and included 11 passages from the AA text primarily related to a new sense of power and direction in life, *spirituality*, and improved well-being (discussed at length below). Taylor identified a *reasonable happiness* change category analogous to Calvin and Bradley’s *happiness* change categories. Taylor’s *complete freedom from drinking/using drugs* was on par with Calvin’s *freedom* category, while his remaining change categories were unique to his analysis. Proportionally, Taylor’s analysis included more passages related to *drinking* and AA’s *fellowship* and fewer passages related to *spirituality* than the other participants’ analyses did.

Table 3. <i>Change Categories and Associated Passages</i>			
	Taylor	Calvin	Bradley
Happiness	¹ (n=6)	(n=8)	(n=6)
Freedom	² (n=9)	(n=9)	-
God	-	(n=21)	(n=8)
Attitude	-	(n=4)	(n=13)
Serenity	-	(n=3)	(n=4)
Knowledge	-	(n=3)	(n=3)
Amazement	-	(n=3)	(n=2)
Uselessness	-	(n=2)	(n=1)
Selfishness	-	(n=1)	(n=1)
Purpose/New Outlook on Life	(n=11)	-	-
Coming to Believe	-	-	(n=10)
Contentment	(n=7)	-	-
Unity with People	(n=6)	-	-
Fear	-	-	(n=2)
Experience	-	-	(n=2)
Hope	-	-	(n=2)
	N=39	N=54	N= 54

¹Taylor's equivalent category was titled *Reasonable Happiness*

²Taylor's equivalent category was titled *Complete Freedom from Drinking/Using Drugs*

Calvin's content analysis. Calvin's analysis included 54 passages from the AA text organized into nine categories of change (see Table 3). The largest of these, *God*, included 21 passages from the AA text primarily related to *spirituality, willingness [to believe in a higher power], and the solution of problems beyond the alcoholic's abilities*. All of Calvin's change categories were identified by other participants; *happiness* (or, for Taylor, *reasonable happiness*) by all participants; *freedom (complete freedom from drinking/using drugs)* by Taylor; and seven additional categories in common with Bradley's analysis (*God, attitude, serenity, knowledge, amazement, uselessness, and selfishness*). Proportionally, Calvin's analysis included the fewest passages related to *drinking*.

Bradley's content analysis. Bradley's analysis was very similar to Calvin's analysis (see Table 3). Bradley also selected 54 passages from the AA text, but he organized them into twelve categories of change. Bradley identified *happiness* in common with all the participants and seven of the same change categories Calvin did. The largest of Bradley's categories, *attitude*, included 13 passages from the AA text primarily related to being tolerant toward others, and a new way of thinking and living. Bradley's analysis also included two similar categories, *God* and *coming to believe* (that is, in God). Proportionally, Bradley's analysis included the fewest passages related to AA's *fellowship*.

Secondary Analysis

To facilitate an understanding of the participants' change categories, a simple coding frame (Schreier, 2012) was established to identify the main dimensions or subcategories represented by the data. To differentiate these subcategories, the participant-identified passages from the AA text were examined by the investigator one passage at a time with two questions in mind: *What is the passage describing?* and *What broad dimension of change does the passage represent?* This process isolated nine subcategories including *life improvement*, *spirituality*, *well-being*, *drinking*, *fellowship*, *problem solving*, *willingness [to believe in a higher power]*, *tolerance*, and *self-knowledge*. *Life improvement*, as it is used here, primarily refers to enhancements in external conditions (e.g., work, family etc.) associated with quality of life; in contrast, *well-being*, as it is used here, refers primarily to enhancements in internal or psychological conditions associated with quality of life (e.g., reduced anger, frustrations, etc.).

The majority of the participant-identified passages could be organized into subcategories based on face value alone. However, some of the passages were context-dependent and require an understanding of where the passage occurred in the text (e.g., within the instructions for the

tenth step). The facilitation of the secondary analysis was enhanced by the investigator's prolonged and persistent engagement in the field (discussed at length in Trustworthiness section). In short, this investigator possesses extensive familiarity with the AA text, its nuances and its sometimes unusual language. For example, from Taylor's analysis, the passage "they found that a new power, peace, happiness, and sense of direction flowed into them" (p. 50), suggests internal or psychological conditions, and as such appears to fit within the well-being subcategory. However, *power* in AA parlance refers to the power of one alcoholic to help another alcoholic, as no one else can. This *power* is a central tenant in AA philosophy and the foundation of the twelfth step (see Appendix A). In AA parlance, the passage describes a change where, because of one's experience with alcoholism, they are now uniquely qualified to help others. This helping typically occurs as step-work with another AA member, or sharing one's experience in AA meetings. In this way, the passage is more representative of an external condition related to *life improvement* as it is used here. In this way, some of the passages were assigned to subcategories based on the investigator's familiarity with the text. All of the researcher-identified subcategories were subjected to member checking (discussed below).

The researcher-identified subcategories enhanced the comparison of change categories between content analyses. For example, Calvin and Bradley's content analyses included a *God* change category but they identified none of the same passages from the AA text in their respective *God* categories. However, if both change categories contained passages describing a change in *spirituality*, willingness, and an ability to solve problems, it can be reasonably assumed that they are describing a similar phenomenon in the AA text.

Participant-determined Change Categories

Collectively, the three analyses identified 147 passages representing 16 categories of change described in AA's text. All of the participants indicated that changes related to *happiness* were described in AA's text. Bradley and Calvin's analysis indicated that changes related to *God, attitude, serenity, amazement, knowledge, uselessness, and selfishness* were described in AA's text. Seven unique categories were also identified by only one participant: *coming to believe, fear, experience, hope, purpose/new outlook on life, contentment, and unity with people*.

The change categories are discussed below. First, change categories common to more than one analysis are presented. Next, the unique categories are discussed in terms of their relation, if any, to the common categories. It may be useful to consider that in some cases, identical passages from the AA text have been selected by more than one participant, but associated with different change categories. As such, the same passage may be included in more than one table. These repeated selections include notation designating where else they occur. Further, several of the passages sound very similar but are distinct. Some of the striking examples are discussed.

Common change categories.

Happiness. All of the participants' analyses of the AA text included a change category related to *happiness*. Among the three analyses, 19 passages were associated with this change (see Table 4 for examples; Table F1 complete). Taylor's *reasonable happiness* category contained three passages describing *life improvement* (e.g., "as we discovered we could face life successfully," p. 63), and three passages suggesting improved *well-being* (e.g., "We relax and take it easy," p. 86). Calvin's *happiness* category contained four passages suggesting *life improvement* (e.g., "The age of miracles is still with us. Our own recovery proves that!" p. 153), one passage suggesting increased *well-being* ("I was to know happiness," p. 29), and three

related to AA's *fellowship* (e.g., "Thus we find the fellowship, and so will you," p. 152).

Bradley's *happiness* category contained one passage comparing a new life in AA to a "fourth dimension of existence of which we had not even dreamed" (p. 25). Bradley also identified four passages related to *well-being*, including the passage identified by Calvin, and one additional passage related to AA's *fellowship*.

Passages related to Life Improvement	pg	Taylor	Calvin	Bradley
We have found much of heaven and we have been rocketed into a fourth dimension of existence of which we had not even dreamed	25	-	¹ God	Happiness
The most satisfactory years of your experience lie ahead of you	152	-	Happiness	-
There is scarcely any form of trouble and misery which has not been overcome among us.	15	Reasonable Happiness	-	-
Passages related to Well-being				
I was to know happiness	29	-	Happiness	Happiness
The joy of living we really have, even under pressure and difficulty.	15	-	-	Happiness
We don't struggle. We are often surprised how the right answers come after we have tried this for a while.	86	Reasonable Happiness	-	-
Passages related to AA's Fellowship				
we can join in brotherly and harmonious action.	17	-	Happiness	-
there exists among us a fellowship, a friendliness, and an understanding which is indescribably wonderful.	16	¹ Unity with people	Happiness	-
There [in AA's fellowship] you will find release from care, boredom and worry. Your imagination will be fired.	152	-	-	Happiness

¹The passage was also identified in another change category

Comparatively, the three *happiness* change categories suggest the same thing; changes related to *happiness* are described in AA's text. However, Taylor's *reasonable happiness* category included passages primarily related to *life improvement* and *well-being*, where Calvin's *happiness* category included passages primarily related to *life improvement* and AA's *fellowship*,

and Bradley’s *happiness* category included passages primarily related to *well-being*. As such, the participants’ change categories appear to focus on different aspects of life (i.e., life improvement, well-being, *fellowship*) related to *happiness*.

Freedom. Taylor and Calvin’s analyses included a change category related to *freedom*, especially freedom from alcohol. Taylor’s *complete freedom from drinking/using drugs* (abbreviated as *complete freedom* in the table) included nine passages from the AA text. Calvin included 11 passages in a compatible category labeled simply *freedom* (see Table 5 for examples; Table F2 complete).

Passages related to Drinking	pg	Taylor	Calvin
The tremendous fact for every one of us is that we have discovered a common solution [to alcoholism].	17	-	Freedom
The feeling that the drink problem has disappeared will often come strongly.	75	Complete Freedom	-
Passages related to Life Improvement			
as we discovered we could face life successfully	63	¹ Happiness	Freedom
been raised from the dead, suddenly taken from the scrap heap to a level of life better than the best he had ever known!	11	Complete Freedom	¹ Amazement
Passages related to Well-being			
we began to lose our fear of today, tomorrow or the hereafter.	63	-	Freedom
Joy at our release from a lifetime of frustration knew no bounds.	128	-	Freedom
Most good ideas [God as higher power] are simple, and this concept was the keystone of the new and triumphant arch through which we passed to freedom [from selfishness/self-centeredness].	62	-	Freedom

¹Passage was also identified in specified change category

Both Taylor and Calvin’s *freedom* categories included passages related to *drinking* (e.g., “They have solved the drink problem,” p. 17), and both contained passages related to life improvement, including one passage identified by both participants: “we have recovered from a hopeless condition of mind and body” (p. 20). However, Calvin’s *freedom* category included

passages describing a new *peace of mind*, reductions in *fear*, frustration, and *selfishness*, suggesting a freedom from uncomfortable feelings; Taylor's did not (see Table 5).

God. Bradley and Calvin's content analysis included a *God* change category (see Table 6 for examples; Table F3 complete). Bradley's *God* category included eight passages from AA's text. In addition, Bradley identified an analogous category, *coming to believe* [in God]. Both categories included passages related to changes associated with a belief in God; as such, they are discussed together. Calvin associated 21 passages from the AA text with a single change category, labeled *God*. Taken together, this change category is the most inclusive, with 39 associated passages from the AA text. This is not surprising, given the spiritual orientation of the AA text (i.e., "Its main objective is to enable you to find a Power greater than yourself which will solve your problem," p. 45). Though Bradley and Calvin identified none of the same passages, it is interesting how alike many of the passages were. For example, Bradley identified "faith did for us what we could not do for ourselves" (p. 70) whereas Calvin identified "God had done for him what he could not do for himself" (p. 11). Many parallel or equivalent passages were identified within this change category (see Table 6 with selected examples; Table F3 complete). Several passages in each analysis were related to *spirituality* (e.g., "we begin to have a spiritual experience," p. 75). Each analysis also contained several passages related to problem solving (e.g., "If God can solve the age-old riddle of alcoholism, He can solve your problems too," p. 116). These solved problems include troubles with rational thinking, drinking, and nonspecific but global problems (e.g., "discovery that spiritual principles would solve all my problems," p. 42). Both analyses included passages suggesting life improvement (e.g., "We realize that the things which came to us when we put ourselves in God's hands were better than

anything we could have planned,” p. 100), and each identified a single passage related to *willingness [to believe in a higher power]* (see Table 6).

Table 6. <i>God Change Categories; Related Passages</i>				
Passages related to Spirituality	pg	Calvin	Bradley	
My friend promised when these things were done I would enter upon a new relationship with my creator.	13	God	-	
We thank God from the bottom of our heart that we know Him better.	75	-	God	
an effect, sometimes a very great one, was felt at once.	63		Coming to Believe	
God comes to most men gradually but his impact on me was sudden and profound	14	God		
Passages related to Problem Solving				
Even so has God restored us all to our right minds.	57	¹ Serenity	God	
God had restored his sanity	57	God		
What we really have is a daily reprieve [from drinking] contingent on the maintenance of our spiritual condition.	85	-	Coming to Believe	
discovery that spiritual principles would solve all my problems.	42	God	-	
Passages related to Life Improvement				
we began to be possessed of a new sense of power and direction	46	-	God	¹ Attitude
they found that a new power, peace, happiness, and sense of direction flowed into them.	50	God	¹ Serenity	
A new life has been given us or, if you prefer, “a design for living” that really works	28	¹ Freedom	God	
Passages related to Willingness				
It was only a matter of being willing to believe in a Power greater than myself. Nothing more was required of me to make my beginning	12	-	Coming to Believe	
We found that as soon as we were able to lay aside prejudice and express even a willingness to believe in a Power greater than ourselves, we commenced to get results	46	God	-	
Passages related to Well-being				
There was a sense of victory, followed by such a peace and serenity as I had never known	14	¹ Serenity	Coming to Believe	

¹Passage was also identified in specified change category

Comparatively, the three God-related change categories are the most consistent identified by the study participants. Collectively, these change categories suggest that, from an insider’s

perspective, the AA text describes changes related to a belief in God, and these changes are associated with passages describing *spirituality*, willingness, and problem solving.

Attitude. Attitude was the second largest change category identified by Bradley and Calvin (see Table 7 for examples; Table F4 complete). Bradley’s *attitude* category included thirteen passages, whereas Calvin’s *attitude* included only four. Both analyses included passages related to *tolerance* (e.g., “we have begun to learn tolerance patience and goodwill toward all men,” p. 70) and both identified passages suggesting improved well-being (e.g., “It meant destruction of self-centeredness,” p. 14). However, Bradley’s *attitude* change category contained passages related to life improvement, AA’s *fellowship*, *spirituality*, and *drinking*; Calvin’s did not.

Passages related to Life Improvement	pg	Calvin	Bradley
we began to be possessed of a new sense of power and direction	46	-	Attitude
Passages related to Well-being			
we became less and less interested in ourselves	63	-	Attitude
Passages related to Tolerance			
God will show us how to take a kindly and tolerant view of each and every one.	67	Attitude	-
Passages related to Fellowship			
Frequent contact with newcomers and with each other is the bright spot of our lives.	89	-	Attitude
Passages related to Spirituality			
When we sincerely took such a position [God as director], all sorts of remarkable things followed	63	Amazement	Attitude
Passages related to Drinking			
And we have ceased fighting anything or anyone even alcohol	84	-	Attitude

Serenity. Bradley’s and Calvin’s analyses of the AA text included a *serenity* change category (see Table 8). Both participants included the same passage suggesting improved well-being, “I was to know peace” (p. 29), and Calvin identified a passage depicting “a sense of

victory, followed by such a peace and serenity as I had never known” (p. 14). Calvin identified a passage suggesting improved well-being related to *sanity* (“God restored us all to our right minds,” p. 57). Bradley’s *serenity* category included two passages suggesting life improvement (e.g., “We become much more efficient. We do not tire so easily,” p. 88) and another suggesting *tolerance*; Calvin’s category did not. Yet, the two *serenity* change categories suggest approximately the same thing. Both indicate that from an insider’s perspective, the AA text describes changes related to *serenity*, and both associate this *serenity* with passages suggesting improved well-being and especially a sense of peace.

Passages related to Well-being	pg	Calvin	Bradley
I was to know peace	29	Serenity	Serenity
There was a sense of victory, followed by such a peace and serenity as I had never known	14	Serenity	¹ Coming to Believe
Even so has God restored us all to our right minds.	57	Serenity	¹ God
Passage related to Life Improvement			
they found that a new power, peace, happiness, and sense of direction flowed into them.	50	¹ God	Serenity
We become much more efficient. We do not tire so easily	88	-	Serenity
Passage related to Tolerance			
Live and let live is the rule.	118	-	Serenity

¹Passage was also identified in specified change category

Knowledge. Bradley and Calvin’s analyses of the AA text included a *knowledge* change category (see Table 9). Each of their *knowledge* categories included three passages, and both included passages related to knowledge about *drinking* (e.g., “there must be no reservation of any kind, nor any lurking notion that someday we will be immune to alcohol,” p. 33). However, Bradley included a passage related to *self-knowledge*; Calvin did not. Calvin included one passage related to *life improvement* and one passage related to *spirituality*, while Bradley did not (see Table 9). Comparatively, the two *knowledge* change categories are, at a minimum, related.

Both indicate that, from an insider’s perspective, the AA text describes changes related to *knowledge*, and both associate this knowledge with passages related to *drinking*.

Table 9. <i>Knowledge Change Categories; Related Passages</i>			
Passages related to Drinking	pg	Calvin	Bradley
there must be no reservation of any kind, nor any lurking notion that someday we will be immune to alcohol	33	-	Knowledge
But the actual or potential alcoholic, with hardly an exception, will be absolutely unable to stop drinking on the basis of self-knowledge	39	-	Knowledge
In this respect alcohol was a great persuader. It finally beat us into a state of reasonableness.	48	Knowledge	-
Passage related to Self-knowledge			
you have swallowed and digested some big chunks of truth about yourself	71	-	Knowledge
Passage related to Life Improvement			
I would have the elements of a way of living which answered all of my problems	13	Knowledge	-
Passage related to Spirituality			
Never was I to pray for myself, except as my requests bore on my usefulness to others. Then only might I expect to receive.	11	Knowledge	-

Amazement. Bradley and Calvin’s analyses included a change category related to a new sense of wonder or *amazement* described in AA’s text (see Table 10). Calvin’s *amazement* category included three passages, where Bradley’s category included two. Both participants selected the same passage from the text describing AA as “a way of life that is incredibly more wonderful as time passes” (p. 29). However, Calvin’s *amazement* included a passage related to *spirituality*; Bradley’s did not, while Bradley’s category included a passage related to well-being and Calvin’s did not (see Table 10). Comparatively, the two *amazement* change categories are, at a minimum, related. Both indicate that, from an insider’s perspective, the AA text describes changes related to *amazement*, and both associate this *amazement* with passages describing a new way of life that improves over time.

Table 10.
Amazement Change Categories; Related Passages

Passages related to Life Improvement	pg	Calvin	Bradley
I was to know a way of life that is incredibly more wonderful as time passes	29	Amazement	Amazement
been raised from the dead, suddenly taken from the scrap heap to a level of life better than the best he had ever known!	11	Amazement	-
Passages related to Spirituality			
When we sincerely took such a position[God as director], all sorts of remarkable things followed	63	Amazement	¹ Attitude
Passages related to Well-being			
Joy at our release from a lifetime of frustration knew no bounds.	128	¹ Freedom	Amazement

¹Passage was also identified in specified change category

Uselessness. Calvin and Bradley’s *uselessness* change categories contained only two passages from the AA text. Both selected “I was to know usefulness” (p. 29) while Calvin selected one additional passage related to *life improvement*: “it is a design for living that works in rough going” (p. 15). Given the limited number of associated passages, and the lack of congruence between the passages, it is difficult to draw conclusions about the category.

Selfishness. Calvin and Bradley’s *selfishness* change categories included one passage each. Calvin’s passage indicated that a change in *selfishness* is important (“Above everything, we alcoholics must be rid of this selfishness. We must, or it kills us! God makes that possible” p. 62), whereas Bradley’s *selfishness* change category included one passage related to *recovery*: “We have recovered, and have been given the power to help others” (p. 132). Given that the relationship between these two passages is unclear; it is difficult to draw conclusions about the category.

Unique categories. In the preceding sections, change categories specified by more than one participant were reviewed to determine if the categories with same or similar labels represented similar phenomenon. To the same end, the following sections review the unique

change categories—those specified by only one participant—to determine if they represent similar phenomenon described under other labels by different participants. Further, the unique categories are compared to the common categories to determine if they represent essentially the same phenomenon. The largest of these unique categories is *Purpose/new outlook on life* (see Table 11).

Table 11.				
<i>New Outlook on Life:; Related Passages</i>				
Passages related to Life Improvement	pg.	Calvin	Bradley	
they found that a new power, peace, happiness, and sense of direction flowed into them.	50	¹ God	¹ Serenity	
we began to be possessed of a new sense of power and direction	46	-	¹ God	¹ Attitude
Passages related to Spirituality				
I saw, I felt, I believed. Scales of pride and prejudice fell from my eyes. A new world came into view [after finding God].	12	-	-	
He was on a different footing [after finding God]. His roots grasped a new soil.	12	-	-	
We have entered the world of the Spirit	84	-	-	
Passages related to Well-being				
revolutionized our whole attitude toward life	25	¹ God	-	
For by this time sanity will have returned.	84	-	-	
we became less and less interested in ourselves	63	-	¹ Attitude	
More and more we became interested in seeing what we could contribute to life.	63			
Fellowship				
I soon found that when all other measures failed, work with another alcoholic would save the day.	15	-	-	
Passages related to Willingness				
We found that as soon as we were able to lay aside prejudice and express even a willingness to believe in a Power greater than ourselves, we commenced to get results	46	¹ God	-	

Passage was also identified in specified category

Purpose/New outlook on life. Taylor’s analysis included a unique category that, as the label suggests, represented a new sense of direction or purpose in life. *Purpose/new outlook on life* (referred to as *new outlook on life*) included 12 passages from the AA text (see Table 11). This *new outlook on life* appears to result from a “new power, peace, happiness, and sense of direction” (p. 50), suggesting *life improvement*. It also appears to involve a new way of seeing

the world as “A new world came into view” (p. 12) resulting from a belief in God. Further, a *new outlook on life* suggests improved well-being experienced as a new “attitude toward life” (p. 25), a return to “sanity” (p. 84), and a reduction in self-interest replaced by an interest in “seeing what we could contribute to life” (p. 63). Interestingly, five of the passages in this category were also identified by Bradley and Calvin, but were associated with change categories related to *God*, *serenity*, or *attitude* (see Table 11). While *new outlook on life* shared characteristics with these categories, they were not equivalent.

New Outlook on Life included passages related to *life improvement*, *spirituality*, well-being, and to a lesser extent, AA’s *fellowship* and willingness. In contrast, Bradley and Calvin’s *God* categories included passages related to *life improvement*, *spirituality*, and *willingness*, but also several passages related to problem solving (see Table 6). Bradley and Calvin’s *serenity* change categories were similar to *new outlook on life*, as they included passages related to well-being and *life improvement*, but they did not include passages related to *spirituality* (see Table 8). In much the same way, their *attitude* change categories included several passages related to well-being and *life improvement*, but no passages related to *spirituality*. Further, the *attitude* categories included several passages related to *tolerance* (see Table 7); *New outlook on life* did not. Instead, Taylor’s analysis suggests that, from an insider’s perspective, the AA text describes changes related to a *new outlook on life* that may express itself in a variety of areas including *life improvement*, *spirituality*, *well-being*, and to a lesser extent AA’s *fellowship* and *willingness [to believe in a higher power]*.

Contentment. Taylor’s analysis included a unique category suggesting a new *contentment* with life (see Table 12). *Contentment* appears primarily related to *spirituality* or becoming “God-conscious” (p. 85), but also *life improvement* related to “a design for living that

really works” (p. 28) and a “happiness, peace, and usefulness in a way of life” (p. 8).

Contentment also appears related to *well-being* and safety from alcohol (see Table 12).

Table 12.				
<i>Contentment; Related Passages</i>				
Passages related to Spirituality	pg	Calvin	Bradley	
We begin to feel the nearness of our Creator.	75	-	-	
To some extent we have become God-conscious. We have begun to develop this vital sixth sense.	85	-	God	
If we have carefully followed directions, we have begun to sense the flow of His Spirit into us.	85	-	-	
Passages related to Life Improvement				
A new life has been given us or, if you prefer, "a design for living" that really works.	28	Freedom	God	
I was to know happiness, peace, and usefulness, in a way of life that is incredibly more wonderful as time passes.	8	-	-	
Passages related to Well -being				
Once we have taken this step, withholding nothing, we are delighted.	75	-	-	
Passages related to Drinking				
We feel as though we had been placed in a position of neutrality-safe and protected [from drinking].	85	-	-	

Passage was also identified in specified category

In overall meaning, Taylor’s *contentment* resembles Calvin and Bradley’s *attitude*. However, the *attitude* categories are primarily related to *well-being* and *tolerance*, where Taylor’s *contentment* is primarily related to a spiritual connection. In terms of associated passages, *contentment* is similar in some ways to Bradley and Calvin’s *God* category, as both contain passages related to *spirituality* and *life improvement*. However, the *God* category is broader, and includes several passages related to problem solving and two passages related to willingness (see Table 6); *contentment* does not. Instead, Taylor’s analysis suggests, from an insider’s perspective, that the AA text describes a new contentment with life, related to increased *spirituality*, *life improvement*, and, to a lesser extent, improved well-being and safety from alcohol.

Unity with people. Taylor’s analysis included a unique category largely representing benefits associated with AA’s *fellowship* (see Table 13). *Unity with people* included six passages from the AA text describing AA’s *fellowship*, including as “a vast amount of fun” (p. 15), a connection grounded in a “common peril” (p. 17), and “a wonderful thing to feel a part” (p. 15).

Table 13.				
<i>Unity with People; Related Passages</i>				
Passages related to AA’s Fellowship	pg	Calvin	Bradley	
There is, however, a vast amount of fun about it all [AA’s fellowship].	15	-	-	
The feeling of having shared in a common peril is one element in the powerful cement which binds us.	17	-	-	
We commenced to make many fast friends and a fellowship has grown up among us of which it is a wonderful thing to feel a part.	15	-	-	
there exists among us a fellowship, a friendliness, and an understanding which is indescribably wonderful.	16	¹ Happiness	-	
Passages related to Tolerance				
We realized that the people who wronged us were perhaps spiritually sick.	66	-	-	
Love and tolerance of others is our code.	84	-	-	

Passage was also identified in specified category

Calvin’s analysis included one of these passages—“there exists among us a fellowship, friendliness, and an understanding which is indescribably wonderful” (p. 16)—but he associated it with the *happiness* change category. The majority of the passages in *unity with people* are related to AA’s Fellowship, but two passages were related to *tolerance* (see Table 13). In contrast, none of the other change categories included passages primarily related to AA’s *fellowship*. Bradley and Calvin’s *attitude* categories included passages related to AA’s *fellowship* and passages related to *tolerance*. However, the majority of the passages reflected *tolerance*, and one passage described AA’s *fellowship*; *unity with people* was the inverse. Additionally, the *attitude* change category included passages related to well-being, *life improvement*, and *drinking* (see Table 7); *unity with people* did not. Instead, Taylor’s analysis suggests that, from an

insider’s perspective, the AA text describes an experience of *unity with people* related to a connection and shared identity with others who have struggled with alcoholism, and to a lesser extent, increased tolerance toward others.

Hope, fear, and experience. Bradley’s analysis included three small change categories not identified by other participants; *hope, fear, and experience* (see Table 14). *Hope* contained two similar passages referencing “the hopelessness and futility of life as we had been living it” (p. 25) and *recovery* from a “hopeless state of mind and body” (p. xiii), both suggesting *life improvement*. The *fear* change category contained two passages, one indicating that one can “outgrow fear” (p. 68) and another that “fears fall from us” (p. 75), both suggesting a change in well-being. *Experience* contained one passage referencing “spiritual experiences” (p. 25) and another referencing being “without defense against the first drink” (p. 24), the latter presumably describing an experience of powerlessness over alcohol.

Table 14.		
<i>Hope, Fear, and Experience; Related Passages</i>		
Passages related to Life Improvement		
we saw that it really worked in others, and we had come to believe in the hopelessness and futility of life as we had been living it	25	Hope
We, OF Alcoholics Anonymous, are more than one hundred men and women who have recovered from a seemingly hopeless state of mind and body	FWD 1st Ed	Hope
Passages related to Well-being		
At once, we commence to outgrow fear.	68	Fear
We can look the world in the eye. We can be alone at perfect peace and ease. Our fears fall from us. We begin to feel the nearness of our Creator.	75	Fear
Passages related to Spirituality		
We have had deep and effective spiritual experiences	25	Experience
Passages related to Drinking		
We are without defense against the first drink	24	Experience

Because *hope*, *fear*, and *experience* include so few passages, it is difficult to draw conclusions about them. The passages associated with *hope* and *fear* might have been included in Bradley's *serenity* category, whereas the passages associated with *experience* might have been included in his *knowledge* category. Yet, in a limited way, Bradley's analysis suggests, from an insider's perspective, that the AA text describes changes in *hope*, *fear*, and *experience* as change processes related to AA involvement.

Change categories summary. In the preceding sections, change categories specified by more than participant and change categories unique to a single analysis were presented. The common change categories were reviewed to determine if the categories with same or similar labels represented, essentially, the same phenomenon in the AA text. Likewise, the unique change categories were reviewed to determine if they represented, essentially, the same phenomenon depicted by another category, unique or common. The participant-determined change categories appear to represent distinct categories of change in the AA text. *Happiness*, specified by all three participants, suggests that AA involvement will result in *happiness* related to *life improvement* and enhanced well-being, while Taylor and Calvin's *freedom* categories suggest that participation in AA is related to a release from alcoholism and a release from a hopeless and futile way of life. Calvin and Bradley's *God* categories, and Bradley's *coming to believe* [in God] are consistent in their suggestion that AA involvement is related to increased *spirituality*, *willingness [to believe in a higher power]*, and the *solution of problems beyond the alcoholic's abilities*. Their *attitude* categories are consistent in their suggestion that AA involvement is related to an enhanced *tolerance* of others and reduced *selfishness*. However, Bradley's *attitude* category also suggested that a change in *attitude* is related to an ability to relax, reduced anger, *sanity*, *life improvement*, AA's *fellowship*, *spirituality*, and *drinking*;

Calvin's did not. Calvin and Bradley's *serenity* categories were more consistent with one another, and both suggest that AA involvement may result in a new sense of peace. Their *knowledge* categories are not entirely consistent, but both suggest that AA involvement will result in a new understanding of alcoholism. Likewise, their *amazement* categories are not entirely consistent, but both suggest that AA involvement will result in an application of a new way of life that that improves over time. Calvin and Bradley's *uselessness* and *selfishness* categories yielded less conclusive or consistent understandings of change processes described in the AA text.

In terms of the unique categories, Taylor's *new outlook on life* suggests that AA involvement will result in a new sense of power and direction in life, *spirituality*, improved *well-being*, and, to a lesser extent, changes related to AA's *fellowship* and *willingness [to believe in a higher power]*. The *contentment* category, also by Taylor, suggests that AA involvement will result in contentment with life related to increased *spirituality*, *life improvement*, and, to a lesser extent, improved well-being and safety from alcohol. Taylor's *unity with people* category suggests that AA involvement will result in a connection and shared identity with others who have struggled with alcoholism, and, to a lesser extent, the tolerance of others. Bradley's *hope*, *fear*, and *experience* categories were not identified by the other participants, and included so few passages that it is difficult to draw conclusions about them.

Unexpected Results

The participant-created change categories, unique and common, appeared to represent distinct categories of change in the AA text. However, the utility of these change categories was uncertain. It was expected that the participant-determined change categories would directly inform an understanding of change processes indicated by AA's literature. However, the

participants' change categories demonstrate two problems in meeting this expectation: 1) there was limited agreement in what categories of change (i.e., change processes) are described in AA's text, and 2) there was limited agreement in what these categories represent.

There was limited agreement among the study participants in the determination of change categories. *Happiness* was the only change category specified by all of the study participants. Eight change categories were identified by two of the study participants, and seven of the change categories were identified by only one participant. Thus, the relative contribution of each category is difficult to gauge.

Where there was agreement on a change category, there was limited agreement on what the category represents. All of the analyses included a *happiness* change category. However, Calvin's *happiness* change category suggests that AA involvement is related to happiness associated with *life improvement* and AA's *fellowship*, where Taylor's analysis suggests AA involvement is related to happiness associated with *life improvement* and well-being, and Bradley's analysis suggests happiness related to AA involvement is almost entirely related to well-being. With the exception of Calvin and Bradley's *God* categories, and Bradley's *coming to believe* [in God] change category, there was also limited agreement as to what the change categories identified by two participants represented. For example, Taylor and Calvin's *freedom* categories suggest that AA involvement is related to freedom from alcohol and freedom from a hopeless and futile way of life. However, Calvin's *freedom* category also included passages describing a new *peace of mind*, reductions in *fear*, frustration, and *selfishness*, suggesting a freedom from uncomfortable feelings; Taylor's did not. The remaining change categories demonstrate similar inconsistencies, even at the passage level.

There were three instances where the same passage from the AA text was identified by all the study participants, and associated with three different change categories. In the same way, there were 23 instances where the same passage was identified by 2 participants, and in 19 of these instances, the passage was associated with different change categories. That the same passages from the AA text were selected by different participants suggests they represent important change processes described in AA's text. However, because these passages are associated with different change categories, that importance is likely muted. Combined, a limited understanding of the categories of change described in AA's text, and a limited understanding of what these categories represent, makes an accurate definition of potential change processes difficult. Thus, the need for an additional level of analysis was indicated.

Tertiary Analysis

The purpose of the tertiary analysis was to address unexpected results in the study. The use of native informants to identify passages representative of changes attributable to AA involvement appears largely successful. However, the participant-created change categories have limited utility. To address this limitation, a complex coding frame (Schreier, 2012) was established. The purpose of the complex coding frame was to isolate change themes underlying the participants' content analyses to inform an understanding of change processes described in AA's text. To some extent, this process was begun in the secondary analysis, where the simple coding frame was utilized to determine subcategories within each participant-determined change category. However, the products of the simple coding frame were singular, independent dimensions of change (e.g., spirituality). The complex coding frame re-examines each participant-identified passage from the AA text to determine 1) What is the passage describing?; 2) What broad dimension of change does the passage represent?; 3) Does the dimension of

change indicated by this passage occur before, during, after, near, as a consequence, or to the exclusion of another dimension of change?; and most importantly; 4) What *marks* this change or indicates that the change has occurred? In this way, the complex coding frame of the tertiary analysis extended the simple coding frame of secondary analysis to produce an integrated, thematic understanding of the participant-identified passage from the AA text (see Table 15) but also maintained a consistent grounding in the data.

Table 15. <i>Participant-identified Passages by Researcher-identified Theme</i>						
	Life Improvement	Spirituality	Well-being	Drinking	Fellowship	Total
Taylor	13 (38%)	7 (18%)	10 (18%)	5 (13%)	4 (13%)	39
Calvin	17 (33%)	17 (31%)	14 (24%)	4 (7%)	3 (5%)	55
Bradley	13 (28%)	17 (32%)	15 (25%)	6 (11%)	2 (4%)	53
Total by Theme	43 (29%)	41 (28%)	39 (27%)	15 (10%)	9 (6%)	147

The complex coding frame isolated 5 change themes and 18 indicators underlying the participant-identified passages from the AA text. These researcher-identified change themes include (a) *life improvement*, marked by three indicators; (b) *spirituality*, marked by four indicators; (c) well-being, marked by seven indicators; (d) *drinking*, marked by two indicators; and (e) *fellowship*, marked by two indicators. The change themes connect fundamental dimensions of the participant-identified passages from the AA text to inform an understanding of potential change processes indicated by AA’s literature. Further, they provide insight into the thematic content underlying each participant’s analysis (see Table 15). In the following sections,

these change themes are presented. In some cases, insight into AA parlance and supplemental passages from the AA text are provided for clarity. The supplemental passages are noted *supplemental* in the citation.

Researcher-identified change themes.

Life improvement. Nearly all of the change categories included passages describing an aspect of *life improvement*. *Life improvement*, as it is used here, refers primarily to enhancements in external conditions associated with quality of life (e.g., “we discovered we could face life successfully,” p. 63). The majority of these passages occur within the *happiness, freedom, and God* change categories, and they are consistently represented in each analysis (see Table 15). Passages related to *life improvement* were identified 43 times across the three analyses, representing 29% of the data examined. These passages suggest that *life improvement* is marked by a *design for living, recovery, and power to help others*.

Design for living. Several of the participant-identified passages suggest a new *design for living* (e.g., “A new life has been given us or, if you prefer, ‘a design for living’ that really works,” p. 28). This *design for living* involves one’s method, model, or code for living. While not explicitly stated, a *design for living* refers to the AA’s program of action in the twelve steps (see Appendix A). Passages related to this *design for living* were referenced 17 times by the participants (see Table 16). These references occurred in several of the common categories, including *God, freedom, amazement, attitude, and knowledge*, while two were identified in the unique categories of *contentment and hope*. Passages related to a *design for living* are the passages most commonly identified by the study participants. Remarkably, two passages were identified by all three participants, while three additional passages were identified by two participants (see Table 16). Interestingly, Bradley and Calvin identified the same passage while Taylor identified an almost identical passage describing AA as “a way of life that is incredibly

more wonderful as time passes” (p. 29; p. 8; see Table 16). That a single passage, and one almost identical to it, were selected by all participants reviewing 164 pages, or approximately 3500 passages, of AA text suggests that these are among the most important or telling examples of change attributable to AA involvement.

Table 16. <i>Passages depicting Life Improvement related to a Design for Living</i>				
	pg	Taylor	Calvin	Bradley
A new life has been given us or, if you prefer, “a design for living” that really works.	28	✓	✓	✓
there has been a revolutionary change in their way of living and thinking.	50	✓	✓	✓
It is a design for living that works in rough going.	15	✓	✓	-
I was to know a way of life that is incredibly more wonderful as time passes	29	-	✓	✓
I was to know happiness, peace, and usefulness, in a way of life that is incredibly more wonderful as time passes.	8	✓	-	-
we saw that it [AA program/steps] really worked in others, and we had come to believe in the hopelessness and futility of life as we had been living it	25	✓	-	✓
I would have the elements of a way of living which answered all of my problems	13	-	✓	-
There is scarcely any form of trouble and misery which has not been overcome among us.	15	✓	-	-
We become much more efficient. We do not tire so easily	88	-	-	✓
The joy of living we really have, even under pressure and difficulty.	15	-	-	✓

Passages depicting a *design for living* suggest that it serves a purpose: it “really works” (p. 28), “really worked in others” (p. 25), “works in rough going” (p. 15) and contrasts with the “hopelessness and futility of life as we had been living it” (p. 25). This purpose appears to involve a change in both “living and thinking” (p. 50), suggesting more than just a change in lifestyle. Passages identified individually by the participants suggest that this *design for living*

solves problems, overcomes “trouble and misery” (p. 15), and enhances resiliency (e.g., “We do not tire so easily,” p. 88, “even under pressure and difficulty,” p. 15). Though not explicitly stated, these passages suggest that this new *design for living* is a method or code for living that fosters a change from “the hopelessness and futility of life as we had been living it” (p. 25) to a life of *recovery*, discussed next.

Recovery. Where a *design for living* may be thought of as a method or code for living, a life of *recovery* may be thought of as the intended product of that method (e.g., “we have recovered from a hopeless condition of mind and body,” p. 20). Passages describing *life improvement* related to *recovery* were identified by all the participants and were referenced 13 times across their analyses (see Table 17).

Table 17. <i>Passages depicting Life Improvement as Recovery</i>				
	pg	Taylor	Calvin	Bradley
we have recovered from a hopeless condition of mind and body	20	✓	✓	-
We, OF Alcoholics Anonymous, are more than one hundred men and women who have recovered from a seemingly hopeless state of mind and body	FWD 1rst Ed	-	-	✓
We have found much of heaven and we have been rocketed into a fourth dimension of existence of which we had not even dreamed	25	-	✓	✓
been raised from the dead, suddenly taken from the scrap heap to a level of life better than the best he had ever known!	11	✓	✓	-
as we discovered we could face life successfully	63	✓	✓	-
many take up their beds and walk again	19	-	✓	-
I would be amazingly lifted up and set on my feet.	15	✓	-	-
Yet often such men had spectacular and powerful recoveries.	113	-	✓	-
The age of miracles is still with us. Our own recovery proves that!	153	-	✓	-

Passages describing *Recovery* were predominantly allocated to the *happiness* and *freedom* change categories. Calvin and Taylor identified the same passage describing recovery from “a hopeless condition of mind and body” (p. 20), while Bradley identified a very similar passage. As such, it appears that *recovery* encompasses more than physical sobriety. Calvin and Bradley both identified another passage suggesting that *recovery* in AA is equated with heaven and “a fourth dimension of existence of which we had not even dreamed” (p. 25). In much the same way, a set of passages identified by both Taylor and Calvin suggests that *recovery* is dramatic, like being “raised from the dead . . . to a level of life better than the best he had ever known” (p. 11), where one can “face life successfully” (p. 11).

Power to help others. Several of the passages identified by the participants suggest *life improvement* resulting from a *power to help others* (e.g., “We have recovered, and have been given the power to help others”, p.132) In total, these passages were referenced eleven times (see Table 18) within the *God, uselessness, selfishness, serenity, attitude, happiness, and freedom* change categories. Included among these was the third and final occurrence of an identical passage from the AA text being identified by all three participants: “they found that a new power, peace, happiness, and sense of direction flowed into them” (p. 50). A new “power and direction” (p. 46) is also referenced in a passage identified by Taylor and Calvin, while a passage identified by Calvin and Bradley refers to usefulness. *Useful* and *usefulness*, in AA parlance, refer to the ability to help other alcoholics (i.e., “because of your own drinking experience you may be uniquely *useful* to other alcoholics,” p. 89; supplemental). *Power*, as it is used in these passages, also refers to helping others. As previously discussed, the power of one alcoholic to help another alcoholic, as no one else can, is a central tenant in AA philosophy and the foundation of the twelfth step (see Appendix A). This Power to help others serves at least two

purposes. First, working with other alcoholics insures one’s own recovery (e.g., “when all other measures failed, work with another alcoholic would save the day,” p. 15). Second, because the ability to work with another is grounded in a lived experience, it gives meaning to the alcoholic’s past. The passage “Life will take on new meaning” (p. 89) is located within the twelfth-step instructions of the AA text and describes one of the positive life outcomes associated with helping others.

Table 18. <i>Passages depicting Life Improvement as a Power to Help Others</i>				
	pg	Taylor	Calvin	Bradley
they found that a new power, peace, happiness, and sense of direction flowed into them.	50	✓	✓	✓
we began to be possessed of a new sense of power and direction	46	✓	-	✓
[I was to know] usefulness	29	-	✓	✓
We have recovered, and have been given the power to help others	132	-	-	✓
I soon found that when all other measures failed, work with another alcoholic would save the day.	15	✓	-	-
Life will take on new meaning.	89	-	✓	-

Spirituality. Given the spiritual nature of AA, it is not surprising that several of the participants’ change categories included passages related to *spirituality*. In sum, these passages were identified 41 times across the three analyses, representing 28% of the data examined (see Table 15). Nearly all of Bradley and Calvin’s passages related to *spirituality* were associated with their *God* categories, while all of Taylor’s were associated with his unique categories *Purpose/New outlook* and *contentment*. These passages suggest changes in *spirituality* marked by a *spiritual experience, spiritual growth, willingness, and problem-solving* (see Table 19).

Table 19.				
<i>Passages depicting Spirituality</i>				
Spiritual Experience	pg	Taylor	Calvin	Bradley
We have had deep and effective spiritual experiences	25	-	✓	✓
God comes to most men gradually but his impact on me was sudden and profound	14	-	✓	
We have entered the world of the Spirit	84	✓	-	-
Spiritual Growth				
To some extent we have become God-conscious [following step 10]. We have begun to develop this vital sixth sense.	85	✓	-	✓
Every one of them has gained access to, and believes in, a Power greater than himself.	50	-	✓	-
We claim spiritual progress rather than spiritual perfection	60	-	-	✓
Willingness				
We found that as soon as we were able to lay aside prejudice and express even a willingness to believe in a Power greater than ourselves, we commenced to get results	46	✓	✓	-
we are willing [to go to any lengths to find a spiritual experience]. We have to be. We must not shrink at anything	79	-	-	✓
Problem-solving				
If God can solve the age-old riddle of alcoholism, He can solve your problems too.	116	-	✓	-
God had done for him what he could not do for himself	11	-	✓	
He [our creator] has commenced to accomplish those things for us which we could never do by ourselves.	25	-	✓	-
When we sincerely took such a position [God as director], all sorts of remarkable things followed	63	-	✓	✓
He was on a different footing [after finding God]. His roots grasped a new soil.	12	✓	-	-
Its [the AA text] main objective is to enable you to find a Power greater than yourself which will solve your problem	45	-	✓	-
But where and how were we to find this Power? Well, that's exactly what this book is about.	45	-	✓	-

A *spiritual experience* may be sudden (e.g., “an effect, sometimes a very great one, was felt at once,” p. 63), while *spiritual growth* may occur over time and appears related to action, particularly step work (e.g., “My friend promised when these things were done [steps 4–11], I would enter upon a new relationship with my creator,” p. 13). Regardless of whether one has a

sudden *spiritual experience* or *spiritual growth* over time, several of the passages indicate that *willingness* is prerequisite to a change in *spirituality* (e.g., “It was only a matter of being willing to believe . . . to make my beginning,” p. 12). The purpose of *spirituality* appears to be problem-solving and especially problems beyond the alcoholic’s abilities (e.g., “He [our Creator] has commenced to accomplish those things for us which we could never do by ourselves,” p. 25). The problems solved also appear nonspecific and even global in nature (e.g., “spiritual principles would solve all my problems,” p. 42). Calvin identified two passages from sequential paragraphs in the AA text which state that the purpose for which the AA text was written is “to enable you to find a Power greater than yourself which will solve your problem” (p. 45). Though these solved problems seem to be profound in nature, they are nonspecific (e.g., “all sorts of remarkable things followed,” p. 63).

Well-being. Over one-half of the change categories contained passages suggesting an improvement in *well-being*. *Well-being*, as it is used here, refers primarily to internal or psychological conditions associated with quality of life. All of the participants identified passages related to *well-being* and most were associated with the *attitude, happiness, freedom,* and *serenity* change categories. Passages related to *well-being* were identified 39 times across the three analyses and represent 27% of the data examined (see Table 15). These passages suggest changes in *well-being* marked by *peace of mind, positive expectations,* reduced *fear* and *selfishness,* increased *tolerance* and *sanity,* and lessened *anger.*

Peace of mind. Ten passages, primarily within the *happiness* and *serenity* change categories, suggest changes in *well-being* related to *peace of mind,* and most of these passages were identified by two participants (see Table 20). These passages suggest that because of AA involvement one will experience “peace” (p. 8), “peace and serenity (p. 14), “peace of mind” (p.

63), and “happiness” (p. 8). In terms of how this change may occur, one passage identified by Taylor and Calvin, “We relax and take it easy” (p. 86), and the subsequent passage, identified by Taylor alone, “We don’t struggle” (p. 86), are part of the instructions for the eleventh step involving prayer and meditation (see Appendix A). Another passage identified by Calvin and Bradley details the “victory... peace and serenity” (p. 14) of Bill Wilson’s spiritual experience recounted in Chapter 2 of the AA text.

Table 20.				
<i>Passages depicting Well-being related to Peace of Mind</i>	pg	Taylor	Calvin	Bradley
I was to know peace	8	-	✓	✓
I was to know happiness	8	-	✓	✓
We relax and take it easy. [references step 11]	86	✓	-	✓
We don't struggle. We are often surprised how the right answers come after we have tried this [prayer and meditation] for a while. [references step 11]	86	✓	-	-
There was a sense of victory, followed by such a peace and serenity as I had never known. [spiritual experience]	14	-	✓	✓
As we felt new power flow in, as we enjoyed peace of mind	63	-	✓	-

Positive expectations. Five passages, primarily within the *happiness* and *God* change categories, describe changes in well-being related to *positive expectations* (see Table 21). These *positive expectations* occur on the interpersonal level (e.g., “we absolutely insist on enjoying life,” p. 132) and extend to the spiritual level (e.g., “we are sure God wants us to be happy, joyous, and free,” p. 133). Two passages from Taylor’s analysis suggest that *positive expectations* are related to step-work. While not explicitly stated, “they will always materialize if we work for them” (p. 84) refers to the ninth-step promises in the previous paragraph of the AA text. The ninth-step promises are a group of positive life changes associated with the completion of steps one through nine (see Appendix B). The certainty of positive life changes occurring (i.e., “they will always materialize”) suggests a positive expectation. In the same way, a second

passage identified by Taylor depicts the positive expectation of being “delighted” (p. 75) when the fifth step is complete.

Table 21. <i>Passages depicting Well-being related to Positive Expectations</i>				
	pg	Taylor	Calvin	Bradley
revolutionized our whole attitude toward life	25	✓	✓	-
We absolutely insist on enjoying life	132	-	-	✓
We are sure God wants us to be happy, joyous, and free.	133	-	-	✓
They [the AA promises] are being fulfilled among us—sometimes quickly, sometimes slowly. They will always materialize if we work for them.	84	✓	-	-
Once we have taken this [fifth] step, withholding nothing, we are delighted.	75	✓	-	-

Fear. One passage from Calvin’s analysis and two from Bradley’s suggest a change in well-being through a reduction in *fear* (see Table 22). The passage identified by Calvin describes benefits associated with completing the third step: “we began to lose our fear of today, tomorrow or the hereafter” (p. 63), while the two passages identified by Bradley are the sole contents of his unique change category labeled *fear*. These passages describe an ability to “outgrow fear” (p. 68) in the fourth step and suggest that “fears fall from us” (p. 75) when the fourth-step inventory is shared with someone else in the fifth step. Though referenced only three times in the participants’ analyses, facing fear is a fundamental element of the fourth step (e.g., “We reviewed our fears thoroughly. We put them on paper,” p. 68; supplemental).

Table 22. <i>Passages depicting Well-being related to Fear</i>				
	pg	Taylor	Calvin	Bradley
we began to lose our fear of today, tomorrow or the hereafter [referencing the completion of step 3].	63	-	✓	-
At once, we commence to outgrow fear [referencing step 4].	68	-	-	✓
We can look the world in the eye. We can be alone at perfect peace and ease. Our fears fall from us. We begin to feel the nearness of our Creator [referencing the completion of step 5].	75	-	-	✓

Selfishness. Improved well-being related to a reduction in selfishness was referenced six times across the three analyses (see Table 23). These passages were identified by all three participants and were primarily included in Calvin and Bradley’s *attitude* category and Taylor’s *purpose/outlook*. Recall that Calvin and Bradley both associated a single passage with a *selfishness* change category. However, only one of the passages referenced selfishness directly, and as such, the category was judged undependable. In contrast, the same passage combined with others of like kind yields a clearer understanding of change processes related to *selfishness* in the AA text (see Table 23).

Table 23. <i>Passages depicting Well-being related to Selfishness</i>				
	pg	Taylor	Calvin	Bradley
we became less and less interested in ourselves	63	✓	-	✓
It meant destruction of self-centeredness	14	-	✓	-
More and more we became interested in seeing what we could contribute to life.	63	✓	-	-
Most good ideas [God as higher power] are simple, and this concept was the keystone of the new and triumphant arch through which we passed to freedom [from selfishness/self-centeredness].	62	-	✓	-
Above everything, we alcoholics must be rid of this selfishness. We must, or it kills us! God makes that possible.	62	-	✓	-

The elimination of *selfishness* appears paramount to the alcoholic’s survival (e.g., “Above everything, we alcoholics must be rid of this selfishness. We must, or it kills us! God makes that possible,” p. 62). The remaining passages illustrate a shift from “self-centeredness” (p. 14) to “seeing what we could contribute to life” (p. 14). In terms of how this change may occur, one passage identified by Calvin indicates that the acceptance of a higher power in the second and third steps furnishes “the keystone of the new and triumphant arch through which we passed to freedom” (p. 62) from *selfishness*/self-centeredness.

Tolerance. Changes in well-being related to *tolerance* were described by passages in each participant’s analysis (see Table 24). Taylor identified two of these passages in his unique category, *unity with people*, while all of Calvin’s and one of Bradley’s were located in the attitude change category. One passage was also found in Bradley’s unique category *serenity*. Interestingly, all of these passages are related to resentment, and most are related to the personal inventory work of the fourth and tenth steps (see Appendix A).

Table 24. <i>Passages depicting Well-being related to Tolerance</i>				
	pg	Taylor	Calvin	Bradley
God will show us how to take a kindly and tolerant view of each and every one.	67	-	✓	-
We realized that the people who wronged us were perhaps spiritually sick.	66	✓	-	-
We have begun to learn tolerance, patience and good will toward all men	70	-	-	✓
God will show us how to take a kindly and tolerant view of each and every one.	67	-	✓	-
Love and tolerance of others is our code.	84	✓	-	-
Live and let live is the rule.	118	-	-	✓
they will not take so seriously his periods of crankiness, depression, or apathy, which will disappear when there is tolerance, love, and spiritual understanding.	127	-	✓	-

One passage by each participant was selected from the fourth-step instructions, and Taylor selected another from the tenth-step instructions. In the fourth-step inventory, an individual lists persons, places, and things toward whom or which he or she is angry or resentful. The alcoholic is urged to “take a kindly and tolerant view” (p. 67) of offending individuals, and suggests they too may be “spiritually sick” (p. 66). A major intention of the fourth step is to reduce or eliminate resentments so the alcoholic is able to practice “patience and good will toward all men” (p. 70). Whereas the fourth step is an in-depth personal inventory, the tenth step

is a spot-check inventory to correct problems as they arise. Much the same as in the fourth step, the instructions for the tenth step suggest letting go of resentments, so the alcoholic is able to practice “love and tolerance of others” (p. 84).

Two of the passages related to *tolerance* are unusual because they do not represent changes experienced by the alcoholic. Instead, they represent suggested changes for the spouse and family of the alcoholic. Yet, the intention is the same: to reduce resentment. Bradley identified a passage from “To Wives,” where the spouse of the alcoholic is urged to “live and let live” (p. 118), and to give the alcoholic time to change his ways. Calvin identified a passage from “The Family Afterward,” where the alcoholic’s family is urged to tolerate the “crankiness, depression, or apathy” (p. 127) of the alcoholic early in recovery. Ultimately, the goal is to reduce tension in the newly recovered family so there is less chance the alcoholic will become resentful.

Sanity. Changes in well-being related to one’s sanity were referenced five times by the participants (see Table 25). These passages were associated by Calvin with the *serenity* and *God* categories, with *God* and attitude by Bradley, and with *purpose/new outlook* by Taylor. Three of the passages indicate that “sanity will have returned” (p. 84) or have been “restored” (p. 57), while one passage identified by Bradley depicts reacting “sanely and normally” (p. 84). In terms of how this change occurs, two of the passages credit God, while one passage from Taylor’s analysis and another from the same paragraph of the AA text in Bradley’s analysis refer to the instructions for the tenth step. The passages described sanity returning by the time the tenth step is reached, and a mentally sound reaction achieved through practicing step ten. This sane and normal reaction refers to one’s disposition toward alcohol as indicated by the passages immediately preceding the one identified by Bradley (i.e., “we will seldom be interested in

liquor. If tempted, we recoil from it as from a hot flame,” p. 84; passage identified in Taylor’s analysis discussed in *drinking* theme).

Table 25. <i>Passages depicting Well-being related to Sanity</i>				
	pg	Taylor	Calvin	Bradley
Even so has God restored us all to our right minds.	57	-	✓	✓
God had restored his sanity	57	-	✓	-
For by this time [the completion of step 10] sanity will have returned.	84	✓	-	-
We react sanely and normally [referencing step 10]	84	-	-	✓

Anger. Passages from Calvin and Bradley’s analyses suggest that a change in well-being related to *anger* (see Table 26) is described in the AA text. These passages were located in the *freedom*, *amazement*, and *attitude* change categories. Both Calvin and Bradley identified the same passage from the AA text describing a “release from a lifetime of frustration” (p. 128). Bradley identified a single additional passage denoting the importance of reducing *anger*—“we had to be free of anger” (p. 66)—detailed in the fourth-step instructions. Although only a single passage and identified by only one participant, *anger*, like *fear* previously discussed, is a critical component of the fourth-step inventory. Anger and resentment are used interchangeably in the fourth-step instructions (e.g., “In dealing with resentments, we set them on paper. We listed people, institutions or principles with whom we were angry,” p. 64; supplemental). Identifying anger and resentment in the fourth step is fundamental to completing steps five through nine (see Appendix A). Simply stated, the anger and resentment of the fourth-step inventory are shared with another AA member in the fifth step to identify defects of character for the sixth and seventh steps, and to identify the amends necessary to complete the eighth and ninth steps. The passages immediately preceding the one identified by Bradley suggest a dire relationship between *anger* (discussed here), *sanity* (discussed in the previous section), and *spirituality*

(discussed earlier): “This business of resentment is infinitely grave . . . fatal. For when harboring such feelings we shut ourselves off from the sunlight of the Spirit. The insanity of alcohol returns and we drink again. And with us, to drink is to die” (p. 66; supplemental).

Table 26. <i>Passages depicting Well-being related to Anger</i>				
	pg	Taylor	Calvin	Bradley
we had to be free of anger. The grouch and the brainstorm were not for us [referencing step 4].	66	-	-	✓
Joy at our release from a lifetime of frustration knew no bounds.	128	-	✓	✓

A changed relationship to drinking. Passages related to *drinking* were selected 15 times from the AA text by the study participants, representing 10% of the data (see Table 15). These passages were primarily located in the *freedom, knowledge, and attitude* change categories. These passages suggest changes in *drinking* marked by *powerlessness* and *solution*.

Powerlessness. Bradley’s analysis included three passages describing a lack of defense or *powerlessness* over alcohol (see Table 27). Though only selected by one participant, these passages represent a fundamental tenet in AA philosophy and a necessary condition to the first step: “We admitted we were powerless over alcohol—that our lives had become unmanageable” (p. 59). In this way, an acceptance of *powerlessness* over alcohol is the first step in AA *recovery*. The passages related to *powerlessness* were selected from Chapters 1 and 2 of the AA text, where the experience of early AA members is detailed. In the passages preceding “We are without defense against the first drink” (p. 24) identified by Bradley, the ineffectiveness of willpower in the alcoholic’s “defense” (p. 24) is explained.

The fact is that most alcoholics, for reasons yet obscure, have lost the power of choice in drink. Our so called [sic] will power becomes practically nonexistent. We are unable, at certain times, to bring into our consciousness with sufficient force the memory of the suffering and humiliation of even a week or a month ago. We are without defense against the first drink. (p. 24, italics original)

Table 27. <i>Passages related to Drinking depicting Powerlessness</i>	pg	Taylor	Calvin	Bradley
We are without defense against the first drink	24	-	-	✓
there must be no reservation of any kind, nor any lurking notion that someday we will be immune to alcohol	33	-	-	✓
But the actual or potential alcoholic, with hardly an exception, will be absolutely unable to stop drinking on the basis of self-knowledge	39	-	-	✓

The alcoholic is powerless in part because he or she is never “immune to alcohol” (p. 33) and will be unable to stop drinking based on experience or “self knowledge” (p. 39). The subsequent sentence emphasizes the failure of self-knowledge to change drinking behavior: “This is a point we wish to emphasize and re-emphasize, to smash home upon our alcoholic readers as it has been revealed to us out of bitter experience” (p. 39; supplemental).

Solution. All of the participants selected passages from the AA text related to a *solution* for alcoholism (e.g., “They have solved the drink problem,” p. 17; see Table 28). Ironically, one passage selected by Calvin suggests that alcohol itself is part of the solution: “alcohol was a great persuader. It finally beat us into a state of reasonableness” (p. 48). Another passage describes a “common solution” (p. 17) as opposed to an individual solution, suggesting that AA’s *fellowship* may be related. A passage from Taylor’s analysis—“the feeling that the drink problem has disappeared” (p. 75)—describes a positive outcome associated with completing the fifth step. Four additional passages from Taylor’s analysis and three from Bradley’s analysis describe benefits associated with practicing the tenth step. These benefits include a cessation of “fighting anything or anyone—even alcohol” (p. 84) and “avoiding temptation” (p. 85). Further, the alcoholic “will seldom be interested in liquor” (p. 84). Instead, one can feel “safe and protected” (p. 85) as the drink problem “does not exist for us” (p. 85). When the tenth step is part of one’s daily program, the AA text promises “a daily reprieve contingent on the maintenance of our

spiritual condition” (p. 85). Given that this passage is located just after the tenth-step instructions, *maintenance* likely refers to the tenth-step processes and the suggestion that “we continue to take personal inventory and continue to set right new mistakes as we go along” (p. 84; supplemental).

Table 28.	pg	Taylor	Calvin	Bradley
<i>Passages related to Drinking depicting Solution</i>				
They have solved the drink problem	17	-	✓	
In this respect alcohol was a great persuader. It finally beat us into a state of reasonableness.	48	-	✓	-
The tremendous fact for every one of us is that we have discovered a common solution [to alcoholism].	17	-	✓	
The feeling that the drink problem has disappeared will often come strongly [references fifth-step]	75	✓	-	
And we have ceased fighting anything or anyone- even alcohol.	84	✓	-	✓
We are not fighting it, neither are we avoiding temptation	85		-	✓
We will seldom be interested in liquor. If tempted, we recoil from it as from a hot flame.	84	✓	-	
We feel as though we had been placed in a position of neutrality-safe and protected [from drinking].	85	✓	-	-
It [the drink problem] does not exist for us.	85	✓	-	
What we really have is a daily reprieve [from drinking] contingent on the maintenance of our spiritual condition.	85	-	-	✓
But this man still lives, and is a free man. He can go anywhere on this earth where other free men may go without disaster provided he remains willing to maintain a certain simple attitude.	26	-	✓	

Fellowship. Alcoholics Anonymous describes itself as “a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism” (AA preamble; see Appendix G). Thus, it

is not surprising that fellowship or a sense of community was indicated throughout the participants' analyses. In sum, the study participants selected 118 distinct passages from the AA text, and of these, 103 (87%) contained *we*, *us*, or *our* (e.g., "A new life has been given *us* or, if you prefer, a design for living that really works," p. 28). In this respect, the language of the participant-identified passages from the AA text suggests the presence of *fellowship*.

Surprisingly, however, only nine passages selected by the participants directly referenced fellowship (see Table 29). Bradley and Calvin associated these passages with the *happiness* change category, while Taylor's were included in his *unity with people* change category. The passages identified by the participants suggest that fellowship is pleasurable. A passage identified by Taylor describes AA's *fellowship* as "a vast amount of fun" (p. 15), while Bradley identified a passage describing contact with new members as "the bright spot of our lives" (p. 89). Another passage from Bradley's analysis suggests that involvement in AA's community initiates creative thinking, where one's "imagination will be fired" (p. 152). Calvin identified a passage referencing AA's *fellowship* as the place where alcoholics find "the most satisfactory years" (p. 152) of their existence.

Fellowship appears to involve deep personal connections. Taylor and Calvin identified a passage detailing this connection as "a fellowship, a friendliness, and an understanding which is indescribably wonderful" (p. 16). Calvin identified an additional passage describing AA as a place for "brotherly and harmonious action" (p. 17), while Taylor identified a passage describing this connection as "wonderful thing to feel a part" (p. 15), and another indicating that this bond is grounded in "having shared in a common peril" (p. 17). Collectively, these nine passages suggest changes in *fellowship* marked by a shared identity, connection, and understanding based in a common struggle with alcoholism.

Table 29.				
<i>Passages depicting Fellowship</i>	pg	Taylor	Calvin	Bradley
There is, however, a vast amount of fun about it all [AA's fellowship].	15	✓	-	-
Frequent contact with newcomers and with each other is the bright spot of our lives.	89	-	-	✓
There [in AA's fellowship] you will find release from care, boredom and worry. Your imagination will be fired.	152	-	-	✓
Thus we find the fellowship [referencing the previous sentence above], and so will you	152	-	✓	-
The most satisfactory years of your experience lie ahead of you	152	-	✓	-
We can join in brotherly and harmonious action.	17	-	✓	-
There exists among us a fellowship, a friendliness, and an understanding which is indescribably wonderful.	16	✓	✓	-
We commenced to make many fast friends and a fellowship has grown up among us of which it is a wonderful thing to feel a part.	15	✓	-	-
The feeling of having shared in a common peril is one element in the powerful cement which binds us.	17	✓	-	-

Summary of Study One

The purpose of this study was to identify emic change processes described by AA's literature. To this end, a qualitative content analysis of the text *Alcoholics Anonymous* was conducted independently by three AA members. The content analysis involved two steps; first, the study participants identified passages from the AA text they believed to represent changes attributable to AA involvement, and second, the study participants organized these passages into change categories. The participant-determined change categories offered limited insight into change processes described by AA's text. To address this limitation, a complex coding frame (Schreier, 2012) was established. This additional analysis of the participant-identified passages

isolated five themes, both connecting and differentiating the participants' analyses. Thematically, the study participants' analyses of the AA text suggest that AA involvement will result in:

- *Life improvement*, marked by a *design for living* based in AA's twelve steps, *recovery* from a hopeless condition of mind and body, and a *power to help others* (43 passages);
- Changes in *spirituality*, marked by *willingness* to believe in a higher power, a *spiritual experience*, *spiritual growth*, and problem resolution through grace (41 passages);
- Changes in *well-being*, marked by *peace of mind*, positive expectations, sanity, *tolerance*, and reduced *fear*, *selfishness*, and *anger* (39 passages);
- A changed relationship to *drinking*, marked by a recognition of one's *powerlessness* over alcohol and a daily reprieve¹ from drinking dependent upon one's spiritual condition (15 passages); and
- Changes in *fellowship*, marked by a shared identity, connection, and understanding grounded in a common struggle with alcoholism (9 passages)

Life improvement, *spirituality*, *well-being*, *drinking*, and *fellowship*, in concert with their respective indicators, offer a thematically synthesized explanation for the content within participants' analyses (see Table 15). However, the purpose of content analysis in the present study was to determine, from an emic or insider's perspective, what the AA literature indicates will change for individuals who become involved in AA. As such, the researcher-identified change themes have little value unless they are consistent with the study participants' experience.

Member Checking

Within an emic tradition of reporting, a study's trustworthiness is determined by the native informants' view (Fetterman, 2008). In member checking, the research participants are

¹ Originally described as *solution*; revised after member checking

asked to evaluate how well research findings reflect their experiences. To this end, each of the study participants was furnished a document identical to the bulleted list in Summary of Study One above. The document was provided via electronic mail, and the participants were invited to reflect on its contents and offer feedback via electronic mail or by phone. All three participants responded via electronic mail.

Feedback included “Wow! Big book in 300 words or less!” and “very cool, you should send this to world services.” Bradley and Calvin’s response indicated full support for the themes as presented. Taylor response indicated full support for the life improvement, *spirituality*, *well-being*, and *fellowship* themes as they were presented. However, Taylor asked that within the *drinking* theme, “solution” be changed to “a daily reprieve from drinking dependent upon one’s spiritual condition,” wording consistent with the AA literature. These changes were then accepted by Bradley and Calvin via electronic mail, resulting in consensus among all study participants. This change was incorporated into the summary above with notation indicating the revision. Member checking is the most credible method of establishing validity in qualitative study (Lincoln & Guba, 1985, p. 314). In the current study, consensus in member checking lends credibility to the trustworthiness of the findings.

Conclusion Study 1

Content analysis as a method seeks to reduce the data necessary to describe a phenomenon of interest. The purpose of qualitative content analysis in the present study was to provide, from an insider’s perspective, an accurate and concise description of change processes described by AA’s literature. The content analyzed for the current study involved 164 pages from the text *Alcoholics Anonymous*. From this content, three AA members selected 147 passages representing changes attributable to AA involvement. The study participants organized

these 147 passages into 16 change categories. An additional analysis of the participant-identified passages by the researcher generated five themes confirmed in member checking. Life improvement, *spirituality*, *well-being*, *drinking*, and *fellowship* offer a thematically synthesized explanation for the content analyzed, while maintaining an authentic connection to the data. The five themes directly inform an understanding of change processes indicated by AA's literature. This understanding suggests that the effect of AA involvement on sustained abstinence experienced by AA members is explained by 1) *life improvement*, marked by a *design for living* based in AA's twelve steps, *recovery* from a hopeless condition of mind and body, and a *power to help others*; 2) changes in *spirituality*, marked by *willingness [to believe in a higher power]*, a *spiritual experience*, *spiritual growth*, and *problem solving*; 3) changes in *well-being*, marked by *peace of mind*, *positive expectations*, *sanity*, *tolerance*, and reduced *fear*, *selfishness*, and *anger*; 4) an acceptance of *powerlessness* over alcohol; and 5) involvement in AA's *fellowship*, marked by a shared identity, connection and understanding grounded in a common struggle with alcoholism.

Study 2 Grounded Theory Analysis of Focus Group Data

The purpose of this study was to inform an emic understanding of change processes resulting from AA involvement that may explain continuous abstinence experienced by members of AA's fellowship. To this end, a grounded theory investigation (Strauss, 1987) involving AA members with considerable histories of AA involvement and continuous abstinence was conducted. Six focus groups, involving five AA members with 20–31 years of AA involvement and continuous abstinence, were conducted to inform an understanding of how change occurs within AA. The resulting data was collected on 33 whiteboards and 241 pages of transcribed focus group recordings. The data was analyzed utilizing the coding paradigm of Strauss (1987).

The grounded theory analysis generated a conceptually dense or saturated understanding of the “main theme” (p. 35) or central concern problematic for the people examined (Strauss, 1987). The methodology was qualitative, and the findings are presented in a qualitative style. The reporting is unusual. A preliminary draft of the case presentation written in objective, third-person style consistent with graduate-level reporting was presented to the focus group participants in member checking. An objective writing style was not supported by the study participants. The participants stated that it was inconsistent with their experience in the focus groups, and inconsistent with AA language. One participant stated, “Throughout the whole study it was ‘I,’ ‘we,’ ‘us,’ in everything we said and wrote on the boards. This sounds like you’re writing about someone else, someone distant. If you are going to write about our experiences, it needs to be written as *I* or *we*.” Strauss (1987) stresses that the value of the reporting is determined *only* by the research participants’ acceptance of the report:

By the idea of precision I mean that there is a high degree of fit between how the researcher–analyst views the worlds of the people and how they themselves say they view it. Simply put, I mean to say that how the researcher analyzes the data and interprets the findings accurately reflects the experience of the participants—that those being researched could read the researcher's interpretation and say, “That fits.” (p. 302)

Although it could be argued that presenting the data in first versus third person is not, strictly speaking, “how the researcher analyzes and interprets the findings,” the participants’ strong objections to the third-person format and sense that it did not accurately represent their experiences or the more global experiences of AA members meant that they could not “read the researcher’s interpretation and say, ‘That fits.’” Given the author’s clear guidelines (Strauss, 1987) for successful grounded theory reporting, the emergent findings were constructed as a composite, written in first person, to accurately represent the study participants’ experiences. The reporting does not reflect the investigator’s position, but only the participants’ experiences

grounded by the data. The first-person composite case presentation received full support in member checking.

Structure of Chapter

First, brief descriptions of the study participants are presented, followed by an overview of the grounded theory analysis. Next, the case presentation is provided consistent with Strauss (1987), followed by a summary of the study. Afterward, the results of member checking are presented, and finally the study conclusion is offered.

Participants

Ten AA members with considerable histories of AA involvement and continuous abstinence were invited to participate in the study and seven accepted. Female and African American AA members were oversampled in an attempt to create a diverse sample. The seven participants included three females (one African American and two Caucasian) and four males (one African American and three Caucasian). Two participants withdrew before the first focus group was conducted. The remaining participants, four Caucasian males and one Caucasian female, participated in the study. The study participants are briefly described below.

Adam. Adam is a 69-year-old white male who has been continuously abstinent in AA for 22 years. His drug of choice is alcohol and at the height of his addiction, he consumed 10 drinks of liquor daily. Adam engaged in clinical treatment for addiction one time, engaged in AA after one attempt, and attended 60–70 AA meetings in the first three months of his involvement. Adam sponsors other AA members, has a sponsor, and attends on average three to four AA meetings weekly. Adam describes his spiritual orientation as “spiritually based but also a belief in God or a higher power.” Adam states that the most important thing AA provides for him is “a relationship with my higher power.”

Thomas. Thomas is a 50-year-old white male who has been continuously abstinent in AA for 20 years. His drug of choice is alcohol and at the height of his addiction, he consumed six to twelve beers daily. Thomas engaged in clinical treatment for addiction one time, engaged in AA after two attempts, and attended more than 90 AA meetings in the first three months of his involvement. Thomas sponsors other AA members, has a sponsor, and attends on average two to three AA meetings weekly. Thomas describes his spiritual orientation as “God, the deep reality within each of us, the deepest level of awareness.” Thomas states that the most important thing AA provides for him is “a way to grow up, and be comfortable with who I am.”

Clarabell. Clarabell is a 65-year-old white female who has been continuously abstinent in AA for 31 years. Her drug of choice is alcohol and at the height of her addiction, she consumed six beers daily. Clarabell engaged in clinical treatment for addiction one time, engaged in AA after one attempt, and attended 120 AA meetings in the first three months of her involvement. Clarabell sponsors other AA members, has a sponsor, and attends on average five to seven AA meetings weekly. Clarabell describes her spiritual orientation as “God, spiritual but not religious.” Clarabell states that the most important thing AA provides for her is “a spiritual basis for living.”

Jose. Jose is a 59-year-old white male who has been continuously abstinent in AA for 26 years. His drug of choice is alcohol and at the height of his addiction, he consumed one pint of liquor daily. Jose engaged in clinical treatment for addiction three times, engaged in AA after two attempts, and attended more than 90 AA meetings in the first three months of his involvement. Jose sponsors other AA members, has a sponsor, and attends on average two AA meetings weekly. Jose describes his spiritual orientation as “non-denominational religious, with

mediation, and prayer.” Jose states that the most important thing AA provides for him is “unity, so that I am not alone.”

Steve. Steve is a 48-year-old white male who has been continuously abstinent in AA for 22 years. His drug of choice is alcohol and at the height of his addiction, he consumed 12 beers daily. Steve engaged in clinical treatment for addiction one time, engaged in AA after one attempt, and attended 60–70 AA meetings in the first three months of his involvement. Steve has a sponsor, and attends on average two AA meetings weekly. Steve describes his spiritual orientation as “spiritual but also religious,” Steve states that the most important thing AA provides for him is “an ability to go one day without use of alcohol.”

Overview of the Analysis

Data collection in a grounded theory approach is an emergent process (Strauss, 1987). The initial focus group employed “grand tour” open-ended questions (e.g., “What is AA?”; see Appendix D) to open up or induce the inquiry. These initial questions were grounded in the investigator’s extensive and prolonged engagement in AA (discussed in Chapter 3). Focus group, participants’ responses were followed up with probes (e.g., “Would you explain that further?”) to foster emergence and expansion of the initial questions. The participants’ responses to the questions and probes were written on multiple whiteboards for reflection and further expansion. Each focus group session was audio recorded and later transcribed. At the conclusion of each session, the whiteboards were photographed for documentation. Strauss (1987) describes *theoretical sampling*, in which specific data are sought in order to confirm and deny the evolving assumptions of the phenomenon examined. Between sessions, the investigator reviewed the audio recording and whiteboard photographs to inform tentative questions for the subsequent session (see Appendix E). As such, data collection was an emergent process where each focus

group refined the information of the previous group and, in turn, informed the direction of the next until saturation was reached (see Figure 1). The data used for formal analysis included the photographed content of 33 whiteboards and 241 pages of transcribed focus group recordings.

Data analysis (Strauss, 1987) involved three levels of coding: open coding, axial coding, and selective coding. First, in open coding the data was examined to identify important concepts and tentative categories that seemed to represent the data (Strauss, 1987, p. 28). This process initially identified two primary categories—before AA involvement and after AA involvement—and several important concepts (see Table 30) including the *hole in the soul*, which the participants described as a group of overwhelming feelings (another important concept).

Table 30. <i>Open coding of focus group data</i>		
Primary Categories	Subcategories	Important Concepts
Before AA	before the beginning	do not fit in self-conscious not accepted abandoned anxious do not know how to live life insecure lonely angry want to belong hole in soul missing something incomplete stressed
	alcohol as solution	less insecurity it is going to be ok less anger could open up life made sense less self-conscious new outlook on life sense of belonging fit in life drinking community less anxiety superiority less stress can deal with life less hate confidence less jealousy
	solution fails	meaningless anxious frustrated angry despair worthlessness ashamed separated uselessness alienated inferior/insecure lonely isolated defeated hopelessness misery withdrawn
After AA	early AA	not alone hope new belonging decreased self- loathing acceptance shared experience increased security increased self-esteem reduced shame
	middle AA	increased serenity reduced fear fulfilled life hope can cope with life self-esteem reduced shame self-worth increased security beginning awareness of self and others
	late AA	reduced anger belonging peace wholeness reduced stress fit new outlook on life fulfillment purpose in life meaning in life serenity integrated self authenticity complete acceptance “I am”

Subsequent open coding identified four subcategories and several important concepts (see Table 30) within the *before AA* primary category: *before the beginning*, related to experiences before drinking began; *drinking solution*, related to experiences where alcohol consumption enhanced living; *solution fails*, related to experiences where alcohol consumption became destructive; and *the bottom*, where destructive drinking behaviors culminated in a *jumping-off place*, an important concept where the alcoholic must choose between suicide, drinking oneself to death, or change. This change may involve the concept of *epiphany*, related to a sudden upheaval of belief systems before one seeks help. Open coding additionally identified three subcategories within the *after AA* primary category: *early AA*, related to the participants' experiences of learning to not drink; *middle AA*, related to the participants' experiences of learning the reasons why they drank; and *late AA*, related to the participants' experiences of spiritual awakening.

Next, in axial coding, the categories and important concepts identified through open coding were examined to identify related conditions. For example, the category *before the beginning* is related to experiences before drinking began and contained participants' descriptions of feelings and experiences that appeared related (e.g., not fitting in, not being accepted, wanting to belong). In axial coding these related conditions were grouped together to inform an understanding of the primary categories, subcategories, and related conditions (see Table 31). Axial coding specified what was changing for the participants due to AA involvement. For example, the *solution fails* subcategory (see Table 31) includes the related conditions of *alienated*, *separated*, *lonely*, *isolated*, and *withdrawn*. The *early AA* subcategory includes the related conditions of *not alone* and *new belonging*, while the *middle AA* subcategory includes a *beginning awareness of self and others*. Finally, the *late AA* subcategory includes the

related conditions of belonging and fit. Taken together, these related conditions suggest a change in loneliness. In this way, moving down the axial coding table (see Table 31) identifies the selective codes of the core phenomenon.

Table 31. <i>Axial coding of focus group data</i>						
Primary Category	Sub-category	Related Conditions	Related Conditions	Related Conditions	Related Conditions	Related Conditions
Before AA	before the beginning	missing something incomplete self-conscious insecure	do not fit in want to belong lonely abandoned not accepted	do not know how to live life	anxious stressed angry	
		less insecurity less self-conscious can deal with life superiority confidence	could open up fit in life sense of belonging drinking community	life made sense new outlook on life it is going to be ok	less anxiety less stress less anger less hate less jealousy	
After AA	solution fails	worthlessness uselessness inferior insecure	alienated separated lonely isolated withdrawn	meaningless despair defeated hopelessness misery	anxious frustrated angry	ashamed
	early AA	increased self-esteem increased security	not alone new belonging	shared experience hope	decreased self-loathing	acceptance reduced shame
	middle AA	increased self-esteem increased security self-worth	beginning awareness of self and others	fulfilled life hope can cope with life	serenity reduced fear	reduced shame
	late AA	wholeness, integrated self authenticity "I am"	belonging fit	new outlook on life fulfillment purpose in life meaning in life	reduced anger reduced stress peace serenity	self acceptance
selective codes		Insecurity	Loneliness	Life Meaning	Anxiety	Shame

Finally, in selective coding, all of the data was reexamined in terms of the selective codes to isolate the core phenomenon. The data was selectively coded to explain the relationship between the majority of the categories, their properties, and the core phenomenon. These relationships account for most of the variation in the data. In the current study, the core phenomenon, *hole in the soul*, was specified as an important concept early in open coding; however, it was not recognized as the core phenomenon until the selective coding of the third focus group data. The participants had consistently referred to a *hole in the soul*. Early open coding had associated the *hole in the soul* with participants' descriptions of a sense of missing something, and feelings of incompleteness. Later, axial coding determined that those descriptions fit a sense of insecurity. Selective coding determined that the selective codes of *insecurity*, *loneliness*, *life meaning*, *anxiety*, and *shame* represented what the study participants had been describing as a *hole in the soul*.

The hole in the soul represents the central problem or concern (Strauss, 1987) that has changed for the study participants due to AA involvement. The integration process of selective coding and subsequent theoretical sampling created a conceptually dense or saturated understanding of the hole in the soul and its associated change processes experienced by the study participants. The participants' journey from before drinking to active alcoholism to continuous abstinence in AA is detailed in the case presentation below. Citations are included to establish grounding in the data. The citation format follows participant name first initial, focus group number, and line number in transcripts. For example, *A.4.789* refers to the participant Adam, in focus group 4, on line 789 of the transcripts. Whiteboard data is referenced by focus group number and board sequence. For example, *WBI.3* indicates the third whiteboard created in focus group one.

Case Presentation

Before the Beginning

Long before they began drinking, and early in life, the participants described feeling incomplete, missing something, as if they had a hole in their soul. They reported feeling self-conscious and insecure even in their own family. Their youth was complicated by an anxiety and stress in not feeling certain how to live life or to get along in a world; they were not certain they belonged. They described a relentless seeking, and temporary finding of relief from their disquiet, a habit that would continue for some time.

I remember as a teenager, something was wrong. I was missing something, incomplete (T.3.814); deficit in some vital way (A.3.820). It was like there was a hole in my soul. "There is a hole, some kind of incomplete. Who am I? What am I? What do I want to be? What am I supposed to be? Who is expecting what for me? Something is missing. I don't feel quite right" (T.3.814). There was insecurity (T.2.63; A.3.481). I was afraid I was not enough (T.3.512) and I felt very self-conscious (T.3.550). I had no sense of belonging. I felt alone (J.3.557). I was not sure whether I fit in this life or if there was a place for me (T.3.551; C.1.482; A.2.696), in any situation, with friends or even in my family (A.3.446; C.1.484). I was not accepted or really a part of my family (A.3.470). "I always felt like I was trying to belong and wanted to belong" (T.3.548), but was separate in some way (T.1.494; A.2.53). I felt like everybody knew something that I didn't. My life had no meaning or purpose (T.2.558). I was anxious and "generally afraid of a lot of things about life; afraid of being myself, and being accepted for who I am, afraid I don't have the tools to live life properly, and I am not prepared for life" (A.1.458).

Early on, I was seeking an escape from my discomfort through academics (T.3.508), scouting (A.3.519), playing sports (J.3.421; A.3.446), and reading (A.3.475). I felt good when I

did these things. I felt worthy, accepted (A.3.475), even loved in a sense (A.3.455) and that my life mattered. I felt at peace for a little while. Doing these things, I could escape my insecurity, loneliness, meaninglessness, and anxiety. But that sense of missing something, that hole in my soul, always came back. It was really cut and dry: I felt happy when I did these things (A.3.443; J.3.421; T.3.508) and unhappy when I didn't (J.3.436; T3.512). Looking back, maybe I tried too hard, and maybe I tried to get more out of these things than was there to be had. "I lived next door to a golf course so I played 36 holes of golf a day" (J.3.421); "that's why I played sports so much, because that was the only thing I could feel superior in" (J.3.428). I wanted to change that feeling of something being missing, to escape from that, and fill the emptiness with something (T.3.806). I needed something. I needed cigarettes before I ever smoked, sex before ever had sex (S.2.513), and I remember longing, seeking something to fill the emptiness inside me.

Alcohol as Solution

Participants talked about alcohol solving the problem, reducing the insecurity, and even instilling confidence in its stead. They described the benefits of drinking, an ability to open up and talk with people, finding a sense of belonging among other drinkers and even community in the bars. They described an elixir magically providing a new outlook on life, a confidence in one's place in this world, and relief from the anxiety and stress of the world outside the bar.

Almost from the very first drink I had, it filled that emptiness in my being, filled that hole in my soul. I remember that burning sensation in my gut and the warmth that rose to my head, and my whole body. I was reborn. Alcohol was a solution for me (T.1.487; A.1.574; J.1.413; S.2.490). The missing something was gone. The insecurity was gone (J.3.114) or at least reduced (A.3.83; T.3.66) for a while (J.3.67; T3.118). I felt less self-conscious (T.3.311), and instead I felt

like “I can deal with life as long as I have this” (T.3.354). I felt a new confidence, even superiority (J.1.496; T.1.528; C.1.222). “When I was sitting on the barstool, I was the smartest person on the face of the earth. I knew more than you did. I could drink more than you did. I could talk about the vacation I was going on” (T.1.503). I was a success. “Drinking made me better looking, made me dance better, and made me more intelligent” (J.1.512).

I finally had a place to belong (C.1.60). There was comradery and community in the bar, people I belonged with (J.3.315; A.3.328). Alcohol helped me open up (A.1.575), and I could be honest about my feelings (J.3.342; J.3.347). I found acceptance (A.3.321) and even romance (T.3.322). I had finally found a belonging and a fit that I needed so badly. Drinking made me feel my life had meaning and purpose. Life made sense in the bar (J.3.369); I knew how to live life there (A.3.364). “Alcohol gave me a whole new outlook on life. Changed my way of thinking” (C.6.885). I found a new freedom (T.3.301; A.6.890), excitement (T.3.320), exhilaration (J.3.297), fun (A.3.303), and happiness (A.6.890). I was empowered (A.3.300), and I finally had a feeling that everything was going to be okay (T.3.380). Regardless of the problems I was having, I knew I could get those things straightened out tomorrow (T.3.383). My anxiety went away (T.4.234). Drinking relieved me of stress (T.3.334), care, boredom, and worry (T.3.330). I could escape my reality and escape responsibility (A.3.339; T.3.340). I could live life in the moment and finally be comfortable in my own skin (A.3.370). Drinking filled the hole in my soul (T.3.808; A.5.894; S.2.490; C.2.492; C.1.580), and while it worked, it was a miracle.

Solution Fails

The participants reported that alcohol turned on them, making the problems it had once solved even worse than before. What before drinking had been insecurity and self-consciousness, was described now as feelings of worthlessness, uselessness, and inferiority. What was once a

feeling of not fitting in was now described as alienation, and what was once an uncertainty about how to live life was now a sense of meaninglessness and despair. The participants' stories told of a brutal descent into alcoholism and its consequences.

Slowly the alcohol became less effective, more unpredictable, and eventually it created more problems than it solved. Where once it filled that hole in my soul, I began to feel something was missing again. The alcohol was failing and the insecurity was getting through (J.3.74). I could drink and there was some relief (T.6.747). But in the morning the insecurity was back on me (C.2.221), and I would start drinking again (J.3.114). I was not sure of myself anymore (A.1.636). Sometimes I felt inferior (C.2.221; J.3.74; J.3.115), even useless (C.1.397; J.1.398; T.1.409) and without worth (C.1.316). "It's like those feelings started coming up again and so I needed to drink more in order to feel better and safer about myself. And some of these problems were increased into a little more serious problem than they were ever before" (T.3.578). It took more and more drinking to find relief, and every time I started drinking, I got drunk (J.1.418).

What I noticed is that for me a lot of these negative feelings that I had about myself increased over time. And to me, [those negative feelings] became even more important than the outside consequences of my drinking—I mean DUI and police tickets and not having money because of the legal system, losing jobs, in the end none of that mattered to me as much as how I felt about myself inside (A.3.622).

Before long, I had to drink. "If I don't reduce some of these feelings then I am literally going to die ... I mean literally gonna die. If I feel these things or if I let them come out, I will not survive that, literally. It's over" (A.6.704). I would do whatever I had to do to keep drinking. I would lie, cheat, and steal. I did not care who I hurt. I hurt so much, I couldn't take in other people's feelings. I just did what I had to, to get what I needed (A.1.641; S.2.318; C.1.666). "I would cheat you out of anything: money, drugs, alcohol. I would steal from you" (J.1.623).

The more I drank, the sicker I got, and the more I had to lie, cheat, and steal to maintain (T.1.669). "I lied to myself ... I didn't trust myself" (A.1.636). I neglected my family, bills,

groceries, and rent (J.3.406). For the first time in my life, I felt real shame. “There's shame and guilt coming in now and I need more alcohol to cover that up” (A.1.699). It was a vicious cycle: the more I drank, the more ashamed I felt, and the more I needed to drink (T.3.116), and I felt remorse for my behavior (T.1.529; J.3.114; T.6.902). Alcohol was now relieving and feeding my discomfort (T.2.493) and it took more and more drinking to find any relief at all. I wasn't sure if it was a solution anymore, or if it was the problem (T.4.150).

I no longer felt like I fit in life. I no longer belonged anywhere. Where I once found community and comradery in the bars, now I was being thrown out and told not to come back. Nobody wanted to drink with me anymore. I was again alone (J.1.243). “I knew something was wrong with me” (A.3.741), and I slowly withdrew from life (S.1.245 C.1.247). I felt separate from others again (T.3.595), and a deep loneliness settled in (A.3.662; T.3.641).

I felt no matter what I did I was alone. I was alone and that brought up a terrible loneliness. I was despondent about myself. I was, I can't even think of all the words right now ... A profound loneliness and sadness inside of me (A.3.639).

The more I drank for relief, the worse I felt when not drinking. I tried to quit, but nothing else changed: I was still the same person, I still felt the same way about myself. I was unhappy. So, I always went back to the drinking (T.1.207). Where drinking once seemed to solve the uncertainty of my place in life and instill confidence that everything was going to be alright, now life was meaningless (J.2.484; T.2.558) and uncomfortable (T.2.559). Where life once made sense in the bar, now it had become confusing (T.5.409), negative, and hard to endure (T.1.108). “I didn't know how to live in a way that was meaningful to me that fit on my insides” (A.3.873). I felt hopelessness (J.3.654; A.3.662), despair (A.5.457), and profound sadness (T.3.641; A.3.639).

I was uneasy, nervous, and shaky. The anxiety was bad. The drink would relieve it a little (T.4.234), but not for long (T.3.810). I felt sick, had the shakes, and was nauseous all the time.

The smell of food was enough to make me gag; it was misery beyond compare (S.5.269; T.5.559). I was continually frustrated (T.1.454). I was caught in a life “I had no way to do” (A.3.873). I was lost, and stayed lost. In the years that followed, my world faded to gray, my health declined, and I lost anything that ever meant anything to me. I slipped into the incompleteness, into the empty spaces of what was once me.

The Bottom

I was exhausted with my life and exhausted with who I was (A.1.98; T.3.681). It was beyond insecurity: I was useless (C.1.397; J.1.398; T.1.409), and I was deeply ashamed of what I had become (A.1.699; S.2.599; T.3.595). I felt profound loneliness (A.3.662; T.3.641) and sadness (T.3.641; A.3.639). I just did not know how to fit in this life. I did not believe anything about me. My existence was meaningless (J.2.484; T.2.558; A.3.873). My mind raced uncontrollably: “take a drink, take a drink, take a drink, take a drink” (S.2.506). I could not control it anymore (T.1.34; S.5.924). I hated what I had become (T.1.409; A.1.475; C.1.580). “I was captive ... I couldn’t stop” (J.3.597). I had to drink (T.3.213) and once I started drinking I could not control how much I would take (T.1.34; S.4.923). I couldn’t drink anymore, and I couldn’t not drink anymore (J.3.396).

“That’s the jumping off point. It is when taking a drink will kill you and not taking a drink will kill you. It’s when you feel like no matter what you do; you’re done” (J.3.651). You feel like suicide may be the only way out (S.4.471; J.4.476); you think, “I’m not doing anything with this life anyways” (T.4.39).

It was the end of the world for me (A.3.684), complete hopelessness (J.3.654). “I couldn’t take it anymore. There was like a primal scream inside me that said NO to my previous life. There was an awareness that this was the end of the line for the way I had been living”

(A.3.695). *I could not do this anymore (C4.304; A3.695; T3.690). I could not feel this way anymore, and I could not fight anymore (A.3.662; T.5.285).*

Epiphany. The participants described a sudden upheaval or overturning of beliefs and an unexpected release from the grip of alcoholism that occurred just before they could or would accept help.

Something broke or gave way inside me. It was over. There was no fight, no resolve, no fantasy about how I was going to figure my way out of this. It is hard to explain; something just shifted. "I got up off the floor and I opened the front door and looked outside into the sunny sky and I knew I was going to be okay" (A.3.712). "It was the first time that I ever felt peace and serenity in my life" (A.3.719). I had a sense of release, and I knew it was going to be okay (C.4.353; S.4.310). "That was the best day of my life" (C.4.304). "It was an awareness that came to me. This is like from my very soul. I will never forget" (A.3.666). I want and need help (A.3.688).

Early AA

Early in the participants' experience of AA, they reported finding relief from the unmanageable feelings that had caused them trouble most of their lives. The participants reported not feeling alone, and even experiencing a sense of belonging. They reported that the AA members had been where they were, and that that shared experience gave them hope that their lives might have meaning or purpose, too. The participants described a decrease in shame because they had changed their behaviors, and a reduction in anxiety because they were accepted by the members of AA.

Loneliness. *From my very first meeting, I found relief from my loneliness. There was a guy standing by the front door shaking people's hands as they came in. I guess he could tell I*

was new because he said, “I am glad you’re here; let’s get you some coffee and a place to sit.” In the meeting, I listened to the AA members “share” their experiences. They were all similar in that none of them could control their drinking, and they all struggled with getting sober. Yet, they were so different in their backgrounds. There were lawyers, construction workers, homemakers, and teachers. But they all drank like me, and I could relate to everything they said (C.2.690). When they talked about their experiences, it was as if they knew my experiences, my feelings, my fears; it was as if they already knew me (WB1.3). I had never been around so many like-minded people (WB1.4). They understood what I was going through—and I got that right away (A.6.597). An older AA member said, “I know exactly where you are,” and I believed him (C.6.624). They could feel, they had feelings like mine and they had compassion for me (A.6.599). Perfect strangers introduced themselves to me, and they all said, “Keep coming back” (T.6.751). That was so important to me; I did not have to do this alone (A.6.595; A.6.608). From the very beginning, AA made me feel like I was part of something, and that I belonged.

Life meaning. I was in bad shape physically and mentally in those early days. The AA old-timers helped me when I could not help myself. They said things like “Come with me. I can help you” (C.6.586) and I know it is hard to believe, but you are going to be okay (C.6.618; T.6.655; T.6.587). They told me it was going to get better, and that my life mattered. The AA old-timers told me that for now, I just needed to let the alcohol get out of my system and let my body heal (T.6.758). They said “Just keep coming back” (C.6.618), and I kept coming back. I just kept coming back. I knew where I was going every single night (C.6.626). That created some stability in my life, because that is all I had to do: go to meetings (WB3.3). It gave me some purpose and some direction in my life.

The old-timers told me that all I had to worry about was “not taking the first drink” (WB1.3), and that everything in early recovery had to do with not drinking at all (C.1.776; J.2.49; T.2.50; S.2.361; A.4.399; A. 5.110). They said that drinking makes it difficult if not impossible to recover (WB1.3). They told me that they measured not drinking in continuous abstinence, and that it was necessary for AA to work (WB2.1). They encouraged me and supported me (A.6.608). The AA people told me I could do it. “You can walk through this one day at a time” (T.6.751). They said to do it in little pieces: one day, one hour, or even one minute if I had to (T.6.589). They also told me that I was going to have to make some changes in my life.

AA is really simple, you only have to change one thing, everything: the people you hang with, the places you go, things you do for awhile. You have to hang out with AA people instead of going back to the bar. Just one thing you have to change: everything. (J.1.234)

I had to change who I hung out with, where I went, people I talked to, where I ate lunch, and even who I talked to on the phone. It was a complete change of everything: people, places, and things (A.1.263). I needed to avoid being around alcohol, and I needed to separate myself from the drinking life, and I had to learn how to handle social situations without alcohol (WB1.4). The older members helped me immensely during this time. I just did not know. I had no idea of how to live sober. Those old-timers made me think about things in a way I never would have understood. They told me that alcoholism is a disease that tells you “you don’t have a disease” (WB.3.3), and that in spite of all the consequences I had experienced, eventually the idea of taking a drink was going to make sense. They told me the risk of relapse of high and that I needed a sponsor and I needed to talk about how I was feeling (WB4.4). One of the older members said he would sponsor me and help me overcome the struggles of early recovery (WB1.3; A.6.675). It was hard at first, but life got better, a little bit at a time (A.6.679).

Every night just before I went to bed, I crossed off that day on the calendar. I had stayed sober one more day, and if nothing else, I had done that right. I started to understand the power of continuous abstinence, and it started to build on itself. After I had put together two weeks, I did not want to lose that. I did not want to lose my time and start over. Not drinking reinforced that it was possible to not drink (WB.3.3). Continuous abstinence gave me a daily measure of success. The little successes, little victories started to add up. There was a noticeable progression (WB1.4) and noticeable differences (WB1.3). I had stopped drinking, and I knew I was doing something different (A.3.103). I noticed that I had shown up at the meetings when I said I would. I had kept a few appointments, I had fulfilled a couple obligations, and I started to think that maybe it was possible to do life without alcohol (T.6.758). I hadn't known I could get by without something, a drink, drug, or something to help me handle life. A couple of the older members invited me to go play golf with them, and I said, "Oh my God, you can't play golf with drinking." They laughed and said, "Yeah you can. We got four guys, we're going to go out and play 18 holes. There will not be any booze. We're all in AA" (J.1.291). I had no idea. I had no idea I could go out to eat or do anything social without drinking.

I did not believe in faith or understand the God they talked about in the AA meetings. But I listened to these people, and I began to have hope for the first time in as long as I could remember (A.6.675). I began to think that maybe it was going to be okay; maybe life meant something after all. I had a willingness to change, and I was committed to doing whatever it took to make that happen (WB1.3). "I had some kind of feel deep inside my soul and I was going to do this thing" (A.6.681). No matter how hard it was or what I was asked to do in AA, I had to go through it because I wanted to do something with my life (A.6.686). I had a purpose and some direction, and AA furnished a way for me to change (WB3.2). All of my life, I had a feeling that

there had to be a better way somewhere, somehow. I thought that maybe it was here in AA; maybe somehow I could be okay in this world (A.6.602).

Security. *The insecurity was pervasive when I first came to AA (A.3.103; WB3.1). But I had started doing little things right, estimable acts they called them in AA (T.3.59), and the insecurity was fading. Little things like showing up at the same meeting over and over again, like helping to clean up after the meeting, washing coffee cups and putting chairs away. I was doing big things too, like not drinking. These changes helped me feel better; my self-esteem began to improve (T.3.59). My level of security began to improve. I felt less and less insecure with every meeting I attended (WB1.4). I also found safety in the meetings: safety from the outside world, and most importantly safety from drinking (WB3.2).*

Shame. *When I first got to AA, I was also filled with guilt for the life I had lived. I was not sure I deserved anything (A.2.620). Yet, after attending AA for a little while, I started to feel less guilt due to my changed behavior (S.2.623). There was a change. I had started to accept myself for who I was, and as a result, there was less shame (A.2.596).*

Anxiety. *When I first came to AA, I hated who I had become. But the new behaviors in AA, like going to meetings, talking to people, helping after meetings, and not drinking started to change that. I was doing some things right, and the absence of bad behavior combined with the presence of good behavior started to change how I felt about myself. The feelings of self-hate and self-loathing started to decrease (WB1.2).*

Middle AA

The participants described middle AA as a time when loneliness continued to decrease, both on an intrapersonal level and in relationship with others. The participants described a new

life with purpose, meaning, and direction. They reported increased self-esteem and self worth and a reduction in shame and fear that occurred as a result of working AA's twelve steps.

In middle AA, the real work began (WB 3.4), and I learned about my reasons for drinking (WB1.3). I learned that staying sober in AA takes a lot of real work and persistence. By this time, I had started getting back into life and I needed to learn how to do the work necessary to stay sober (WB3.3). In middle AA, I started to do the inner work, which is the way of life, the design for living that real change in AA is about (T.1.303).

Loneliness. *In the AA meetings, I heard the older members share their experiences. They were transparent and talked about what was going on with their insides (WB1.3), their anxiety, and their fears. It was at about that time that I realized I had no real connection to myself whatsoever. The other members knew things about themselves that I did not know about myself (C.6.621). I did not have any of the good stuff they were talking about, and I did not know how to get to it (A.6.601). I realized that I was separated from myself, and there was an inside or intrapersonal loneliness that did not change, no matter how many people were around me. I wanted to change that feeling.*

Life meaning. *I also noticed there were people in the room who had peace and serenity (A.1.159; C.5.45). "They had the old timers ... They had the deacons over there, the diehards, and then they had the people who were at peace I wanted what they had" (C.1.320). This wanting gave me some direction, some purpose in life beyond physical sobriety. The old-timers told me that AA is a design for living a more fulfilled life (WB1.4), and that design for living gives you the tools (12 steps) to recognize your shortcomings, improve and grow (WB 2.2). They told me this was all detailed in the AA text, where the experiences of early AA members were described. They told me that even though the book was published in 1939, what it said about*

alcoholics was still true today (WB1.4), and that that was where you learned how to work the steps. The step-work helped me to continue my recovery on a daily basis (WB 2.2), helped me understand the reasons why I drank, and furnished a new way for me to cope with life (S.2.681). Working the steps changed my way of thinking (WB6.2), and eventually my thought process became a little more intuitive. I seemed to know how to handle situations that before had baffled me (WB1.4). I started to see the world differently, and I started to see my place in this world as a recovering person (T.3.58; WB3.2). My life began to have some meaning, some purpose.

Security. *In my fourth step, I learned that feelings of uselessness are magnified with alcoholics, that our reactions to life and our feelings are different from those of non-alcoholics (WB1.4). The step-work reduced my insecurity and helped me to feel some sense of self-esteem (WB3.2). This part of the program, these internal changes, helped me to understand my thinking and my feelings (WB1.4) and provided an accurate appraisal of myself. My self-worth shifted, or I should say, my self-worth began to exist (C.1.316), and over time, it started to evolve (WB1.4).*

Shame. *In the ninth step, I learned how to make amends to reduce the shame I felt for all the things I had done wrong when I was drinking. I needed to be honest and transparent so that those I had hurt would know I was sorry. I went out to the people I had harmed and made things right to the best of my ability (S.2.639). I learned that guilt served a purpose, and it was real. It told me that there was something wrong with my insides, and I needed to make that right, and when I made things right with the people I had harmed, the guilt and shame I felt went away (A.2.620).*

Anxiety. *I felt a lot of pain in middle AA (J.3.164). The old-timers told me my brain was healing and that is why my feelings were coming back. I was afraid of my feelings. I was afraid that if I got angry I would get drunk. I was afraid that if I let the feelings of insecurity and fear*

surface I would just die (T.6.751). Then I heard an older member share in a meeting that “feelings are not going to kill you” (C.6.714). I had never thought of it that way. Working the steps helped me deal with feelings like fear and anger on a daily basis (S.2.438) and helped me lesson my struggle with the world and reduced the anxiety I was feeling (T.4.851; WB3.9). Working the steps and clearing up the wreckage of my past reduced my fear because I was not so worried about running into someone from my past (J.2.601). In middle AA, many things I used to be afraid of began to no longer be a problem (A.6.1142).

By this time, I had stopped thinking of alcohol as a solution to living life (WB1.4). “In situations where I feel angry, overwhelmed, stressed, I do not think about alcohol as something that would be a solution for that feeling anymore” (T.1.307). Now when I have uncomfortable feelings, I have a buffer or a step I am supposed to work (C.5.45). Doing step-work helped me connect to a peaceful place inside myself (C.5.45), to feel that serenity I saw on the old-timers and that I wanted for myself. In middle AA, I began to understand that recovery is actually about addressing the overwhelming feelings that alcohol formerly solved (T.2.400). The 12 steps of AA replaced that solution. I learned to fill that hole in the soul in a healthy way (WB3.9). “If I am feeling insecure, ashamed, or that my life is meaningless, I can do something about it ... I don’t have to have to deny myself a good life ... This is what working the steps did for me” (C.4.576).

Late AA

The participants described late AA as a time when loneliness is gone and a sense of belonging or fit has become stable. They reported a confidence in their life meaning, a wholeness and security in what they are. The participants described a complete acceptance of themselves as they are, and with that a release from shame. Further, they describe that decades into their recovery, there is a serenity and peace because they can now navigate and manage anxiety.

I am not sure exactly when late AA began for me, as it does not occur in calendar time (A.3.273). It seems to be different for everybody and depend upon on how they are working the program. “You can have twenty-five years and be middle AA because that’s where you’re stuck, that’s where you want to be” (A.3.278).

Loneliness. *Today I am connected to my inner self and with other human beings in a meaningful way (T.6.821) (S.2.681). The moments of interpersonal loneliness, when I have separated from myself, and the moments of personal loneliness, when I have separated from others, are both rare. When it does occur, I recognize it immediately and make corrections (C.6.1118). Today, my connection to self and others is what gives my life meaning (A.4.621).*

Life Meaning. *In late AA, working the steps has become a way of life (C.1.317; T.1.303; WB 2.2; S.2.438; WB1.3). I am willing to do what it takes to continue on my journey to stay sober (WB 2.2). Life is predictable and peaceful (WB4.3). “I have a place in life now here on this earth. Before I felt like I didn’t fit in life and now I have a place in life with a purpose and I do belong here” (A.2.696). I have real purpose now (S.2.693), and I am grateful to be participating in life (S.2.681).*

Security. *I know what it is like to be fulfilled (T.1.305). I am a whole human being as opposed to the fragment of a human I was before (T.1.190). I feel a completeness and wholeness that was there deep inside me all along; it was just covered up (T.4.851). I am now an integrated person (T.4.679). Today the way I feel about myself matches the facts about me (T. 5.67). My perceptions of self are not distorted or fantasy (T.5.73). It is real and authentic. I am just being the real me (T.5.75). “I’m okay just as I am and so is everybody else and this is pretty much a gift” (T.5.185). “I think ‘I am’ covers it all (A.6.198; T.6.199; A.5.42; T.5.185).*

Shame. *I am not ashamed of who I have been, or who I am. I am alcoholic. Just like the color of my eyes, or my skin, it just is. When I make mistakes, I correct them, and make amends in real time if possible. If I do not catch it immediately, or someone makes me aware of a perceived transgression, I look for my part first. I look for their truth first. Then I make amends where needed (J.2.601; A.2.596; S.2.639).*

Anxiety. *I still get impatient, anxious, and sometimes frightened. But when I practice a morning meditation and a review of my behavior in the evening as suggested in the eleventh step, those times of discomfort are reduced. When I “continue to watch” as a tenth step, I have developed an objective observer to have a balanced view of the world. Through the tenth and eleventh steps, I have developed a kind and gentle view of the world (WB6.1). I hold a nonjudgmental view of others and myself. This is my spiritual awakening (WB1.3).*

I have recovered. *The overwhelming feelings of loneliness, insecurity, meaninglessness, and anxiety that plagued me as a kid, and that drinking solved but then ultimately made worse, are now manageable. They do not drive my life anymore (C.6.592). The shame for my behavior when drinking is all but gone (WB 2.2). I am not trying to outrun feelings, and they do not paralyze me (C.4.639). In fact, I now use those feelings to monitor how I am doing. When I start to feel “wow, something is missing, again something is missing” (C.6.1118), then I know I need to do some work. I need those feelings to tell me when I am stuck in my program. It is a reminder that I am not doing something right (T.4.646). In this way, I look at to the hole in my soul as a source of information, rather than as a defect (WB6.1).*

The hole in my soul is my work, my path (C.6.592). It now guides me to continue becoming: becoming a better person, a better person than I ever intended or thought possible. Today life is all about my connection with others and how we treat each other, our humanity. I

have developed an understanding, a deep compassion for others—I mean everybody, not just alcoholics, or just in AA, but everywhere. I have a compassion for others who have a similar hole in their soul; we all have it to varying degrees. Some are very lost and may never connect with another human in a truly authentic way. Then others are far advanced in ways or in places I am just now coming to know in myself, and I can learn from them. All through this process, I have been healing to various degrees the darkness inside of me, my faulty ways of thinking, my defects and distortions. I heal them so they longer separate me from others (A.4.621). “This is my chance to finally find out who I am and what I am supposed to do and why” (A.3.855).

What has Changed as a Result of AA Involvement?

In short, AA reduces suffering. The suffering AA reduces is related to the suffering drinking once resolved. When I came to AA, I felt useless, insecure, and inferior, and now after many years of involvement, I experience self-worth, a sense of wholeness, integration, and authenticity. Where I once felt profound loneliness, I now feel a sense of belonging. Where my life once felt meaningless, I now feel fulfillment, purpose, and meaning in my life. Where I was once plagued with anxiety, I now feel peace and serenity. Lastly, when I came to AA I was deeply ashamed of who I had become. Today, I experience self-acceptance and understanding. Because of these changes, drinking is no longer necessary or desired.

Summary of Study 2

The purpose of this study was to identify emic change processes experienced by members of AA’s fellowship. To this end, a grounded theory analysis (Strauss, 1987) of qualitative data generated from six focus groups involving five AA members with 20–31 years of AA involvement and continuous abstinence in AA was conducted. The study resulted in two products 1) a conceptual model (see Figure 2) representing change processes identified through

grounded theory analysis of focus group data, and 2) a conceptually dense case presentation based on that analysis (above). Grounded theory analysis of focus group data involving AA members with considerable histories of AA involvement and continuous abstinence suggests that AA involvement produced:

- changes in *insecurity*, marked by increased self-esteem, self-worth, wholeness, integration, and authenticity;
- changes in *loneliness*, marked by a sense of belonging;
- changes in *life meaning*, marked by a shared experience, sense of fulfillment, hope, an ability to cope with life, a new outlook on life, purpose, and meaning in life
- changes in *anxiety*, marked by reduced self-loathing, fear, anger and stress and an increased sense of peace and serenity
- changes in *shame*, marked by self-acceptance

Member Checking

Member checking was conducted at the beginning of each focus group: participants were presented with the assumptions the investigator had identified based on his analysis of the previous focus group data and asked to reflect on those assumptions. The use of whiteboards allowed for real-time member checking as tentative assumptions and conceptual models evolved in each session. The investigator met with the study participants in person for member checking of the final product for this study. The participants were furnished with the final conceptual model (see Figure 2) and case report (composite story) and asked to reflect upon its accuracy. The consistent response was tearful nodding. The vocalized responses ranged from “Damn, that gets right down it” to “yes, that’s it.” Each of the participants asked to keep the copies they were provided.

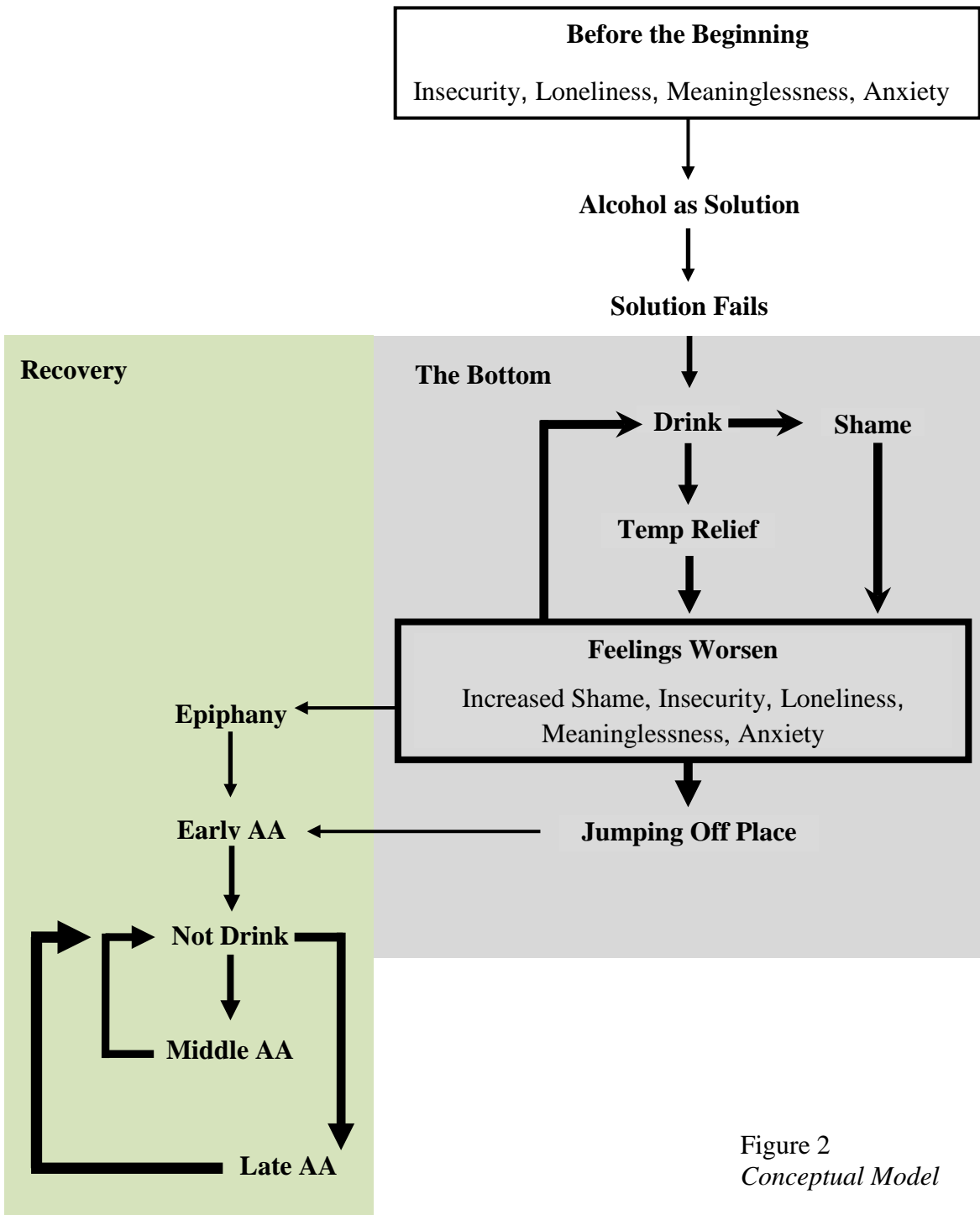


Figure 2
Conceptual Model

Conclusion Study 2

Grounded theory as a method seeks to generate a conceptually dense or saturated understanding of the “main theme” (p. 35) or central concern problematic for the people examined (Strauss, 1987). The purpose of grounded theory analysis in the present study was to provide, from an insider’s perspective, thick description of change processes experienced by long-term AA members. The data analyzed to this end involved photographs of focus group notes and drawings collected on 33 whiteboards (available on request) and 241 pages of transcribed focus group recordings (also available on request). The data was analyzed utilizing the coding paradigm of Strauss (1987) and resulted in the emergence of a core phenomenon titled *hole in the soul*. The hole in the soul represents the central problem or concern that has changed for the study participants as a result of AA involvement. The hole in the soul suggests that the effect of AA involvement on continuous abstinence experienced by AA members is explained by 1) changes in *insecurity*, marked by increased self-esteem, self-worth, wholeness, integration, and authenticity; 2) changes in *loneliness*, marked by a sense of belonging; 3) changes in *life meaning*, marked by purpose and meaning in life, a shared experience, a sense of fulfillment, hope, an ability to cope with life, and a new outlook on life; 3) changes in *anxiety*, marked by an increased sense of peace and serenity, reduced self-loathing, fear, anger and stress; and 4) changes in *shame*, marked by self-acceptance. In conclusion, the study has reported a conceptually dense and trustworthy description of emic change processes experienced by AA’s fellowship.

Chapter 5. Discussion

AA is utilized more frequently for problems with alcohol than all forms of clinical treatment combined (Humphreys, 1994; Room & Greenfield, 1993; Weisner, Greenfield, & Room 1995). Yet, exactly how AA improves drinking outcomes remains unclear (Kelly, Magill, & Stout, 2009; Kelly, Stout, Magill, & Tonigan, 2011), and there is a dearth of information about AA's action from its own perspective (Kelly, Magill, & Stout 2009; Tonigan, 2003). This dissertation provides a cultural insider's explanation for the *black box* (Wiener, 1961) of AA, and suggests a number of potential mechanisms explaining AA benefit. The study is unique in a number of ways. First, and most importantly, the undergirding position of the *expert* is transposed. Traditional efforts to explain AA benefit have examined researcher-identified factors thought to mediate the effect of AA involvement on drinking outcomes. The *expert*, or source of the explanation for AA benefit, is the researcher, a cultural outsider. Conversely, in the current investigation, the research participants who have experienced the phenomenon of interest (cultural insiders) are the *experts* or source of explanation for AA benefit. The study was also uncommon as it examined both AA's literature and its fellowship to understand AA change processes. The AA literature analysis was unexampled in terms of its methodology. To acquire an insider's perspective, a content analysis of AA's central text was conducted by AA members, untrained in formal analysis. The examination of AA's fellowship was novel as it involved AA members with more than 20 years continuous involvement and abstinence in AA's fellowship. Lastly, and perhaps controversially, the investigator is also a cultural insider with more than 20

years continuous involvement and abstinence in AA. While this position of researcher/cultural insider made it possible to access an invisible society and the researcher's familiarity with AA's customs and language undoubtedly contributed to the study's trustworthiness, the researcher/cultural insider position also created an unusual potential for researcher bias (discussed below). The current study represents an unprecedented flow of information from the phenomenon of AA to the academic as opposed to an academic explanation for the phenomenon. In this way, the study represents an explanation for AA's salutary effects grounded in the experience of AA benefit itself. The study resulted in four major products: 1) a thematic explanation of AA literature change processes suggesting several potential mechanisms underlying AA's action; 2) a grounded explanation of the core phenomenon experienced by long-term AA members consistent with the majority of the potential mechanisms suggested by the literature analysis; 3) a case report detailing long-term AA members' alcoholic journey; and 4) a conceptual model representing that journey. Together these products convey an insider's perspective of the change processes represented by AA's literature and its people.

Structure of the chapter

First, the study strengths and limitations are presented, followed by an overview of the findings from each study. Next, the similarities and differences between the studies findings are discussed, followed by a summary of the major findings. Afterward, the conceptual model is presented, followed by a discussion of the study's implications for social work research, practice, and education and finally, the study conclusion is presented.

Strengths & Limitations of the Study

A notable strength of this study resulted from the participants' prolonged engagement in AA. The content analysis participants were continuously involved and abstinent in AA for 6-24

years, and as such possessed extensive experience of AA's functioning and the role of the AA text in that process. The focus group participants contributed an additional strength in experience predating AA involvement. The focus group participants recollected early experiences that may have contributed to their alcohol use, experiences with alcohol that were beneficial, experiences with problematic alcohol use, and the experience of the alcoholic bottom leading up to their AA involvement. They also represented extensive involvement and continuous abstinence in AA for 20-31 years. Each focus group represented over 100 years of combined AA experience, embodying the phenomenon of interest within a continuous life course perspective of alcoholism from predisposition to decades of recovery.

The commitment of the study participants to share their experience was an additional strength in the current study. The participants in both studies were committed to sharing their interpretations and experience to an academic end in the hope that the study findings may also be useful to clinical alcoholism treatment providers. The participants' commitment to the accuracy and integrity of their experiences was also a strength in the current study. Though not representing or speaking on AA's behalf, the participants were aware their interpretations and experiences would be included in a written report and, as such, might be seen as a representation of AA. Thus, the material they shared and reviewed in member checking was scrutinized by the participants for its accuracy. This commitment to accuracy and truthfulness contributed to the integrity of the study and supported the accuracy of the investigator's assumptions. The participants' commitment to accuracy and truthfulness minimized or prevented any distortion or misinterpretation introduced by the investigator.

The investigator's long-term involvement in AA was a strength in the current study. The investigator's long-term involvement in local AA provided access to an invisible society, and an

awareness of members within that society who possessed extensive histories and would be likely to participate constructively and accurately in a research project. The investigator's knowledge of AA's literature and fellowship informed the direction of the study and the research questions. Further, within the study, the investigator's knowledge of AA's language and customs undergirded the coding frames for the literature analysis and informed the questing line and theoretical sampling in the focus groups. As a cultural insider, the researcher understood and respected the function of AA's anonymity, and this in turn fostered trust and confidence in the research participants. In this way, the participants felt "safe" to share deeply personal experiences that contributed to the study's authenticity.

An unexpected strength of the study was the focus group format in exploring long-term AA members' experiences. Because of AA's group format, the focus group format was a logical choice for data collection. However, the format functioned better than anticipated. The participants were comfortable and familiar with a group format and as such, the focus groups provided a natural and realistic collection of data.

While multiple strengths exist for this project, there were limitations in terms of heterogeneity of the sample, selection bias, and research bias. The study involved only Caucasian AA members over the age of 50. The experience of other ethnicities and age groups may be different. Only one participant was female. The female experience of AA was underrepresented, and this may have created a limitation. The present study involved only AA members from Richmond, Virginia. The experiences of AA members from other localities may differ from those of the participants. Thus, the scope of the study is limited by the experiences perceived by the participants. Although purposive sampling was employed, the investigator's long-term exposure to local AA may have created a selection bias. Participants may have agreed to

participate in the study based on their knowledge of the investigator. This may have resulted in participants who knew the investigator being included in the study rather than “natural” AA members.

The investigator’s long-term involvement in AA may have created a limitation through researcher bias and steps were taken to minimize its effect. Documentation of the investigator’s expectations through ongoing reflective commentary reduces researcher bias (Miles & Huberman, 1994). This investigator maintained a reflective journal from the study proposal to the end of data collection to record preconceived ideas of AA change processes and initial impressions of data as they were collected. Member checking is the most creditable method of establishing trustworthiness in qualitative study (Lincoln & Guba, 1985, p. 314). In Study 1, member checking was conducted at the end of the data analysis. The participants were presented with the researcher’s thematic explanation of the AA literature change processes identified by the participants. The study participants were asked to reflect on the accuracy of the researcher’s thematic explanation. In Study 2, member checking was conducted at the beginning of each focus group. The participants were presented with the investigator’s assumptions based on his analysis of the previous focus group data. The study participants were asked to reflect on the accuracy of those assumptions. The use of whiteboards allowed for real-time member checking as tentative assumptions and conceptual models evolved in each session. The investigator met with the study participants in person for member checking of the final study product.

Although a researcher’s previous knowledge and experiences present a potential threat to study rigor in any investigation, grounded theory as a method seeks not to partition this experiential data, but to harness it for study objectives. Strauss (1987) advocates for the use of personal experience to foster theoretical sensitivity that expands and enriches the analysis.

Strauss (1987) argues, “experiential data should not be ignored because of the usual canons governing research (which regard personal experience and data as likely to bias the research), for those canons lead to the squashing of valuable experiential data” (p. 11). Further, the data collection, coding, and theoretical sampling of grounded theory minimize the impact of an assumption not supported by the data, and serve as a methodological control over researcher bias (p. 11).

Discussion of Major Findings

Overview of Findings Study 1

The purpose of Study 1 was to identify change processes embedded in AA’s literature. To this end, a qualitative content analysis of the text *Alcoholics Anonymous* was conducted independently by three AA members. Collectively, study participants identified 147 passages from the AA text and organized them into 16 participant-determined change categories (change processes). While the participants were successful in identifying passages representative of change attributable to AA involvement, their ability to differentiate these passages into meaningful categories was limited. To address this problem, a complex coding frame (Schreier, 2012) was established for an additional analysis of the participant-identified passages from the AA text. The product of this analysis was five themes, both connecting and differentiating the participants’ analyses. Thematically, the study participants’ analyses of the AA text suggest that AA involvement will result in:

- *Life improvement*, marked by a design for living based in AA’s twelve steps, recovery from a hopeless condition of mind and body, and a power to help others;
- Changes in *spirituality*, marked by willingness to believe in a higher power, a spiritual experience, spiritual growth, and problem resolution through grace;

- Changes in *well-being*, marked by peace of mind, positive expectations, sanity, tolerance, and reduced fear, selfishness, and anger;
- A changed relationship to *drinking*, marked by a recognition of one's powerlessness over alcohol and a daily reprieve from drinking dependent upon one's spiritual condition; and
- Changes in *fellowship*, marked by a shared identity, connection, and understanding grounded in a common struggle with alcoholism

Overview of Findings Study 2

The purpose of Study 2 was to identify AA change processes and their functioning within AA's fellowship. To this end, a grounded theory investigation (Strauss, 1987) involving AA members with considerable histories of AA involvement and continuous abstinence was conducted. Six focus groups, involving five AA members with 20–31 years of AA involvement and continuous abstinence, were conducted to inform an understanding of how change occurs within AA's fellowship. The resulting data for analysis included 33 whiteboards and 241 pages of transcribed focus group recordings. The data was analyzed utilizing the coding paradigm of Strauss (1987). The products of Study 2 were; (a) selective codes and indicators detailing the phenomenon of interest; (b) a conceptually dense case presentation; and (c) a conceptual model representing the participants' alcoholic journey to continuous abstinence in AA. A preliminary draft of the case presentation (Strauss, 1987) written in objective, third-person style consistent with graduate-level reporting was not supported in member checking. To address this limitation, the case presentation was constructed as a composite, written in first person, to represent accurately the study participants' experiences. The grounded theory selective codes and their indicators suggest that the participants' AA involvement has produced:

- Changes in *security*, marked by increased self-esteem, self-worth, wholeness, integration, and authenticity;
- Changes in *loneliness*, marked by a shared experience, and a sense of belonging;
- Changes in *life meaning*, marked by hope, an ability to cope with life, a new outlook on life, and new purpose or meaning in life;
- Changes in *anxiety*, marked by reduced self-loathing, fear, anger, and stress, and an increased sense of peace and serenity; and
- Changes in *shame*, marked by self-acceptance

Similarities and Differences in Findings

Life improvement. Expectedly, both studies suggest AA involvement results in life improvement, and there is considerable agreement between the studies in terms of specific indicators of life improvement. The content analyses of Study 1 suggests AA involvement results in life improvement marked by a design for living in the twelve steps, recovery from a hopeless condition of mind and body, and a power to help others. The grounded theory analysis of focus group data suggests the study participants have experienced a design for living based in the twelve steps, which resulted in an ability to cope with life, recovery from a hopeless condition of mind and body, and a power to help others.

A design for living based in AA's twelve steps. The content analyses of Study 1 identified passages from the AA text suggesting AA involvement results in a new design for living (e.g., “A new life has been given us or, if you prefer, ‘a design for living’ that really works,” p. 28).

The grounded theory analysis of focus group data suggests the participants experienced a new design for living based in AA's twelve steps when the precepts underlying the first-step where

presented to them in early AA (e.g., *The old-timers told me that all I had to worry about was “not taking the first drink” and that everything in early recovery had to do with not drinking at all*, C.1.776; J.2.49; T.2.50; S.2.361; A.4.399; A. 5.110). In middle AA, the design for living in the twelve steps resulted in life improvement related to self-esteem (e.g., *The step-work reduced my insecurity and helped me to feel some sense of self-esteem.*, WB3.2), shame (e.g., *I learned how to make amends [ninth-step] to reduce the shame I felt for all the things I had done wrong when I was drinking*, S.2.639), and fear (e.g., *Working the steps and clearing up the wreckage of my past reduced my fear because I was not so worried about running into someone from my past*, J.2.601). Further, the focus group participants’ experiences indicated that, in late AA, a design for living in AA’s twelve-steps was fully integrated in their daily living (e.g., *In late AA, working the steps has become a way of life*, C.1.317; T.1.303; WB 2.2; S.2.438; WB1.3). Collectively, the utilization of AA’s twelve-steps provided the participants a skill set to cope with life (e.g., *The step-work helped me to continue my recovery on a daily basis, helped me understand the reasons why I drank, and furnished a new way for me to cope with life*, S.2.681).

Recovery from a hopeless condition of mind and body. The content analysis participants identified passages from the AA text depicting recovery (e.g., “we have recovered from a hopeless condition of mind and body”, p.20). The focus group participants reported experiences of hopelessness in the alcoholic bottom where the physiological effects of drinking took their toll (e.g., *I felt sick, had the shakes, and was nauseous all the time. The smell of food was enough to make me gag; it was misery beyond compare*, S.5.269; T.5.559). Likewise, the participants’ experiences reflected a psychological hopelessness (e.g., *It was the end of the world for me; complete hopelessness* (A.3.684; J.3.654). In contrast, late in AA involvement, the focus group participants report a recovered life, far from hopeless (e.g., *I know what it is like to be fulfilled,*

T.1.305; *I am a whole human being as opposed to the fragment of a human I was before,*
T.1.190; *I feel a completeness and wholeness,* T.4.851).

A power to help others. Content analysis of the AA text suggests AA involvement will result in life improvement marked by a power to help others, a central tenant in AA philosophy and the foundation of the twelfth-step (e.g., “We have recovered, and have been given the power to help others”, p.132). The focus group participants described this power to help others as it was embodied in the AA old-timers (e.g., *In early AA, the old-timers helped me when I could not help myself. They said things like “Come with me. I can help you”,* C.6.586; and “*I know it is hard to believe, but you are going to be okay”,* C.6.618; T.6.655; T.6.587). Likewise, in middle AA, the old-timers demonstrated a power to help others through guidance in step-work (e.g., *The old-timers told me that AA is a design for living a more fulfilled life,* WB1.4; *and that the design for living gives you the tools (12-steps) to recognize your shortcomings, improve and grow,* WB 2.2).

Connections in the literature. Changes related to a design for living based in AA’s twelve steps (step-work) have not been effectively evaluated with clinical participants who attend AA or community AA members due to limited instrumentation. The Alcoholics Anonymous Involvement scale (AAI; Tonigan Miller & Connors, 1996) measures lifetime and recent attendance and involvement in AA. The normative sample involved 1,726 clients participating in Project MATCH. None of the normative sample undergirding the instrument development to assess AA involvement and step-work was recruited from community AA. As previously discussed, Project MATCH participants attended AA meetings substantially less often than AA tenets recommend for persons new to recovery. It may be reasonable to conclude that low AA involvement may limit the amount of AA step-work completed by the Project MATCH

participants. In fact, 69% of the normative sample for this instrument reported completing less than two steps, and 90% reported completing less than four steps. Given the steps are worked in order; this would suggest 69% of the sample had not completed the second-step, and 90% had not completed the fourth-step. Yet, the AAI is widely used to estimate AA involvement and step-work. The General Alcoholics Anonymous Tools of Recovery (GAATOR; Montgomery, Miller, & Tonigan, 1995) also reports AA involvement and step-work. The normative sample for the GAATOR was recruited from a 28-day inpatient treatment facility (N=66). None of the normative sample undergirding the instrument development to assess AA involvement and step-work was recruited from community AA. Thus, there remains a need for instrumentation to assess AA involvement and step-work. The instrument development may benefit from a normative sample involving individuals who have attended AA with a frequency and duration consistent with AA tenets and have also completed the twelve steps.

The ‘hopeless condition of mind and body’, and ‘a power to help others’ depicted in both studies have not been discussed at length in the broader literature. However, the power to help others has been identified as a theme underlying AA benefit. Lederman and Menegatos (2011), also using a grounded theory approach, identified five major themes explaining AA’s action including: reminders of the painful past, reinforcing recovery, losing the sense of terminal uniqueness, developing one’s relationship with oneself, and helping others. White and colleagues (2006) conducted several interviews with recovering individuals in New York and found a connection between helping others in recovery and Life Meaning and Purpose in recovery (e.g., “Helping somebody, that's my purpose. All that I went through wasn't in vain. I feel that my purpose is to help somebody else, to give this message that there's hope”, p.3).

Spirituality. The findings from both studies indicate AA involvement may result in a changed understanding of spirituality. Thematically, the participants' analyses of the AA text suggest that AA involvement will result in changes in spirituality, marked by a willingness to believe in a higher power, a spiritual experience, spiritual growth, and problem resolution through grace. The grounded theory analysis of focus group data identified a willingness to change beliefs about God, an Epiphany, spiritual growth, and problem resolution through step-work.

Willingness. The content analysis participants selected passages from the AA text suggesting that willingness to believe in a higher power preceded beneficial changes related to AA involvement (e.g., “We found that as soon as we were able to lay aside prejudice and express even a willingness to believe in a Power greater than ourselves, we commenced to get results”, p.46). The focus group participants reported a willingness to change beliefs about faith in early AA (e.g., *I did not believe in faith, or understand the God they talked about in the AA meetings. But I listened to these people, and I began to have hope for the first time in as long as I could remember. I had a willingness to change, and I was committed to doing whatever it took to make that happen* (WB1.3).

Spiritual experience. The content analysis identified passages from the AA text suggesting a sudden spiritual experience (e.g., “God comes to most men gradually but his impact on me was sudden and profound”, p.14). The Epiphany described by the focus group participants emulated a similar experience (e.g., “*I got up off the floor and I opened the front door and looked outside into the sunny sky and I knew I was going to be okay*”, A.3.712. “*It was the first time that I ever felt peace and serenity in my life*”, A.3.719. *I had a sense of release, and I knew it was going to be okay*, C.4.353; S.4.310).

Spiritual growth. The analysis of the AA text identified passages depicting spiritual growth related to step-work (e.g., “To some extent we have become God-conscious [following step 10]. We have begun to develop this vital sixth sense”, p.85). In much the same way, the focus group participants shared experiences related to step-work and spiritual growth (e.g., *Through the tenth and eleventh steps, I have developed a kind and gentle view of the world, WB6.1. I hold a nonjudgmental view of others and myself. This is my spiritual awakening, WB1.3).*

Problem resolution. In Study 1, the participants identified several passages describing the resolution of problems. However, the problems were nonspecific in nature and their solution was attributed to grace (e.g., “God had done for him what he could not do for himself”, p. 11). The focus group participants also described problem resolution resulting from AA involvement but the problems were specific. (e.g., *I made things right with the people I had harmed [ninth step], and the guilt and shame I felt went away, A.2.620*), and their resolution was attributed to step-work. The differences in problem resolution represented by the two studies may be related to the history of AA at the time the text was first published. *Alcoholics Anonymous* was written in 1935 by AA members who had been sober less than five years. These early AA members were previously involved in the Oxford groups of the time, a highly religious organization. Given the limited length of AA involvement represented by the AA text, and the early influence of the Oxford groups, it is perhaps not surprising the authors attributed the resolution of all their problems to grace. In contrast, the focus group participants were exposed to a perhaps less religious AA, 50-60 years later. Further, the focus group participants had experienced over 20 years of change resulting from AA involvement, and the connection between step-work and problem resolution may have been more evident.

Connections in the literature. As previously reviewed, Kelly et al. (2011a), Krentzman et al. (2013), and Tonigan et al. (2013a) found support for changes in spirituality as a variable explaining, in part, the effect of AA involvement on reduced drinking measures (i.e., Percent Days Abstinent; PDA). However, Tonigan (2003) reported that a spiritual awakening at 6-months did not explain the effect of AA attendance (6-month) on PDA 33–36 months after treatment. Given the Tonigan (2003) sample was essentially the same sample examined by Kelly et al. (2011a) and Tonigan et al. (2013a), it is not likely the level of AA involvement or the drinking outcome assessed explains this difference. It is more likely the attribution of a change at 6-months, for an outcome at three years, is not reasonable expectation of AA involvement. As previously discussed, these investigations of spirituality examined the effect of low AA involvement on drinking outcomes inconsistent with AA philosophy. Thus, it may be the changes observed are not attributable to AA involvement. Changes in spirituality as a variable explaining the effect of AA involvement consistent with AA tenets (90 meetings in 90 days and 2.5 meeting days per week thereafter) on continuous abstinence have not been evaluated within clinical treatment samples or community AA samples.

Well-being. The findings from both studies indicate AA involvement may result in improved well-being. Thematically, the participants' analyses of the AA text suggest that AA involvement will result in improved well-being marked by peace of mind, positive expectations, sanity, tolerance, and reduced fear, selfishness, and anger. The grounded theory analysis of focus group data suggest the participants' AA involvement resulted in reduced stress, increased peace, serenity, hope, and rational thought, reduced fear, and anger. Remarkably, selfishness was not identified in the grounded theory analysis.

Peace of mind. The content analysis study indicated AA involvement would result in “peace” (p. 8), “peace and serenity (p. 14), and “peace of mind” (p.86). In terms of how this change may occur, several of the identified passages were part of the eleventh- step instructions involving prayer and meditation. The focus group data indicates the participants’ AA involvement produced changes in anxiety marked by reduced stress and increased peace and serenity. In middle AA, the participants reported a newfound peace related to step-work (e.g., *Doing step-work helped me connect to a peaceful place inside myself, C.5.45*). In late AA, the participants indicated practicing the eleventh- step was related to a reduction in stress and discomfort (e.g., *I still get impatient, anxious,.....But when I practice a morning meditation and a review of my behavior in the evening as suggested in the eleventh-step, those times of discomfort are reduced, WB6.1*).

Positive expectations. The participant’s content analyses in Study 1 suggest AA involvement will result in positive expectations about life (e.g., “we are sure God wants us to be happy, joyous, and free”, p.133).The focus group data indicates the participants in Study 2 had experienced changes in life meaning marked by hope and a new outlook on life. In the alcoholic bottom, the participants described a state of hopelessness (e.g., *It was the end of the world for me, A.3.684; complete hopelessness. “I couldn’t take it anymore, J.3.654*). In contrast, the participants reported a newfound hope in early AA (e.g., *I listened to these people, and I began to have hope for the first time in as long as I could remember, A.6.675*). In late AA, the participants describe a newfound opportunity in life exceeding their expectations (e.g., “ *This is my chance to finally find out who I am and what I am supposed to do and why*”, A.3.855).

Sanity. Passages from the AA text identified by the content analysis participants suggest AA involvement will result in a new sanity related to drinking (e.g., “For by this time [the

completion of step 10] sanity will have returned”, p.84). Sanity, in this sentence refers to one’s disposition towards alcohol (i.e., “we will seldom be interested in liquor. If tempted, we recoil from it as from a hot flame”, p. 84). The focus group participants described irrational thought processes related to alcohol (e.g., *My mind raced uncontrollably: “take a drink, take a drink, take a drink, take a drink”*, S.2.506). In early AA, the participants reported a new understanding of life without the use of alcohol (e.g., *I started to think that maybe it was possible to do life without alcohol*, T.6.758). In middle AA, the participants reported that step-work had addressed many of the underlying reasons for their drinking, and as a result; drinking was no longer considered a solution (e.g., *By this time, I had stopped thinking of alcohol as a solution to living life*, WB1.4).

Tolerance. The content analysis of the AA text suggests AA involvement will result in a tolerance of others. Interestingly, all of the identified passages are related to resentment, where the alcoholic is urged to “take a kindly and tolerant view” (p. 67) of offending individuals, and suggests they too may be “spiritually sick” (p. 66). In early AA, the focus group participants reported an increased tolerance of self (e.g., *I had started to accept myself for who I was*, A.2.596). In late AA, the participants indicated a tolerance of self and others far exceeding an avoidance of resentment (e.g., *“I’m okay just as I am and so is everybody else and this is pretty much a gift”*, T.5.185. *I hold a nonjudgmental view of others and myself*, WB1.3. *I have developed an understanding, and a deep compassion for others*, A.4.621). The differences in tolerance between the two studies may be related to the length of AA involvement represented by the AA text as discussed above in problem resolution. *Alcoholics Anonymous* was written in 1935 by AA members who have been sober less than five years. In contrast, the focus group

participants had been involved in AA for over 20 years and had perhaps experienced long-term changes in tolerance not yet experienced by the authors of the AA text.

Fear. The content analysis participants identified three passages from the AA text suggesting AA involvement may result in a reduction in fear (e.g., we began to lose our fear of today, tomorrow or the hereafter). The focus group participants discussed fear extensively. The study participants described troubles with fear in the section titled Before the Beginning (e.g., *I was afraid I was not enough*, T.3.512. *I was anxious and “generally afraid of a lot of things about life; afraid of being myself, and being accepted for who I am, afraid I don’t have the tools to live life properly, and I am not prepared for life”*, A.1.458). The participants reported drinking was a solution for many of these fears (e.g., *When I was sitting on the barstool, I was the smartest person on the face of the earth. I knew more than you did. I could drink more than you did. I could talk about the vacation I was going on”*, T.1.503. *I was a success. “Drinking made me better looking, made me dance better, and made me more intelligent”* J.1.512). In early AA, the participants reported the old-timers knew about their fears (e.g., *When they talked about their experiences, it was as if they knew my experiences, my feelings, my fears; it was as if they already knew me*, WB1.3). In middle AA, and after considerable step-work, the participants described a resolution of the fear problem (e.g., *In middle AA, many things I used to be afraid of began to no longer be a problem*, A.6.1142). The disparate representations of fear between the two studies suggest fear may be under-represented in the content analyses of Study 1. A keyword search of the AA text determined fear is discussed 38 times, suggesting it is underrepresented by the participants’ content analyses. Future analyses of the AA text may benefit from a guiding codebook with examples.

Fear, as it is used in the text *Alcoholics Anonymous* may more accurately describe anxiety; specifically the fear is without object. For example, “Fear gripped him” (pg. 154) and “we were full of fear” (pg. 52). *Anxiety* refers to an emotion comparable with fear (Freud, 1936) associated with unpleasant feelings of tension, apprehension, nervousness and worry (Spielberger, 1983). Several of the passages in the AA text appear specific to anxiety (e.g., “My brain raced uncontrollably and there was a terrible sense of impending calamity”, pg. 6). The word anxiety is not used in the AA text. This is likely because anxiety, in the mid 1930’s, was a term associated with psychiatric conditions (e.g., anxiety nervosa; neurotic anxiety). Future analysis of the AA may wish to determine if *fear*, as it is used in the AA text, more accurately refers to *anxiety* as it is used today.

Selfishness. The content analysis participants identified passages from the AA text representing a change in selfishness six times. One of the passages suggests the elimination of *selfishness* is paramount to the alcoholic’s survival (e.g., “Above everything, we alcoholics must be rid of this selfishness. We must, or it kills us!” p. 62). Curiously, selfishness appeared only two times in the focus group transcripts. Selfishness may not have been discussed more often because it was a change that occurred early in recovery, although other conditions related to early recovery (e.g., loneliness) were discussed often and at length. The more likely, though less flattering, explanation may be the self-centered disposition of alcoholics. “Selfishness self-centeredness! That we think is the root of our troubles” (p.62; supplemental). In addition, the inquiry was “self” centered (the participants were asked to talk about themselves). Combined, these two conditions may have rendered selfishness difficult to discern. Simply stated, the alcoholics involved in the study may have been too occupied talking about themselves to discern or distinguish selfishness. This investigator’ prolonged engagement with members of AA

suggests selfishness and self-centeredness are almost certainly challenging issues for an alcoholic working the twelve-steps. The study participants and anyone with extensive experience with alcoholics in AA may find this assertion difficult to contest.

Anger. The content analysis participants collectively identified two passages from the AA text referencing a change in anger (e.g., “we had to be free of anger. The grouch and the brainstorm were not for us”, p.66). However, the focus group participants discussed anger on several occasions. Prior to AA involvement, the focus group participants reported feelings of anger and frustration. In middle AA, the participants describe the resolution of problems with anger through step-work (e.g., *I was afraid that if I got angry I would get drunk*, T.6.751. *Working the steps helped me deal with feelings like fear and anger on a daily basis*, S.2.438). In sum, the focus group participants discussed anger or frustration 13 times. The differing representations of anger between the two studies suggest anger may be under-represented by the participants’ content analyses in Study 1. A keyword search of the AA text indicates anger is discussed at least 32 times in the AA text, suggesting it is under-represented in the content analyses. Future analyses of the AA text may benefit from a guiding codebook with examples.

Connections in the literature.

Peace of mind. Peace of mind, as identified by the content analysis participants, and reduced stress; increased peace and serenity, as identified in the focus group study, have not been evaluated in relationship to AA involvement. Tonigan (2008) describes psychological well-being as a secondary outcome associated with AA involvement. However, investigations of the relationship between AA involvement and psychological well-being assess indicators representing the absence of well-being (i.e., anxiety; Emrick et al., 1993), and not indicators of the presence of well-being; like peace of mind or serenity. There may be a need for instrument

development to assess the presence of psychological well-being or peace and serenity associated with AA involvement.

Positive expectations. Positive expectations, as identified in the content analysis study and hope, as described by the focus group participants, have received little attention in the scientific literature. The transition from a state of hopelessness to a sense of hope in the recovery process has been reported (White et al., 2006; Burell & Jaffe, 1999). Hope has been associated with finding Life Meaning in the recovery process from alcoholism, and the use of hope-based methods of intervention (e.g., recovery role models) have been suggested (White et al., 2006). Recently, Wnuk (2017) found a positive correlation between AA involvement (M=5 years) and hope with a community AA sample in Poland.

Sanity. Changes in sanity, related to alcohol, as identified in AA text, and rational thought processes, related to drinking, as described by the focus group participants have not been evaluated per se in relation to AA. However, Alcohol Abstinence Self-Efficacy (DiClemente et al., 1994), a measure of alcohol refusal skills, has been used to estimate the ability of individuals to abstain from alcohol in different conditions. Four studies found support for Alcohol Abstinence Self-efficacy explaining, in part, the effect of AA involvement on PDA and DDD in Project MATCH participants (Tonigan, 2003; Connors et al., 2001; Bogenschutz et al., 2006; Kelly et al., 2012). Alcohol Abstinence Self-efficacy has not been investigated with community AA samples. There may be a need to develop instrumentation to assess changes in sanity or rational thought processes as described in AA text and reported in the focus groups.

Tolerance. Tolerance of others, as identified by the content analysis participants, and acceptance or tolerance of self and others, as described by the focus group participants, have not been evaluated with clinical treatment participants who attend AA or with community AA

samples. There may be a need to develop instrumentation to assess changes in tolerance of self and others as described in AA text and reported in the focus groups.

Fear. Changes in fear resulting from AA involvement, as indicated by both studies have not been evaluated. However, anxiety has been examined in alcoholism treatment research, including alcohol and drug dependants (Evren, Cinar, Evren, & Celik, 2011; Cahill, Adinoff, Hosig, Muller, & Pulliam, 2003), male in-patient alcoholics (Ludenia, Donham, Holzer, & Sands, 1984; Donham, Ludenia, Sands, & Holzer, 1984), and social drinkers (Griffiths et al., 2012). It does not appear Anxiety has been evaluated in a sample of community AA members. Sandoz (2002) discussed the relationship between fear (equated with social anxiety) and relapse in AA newcomers. However, social anxiety may not be consistent with the object-less fear indicated by the AA literature and described by the focus group participants. As mentioned previously, there may be a need to determine if the descriptions of fear in the AA text actually represent incidents of anxiety. There may also be a need to develop instrumentation to assess changes in fear or anxiety, as described in AA text and reported in the focus groups.

Selfishness. Selfishness as identified by the content analysis participants and curiously missing in the focus group data has not been evaluated in relation to AA participation. Tonigan et al. (2013b), citing passages of AA's central text, proposed that changes in selfishness, might explain AA's effect on drinking outcomes in a sample of new AA affiliates. However, the authors equated the selfishness described in the AA text with pathological narcissism as indicated by the Narcissistic Personality Inventory (NPI). The NPI incorporates descriptors of the narcissistic personality disorder from the Diagnostic and Statistical Manual of Mental Disorders (DSM). The diagnostic criteria includes "Significant impairments in self (identity or self-direction) and interpersonal (empathy or intimacy) functioning" (APA, 2012, p. 669). A

significant impairment in empathy may be inconsistent with the self-centered or selfish descriptors of the AA text. Indeed, a significant impairment in self-direction or interpersonal empathy may exclude one from participating in AA at all. In short, a narcissistic personality disorder may not be what the AA text is describing. Yet, the authors of the Tonigan study argue their findings are consistent with prior work (i.e. Reinert, et al.,1993; Hart & Huggett, 2005), and suggest further evaluation of the relationship between pathological narcissism and AA participants is unwarranted. While this is likely true in terms of pathological narcissism, selfishness and self-centeredness (as previously discussed) are almost certainly challenging issues for an AA member and may warrant future research. Further, there is likely a need to develop an instrument which assesses changes in selfishness resulting from AA involvement consistent with the descriptions of selfishness in the AA text.

Anger. Anger as indicated by both studies appears to have been evaluated with Project MATCH participants who also attended AA. Kelly et al. (2010a) reported anger levels were substantially elevated in this sample (98th percentile), and though these levels decreased significantly by month fifteen; they remained considerably higher (89th percentile) than the general population. However, changes in anger did not explain the effect of AA involvement on PDA, DDD. However and as previously discussed, Project MATCH participants may not have attended AA with enough frequently or duration to change anger levels appreciably or it may be changes in anger explained entire abstinence, not reduced drinking. However, it is more likely the participants were evaluated too early in the recovery process (15 months) for changes in deep-seated anger and resentment to have occurred. Changes in anger have not been evaluated with community AA samples.

A changed relationship to drinking. Expectedly, both studies indicate involvement in AA will result in a changed relationship to drinking. The participants' analysis of the AA text indicates involvement in AA will result in a changed relationship to drinking, marked by recognition of one's powerlessness over alcohol and a daily reprieve from drinking dependent upon one's spiritual condition. The grounded theory analysis of focus group data depicted a loss of control over alcohol consumption, and freedom from the necessity of drinking because of step-work.

Powerlessness. The content analysis participants identified passages from the AA text representing powerlessness related to drinking. "The fact is that most alcoholics, for reasons yet obscure, have lost the power of choice in drink", (p.24). The focus group participants reported similar experiences in the alcoholic bottom (e.g., *I had to drink and once I started drinking I could not control how much I would take*, T.1.34; S.4.923. *I couldn't drink anymore, and I couldn't not drink anymore*, J.3.396).

Reprieve from drinking. The content analysis participants identified passages from the AA text describing a solution to alcoholism. One of these passages describes a positive outcome associated with completing the fifth-step (e.g., "The feeling that the drink problem has disappeared will often come strongly", p.75). The majority of the other passages described benefits associated with practicing the tenth-step. These benefits include a cessation of "fighting anything or anyone-even alcohol" (p.84), and "avoiding temptation" (p.85). Further, the alcoholic "will seldom be interested in liquor" (p.84). Instead, one can feel "safe and protected" (p.85) as the drink problem "does not exist for us" (p.85). When the tenth-step is part of one's daily program, the AA text promises, "a daily reprieve contingent on the maintenance of our spiritual condition" (p.85). This final passage, in conjunction with the previous passages,

suggests one's "spiritual condition" is dependent on step-work [the tenth-step]. The experiences of the focus group participants reflect essentially the same thing (e.g., *The step-work helped me to continue my recovery on a daily basis*, WB 2.2; *helped me understand the reasons why I drank, and furnished a new way for me to cope with life*, S.2.681. *By this time, I had stopped thinking of alcohol as a solution to living life*, WB1.4). Although the content analysis findings appear to suggest a spiritual explanation for abstinence and the focus group findings suggest a changed relation to drinking based on step-work, on closer examination it is evident both studies are describing a changed relation to alcohol resulting from step-work.

Connections in the literature. Although physical dependence on alcohol and its association with a sense of powerlessness is well represented in the literature (Dupont & McGovern, 1992; Glatt, 1972; Heather & Robertson, 1989), non-physical or psychological powerlessness (i.e. *They told me that alcoholism is a disease that tells you "you don't have a disease"*, WB.3.3) has not been evaluated. In fact, the concept of powerlessness has been criticized as reducing the addict's sense of self and promoting the idea he or she is "helpless" compared to people without the disease (Burell & Jaffe, 1999). The reprieve from drinking in AA philosophy is continuous abstinence. In the vast majority of the clinical literature, as discussed previously, a reprieve from drinking is non-continuous (PDA, DDD) and in conflict with the idea of powerlessness.

Fellowship. Alcoholics Anonymous describes itself as "a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism" (AA preamble; see Appendix G). Thus, it is not surprising that both studies represented elements of AA's fellowship. Thematically, the participants' analyses of the AA text suggests that AA involvement will result in changes in

fellowship, marked by a shared identity, connection, and understanding grounded in a common struggle with alcoholism. To a similar end, the focus group participants indicate AA involvement has resulted in changes in *loneliness*, marked by a shared experience, and a sense of belonging.

Shared identity. The content analysis participants identified passages from the AA text suggesting a shared identity (e.g., “The feeling of having shared in a common peril is one element in the powerful cement which binds us”, p.17). Likewise, the focus group participants shared experiences depicting a shared experience (e.g., *They all drank like me, and I could relate to everything they said, C.2.690. When they talked about their experiences, it was as if they knew my experiences, my feelings, my fears; it was as if they already knew me, WB1.3*).

Sense of belonging. Passages from the AA text identified through content analysis suggest the AA fellowship provides a place to connect in “brotherly and harmonious action” (p. 17), where AA members find “many fast friends” (p.15) and “a fellowship, a friendliness, and an understanding which is indescribably wonderful” (p.16). The focus group study depicted a broader experience related to a sense of belonging. The participants described a sense of alienation long before drinking began (e.g., “*I always felt like I was trying to belong and wanted to belong*”, *but was separate in some way, T.1.494; A.2.53*). For a time, when alcohol served as a solution, the participants described finding a sense of belonging in the bars (e.g., *I finally had a place to belong, C.1.60*), and when the solution failed, the problem with belonging was worsened (e.g., *I no longer belonged anywhere, J.1.243*). Similar to the passages from the AA text identified in Study 1, the focus group participants described immediately fitting in with AA’s fellowship (e.g., *From the very beginning, AA made me feel like I was part of something, and that I belonged, A.6.595; A.6.608*). In late AA, the participants described a deeper sense of belonging that extended beyond the fellowship of AA (e.g., “*I have a place in life now here on*

this earth. Before I felt like I didn't fit in life and now I have a place in life with a purpose and I do belong here", A.2.696).

Loneliness. The focus group participants' wider reporting of experience included descriptions of loneliness. The content analysis study did not. In adolescence, the focus group participants reported feeling a sense of separateness (e.g., *I was not sure whether I fit in this life or if there was a place for me*, T.3.551; C.1.482; A.2.696; *in any situation, with friends or even in my family*, A.3.446; C.1.484). When alcohol consumption was no longer a solution, the participants described a deep sense of loneliness (e.g., *"I knew something was wrong with me*, A.3.741; *and I slowly withdrew from life*, S.1.245 C.1.247. *I felt separate from others again*, T.3.595; *and a deep loneliness settled in*, A.3.662; T.3.641). In the alcoholic bottom, the participants described an overwhelming loneliness (e.g., *I felt profound loneliness ... I just did not know how to fit in this life*, A.3.662; T.3.641). An early component of the AA experience, reported by the participants, included a reduction in loneliness (e.g., *From my very first meeting, I found relief from my loneliness*, WB1.3). In middle AA, the participants reported becoming aware of an internal or intrapersonal loneliness (e.g., *I realized that I was separated from myself, and there was an inside loneliness that did not change, no matter how many people were around me*, C.6.621). The focus group participants indicated problems with loneliness were not fully resolved until late AA (e.g., *Today I am connected to my inner self and with other human beings in a meaningful way*, T.6.821; S.2.681; *The moments of interpersonal loneliness, when I have separated from myself, and the moments of personal loneliness, when I have separated from others, are both rare*, C.6.1118; *Today, my connection to self and others is what gives my life meaning*, A.4.621).

Given the frequency and depth of loneliness reported by the focus group participants, it is surprising loneliness did not emerge as a theme from the content analysis of the AA text. Only one of the passages identified by the content analysis participants suggests a change in loneliness (e.g., “we can be alone at perfect peace and ease”, p.75). The disparate representations of loneliness between the two studies suggest the construct may be under-represented in the content analyses of Study 1. A keyword search of the AA text indicates loneliness is discussed at least 12 times, suggesting it may be under-represented by the content analysis participants. Though not included as part of the content analysis, AA’s secondary text; *Twelve Steps and Twelve Traditions* (GSO, 1953) suggests problems with loneliness are common among alcoholics.

What are we likely to receive from Step Five? For one thing, we shall get rid of that terrible sense of isolation we've always had. Almost without exception, alcoholics are tortured by loneliness. Even before our drinking got bad and people began to cut us off, nearly all of us suffered the feeling that we didn't quite belong. (p.57)

Connections in the literature. Kelly and Greene (2015) discuss sense of belonging as a component of spirituality, thinking of others, and working with newcomers in AA. The proposition that AA’s effect on drinking outcomes is explained by changes in Social Networks was supported in four investigations involving clinical treatment participants (Kaskutas et al., 2002; Bond et al., 2003; Kelly et al., 2011; Owen & Slaymaker, 2003). However, changes in social networks are described as processes that occur when individuals reduce or discontinue associations with individuals who support drinking, and replace them with pro-abstinent associations. While this may be a process that occurs when individuals become involved in AA, changes in social networks, as described above, do not appear to be consistent with changes in loneliness or sense of belonging indicated in the present study.

Lederman and Menegatos (2011), discussed previously, also using a grounded theory approach, identified major themes explaining AA’s action including developing one’s

relationship with oneself (similar to the intrapersonal loneliness resolved by the focus group participants). Identifying with a recovering community and identifying with all of humanity have been associated with successful recovery (White et al., 2006). Strobbe and Kurtz (2012) examined 24 stories that appeared for the first time in the fourth (now current) edition of *Alcoholics Anonymous*. In three of the twenty-four stories analyzed, the narrator indicated the most effective difference AA provided was identifying with the experiences of another AA member. This is consistent with the shared identity indicated in both studies here.

Loneliness is a significant factor in the experience of alcoholism (Akerlind & Hornquist, 1989; Nerviano & Gross, 1976; Medora & Woodward, 1991). Alcoholics are more likely to experience loneliness than non-alcoholics do, and longer periods of active alcoholism are associated with higher degrees of loneliness (Medora & Woodward, 1991). Similar to the focus group participants' description of *alcohol as a solution*, Wilkland (2008) reports that the use of substances can be understood as a striving to meet and resolve problems with loneliness. Alcoholics Anonymous has been described as a solution to problems with suffering stemming from the sense of alienation common to addiction (Chen, 2010). Involvement in AA has been associated with reductions in loneliness (Askley & Rabon, 2001), however changes in loneliness/sense of belonging have not been evaluated to determine if they explain drinking outcomes for clinical treatment participants who also attend AA or continuous abstinence in community AA samples. There may first be a need to develop instrumentation to access sense of belonging vs loneliness specific to AA involvement.

Findings Unique to Study 2.

Security. The grounded theory analysis of focus group data indicated participants had experienced changes in *security*, marked by increased self-esteem, self-worth, wholeness,

integration, and authenticity. Challenges with feelings of insecurity were reported by the participants long before drinking began (e.g., *I remember as a teenager, something was wrong. I was missing something, incomplete*, T.3.814; *deficit in some vital way*, A.3.820). The participants describe early efforts to outrun these feelings of discomfort through success in academics and playing sports. Later, the participants described alcohol as a solution for these feelings of insecurity (e.g., [when drinking] *The insecurity was gone*, J.3.114; *or at least reduced*, A.3.83; T.3.66; *for a while*, J.3.67; T3.118. *I felt less self-conscious*, T.3.311; *and instead I felt like “I can deal with life as long as I have this [alcohol]”*, T.3.354). However, when the alcohol solution failed, the feelings of insecurity returned and seemed even worse (e.g., *I was not sure of myself anymore*, A.1.636). *Sometimes I felt inferior*, C.2.221; J.3.74; J.3.115; *even useless*, C.1.397; J.1.398; T.1.409; *and without worth*, C.1.316). The participants reported that insecurity continued to be a problem in early AA (e.g., *The insecurity was pervasive when I first came to AA*, A.3.103; WB3.1). However, not drinking and other change behaviors contributed to a lessening insecurity in recovery (e.g., *I had started doing little things right, estimable acts they called them in AA*, T.3.59;... *like helping to clean up after the meeting, washing coffee cups and putting chairs away. I was doing big things too, like not drinking. These changes helped me feel better; my self-esteem began to improve*, T.3.59). In middle AA and because of step work, feelings of self-esteem and self-worth were increased for the participants (e.g., *The step-work reduced my insecurity and helped me to feel some sense of self-esteem*, WB3.2). Like the feelings of loneliness (discussed above), feelings of insecurity were not resolved for the focus group participants until late AA (e.g., *I feel a completeness and wholeness that was there deep inside me all along; it was just covered up*, T.4.851. *I am now an integrated person*, T.4.679. *Today the way I feel about myself matches the facts about me*, T. 5.67). Given the frequency and

consistency of issues with insecurity reported by the focus group participants, it is surprising security did not emerge as a theme from the content analysis of the AA text. A keyword search of the AA text indicates security is discussed at least 17 times, suggesting it was missed by the content analysis participants. This may indicate a need for a codebook including examples to enhance future analyses of the AA text.

Connections in the literature. Smith (1998) describes suffering experienced by alcoholics when a crucial aspect of the self or one's personal identity is compromised. Kaufman (1985) describes a painfully diminished sense of self, experienced as shame by alcoholics. There appeared to be no evaluations of self-esteem, security, or self-worth related to AA involvement. There may be a need to develop instrumentation to assess changes in security related specifically to AA involvement.

Life meaning. The grounded theory analysis of focus group data suggests the participants' AA involvement had produced changes in life meaning, marked by hope, an ability to cope with life, a new outlook on life, and new purpose or meaning in life. Hope and a new outlook on life were equated with the positive expectations identified in content analysis and discussed previously. An ability to cope with life was associated with a new design for living in AA's twelve-steps and discussed previously. However, a new purpose or meaning in life was not represented, thematically in the content analysis study. Similar to the feelings of loneliness and insecurity previously discussed, the uncertainty of life meaning or purpose was reported by the participants long before drinking began (e.g., *I felt like everybody knew something that I didn't. My life had no meaning or purpose*, T.2.558). As the other discomforts previously discussed, alcohol appeared to be a solution for the uncertainty of the participants' meaning or purpose in life (e.g., *Drinking made me feel my life had meaning and purpose. Life made sense in the bar*

and I knew how to live life there, A.3.364). However, and like the other problems alcohol resolved, challenges with meaning and purpose in life were ultimately exacerbated by the alcohol solution. (e.g., *Where life once made sense in the bar, now it had become confusing, negative, and hard to endure*, T.1.108. “*I didn’t know how to live in a way that was meaningful to me that fit on my insides*”, A.3.873). In early AA, the participants reported that regular meeting attendance furnished some purpose and direction in their lives. In middle AA, because of step work, the participants described increased meaning and purpose in their lives (e.g., *I started to see my place in this world as a recovering person. My life began to have some meaning, some purpose* (T.3.58; WB3.2). However, and like problems with loneliness and insecurity previously discussed, life meaning and purpose do not appear to have been fully resolved for the participants until late AA (e.g., “*I have a place in life with a purpose and I do belong here*”, A.2.696. *I have real purpose now*, S.2.693; and *I am grateful to be participating in life*, S.2.681).

Given the frequency and duration of problems related to life meaning and purpose indicated by the focus group data, it is surprising life meaning and purpose did not emerge as a theme from the content analysis of the AA text. This may be especially true given one of the participant’s content analysis of the AA text included a unique category titled *purpose/new outlook on life*. However, an examination of that category revealed only three of the passages suggested a new purpose in life (e.g., “we began to be possessed of a new sense of power and direction”, p. 46) and a single passage referenced life meaning directly (e.g., “Life will take on new meaning”, p. 89). All of these passages, as previously discussed, refer to the ability of one alcoholic to help another alcoholic depicted in the twelve-step. As such, they were associated with *A Power to Help Others*. This does suggest a connection between the theme of Life improvement marked by a power to help others in the content analysis study, and the changes in

life meaning identified in the focus group data. A review of the other passages from the AA text identified by content analysis indicates these passages within *A Power to Help Others* are the only passages referencing life meaning or purpose directly. A keyword search of the AA text indicates life meaning and purpose are only described in reference to the twelfth-step, suggesting a wider implication of life meaning or purpose were not there to be identified by content analysis. Though not included as part of the content analysis, AA's secondary text; *Twelve Steps and Twelve Traditions* (GSO, 1953) also indicates a wider implication of life meaning or purpose was not present. However, the connection between life purpose and meaning has been discussed at length in the academic literature.

Connections in the literature. Carroll (1993) found a strong positive bivariate correlation between meaning-purpose in life and AA's eleventh-step in a sample of 100 AA members. Montgomery et al. (1995) reported AA involvement at three months predicted self-reported purpose in life at seven months. However, Tonigan (2001) reported the frequency of AA attendance for the first three months after treatment did not predict purpose in life at 12- months in Project MATCH participants. Zemansky (2005) failed to support a relationship between lengthier sobriety in AA and greater meaning and purpose in life. Oakes (2008) also found no relationship between purpose in life and length of sobriety, but did find significant relationship between AA involvement and purpose in life in a sample of community AA members ($n = 78$) with extensive sobriety ($M = 8.05$). Clearly, the findings are mixed. All of the above studies employed the purpose in Life test (PiL; Crumbaugh & Henrion, 1988) which has been criticized for items confounded with other constructs like depression (Steger, et al., 2006; Yalom, 1980). The PiL has also been criticized for not producing replicable dimensionality. There may be a

need to develop reliable instrumentation to assess changes in purpose and meaning in life related specifically to AA involvement.

Self-loathing. The grounded theory analysis of focus group data indicated the study participants had experienced changes in *anxiety*, marked by reduced self-loathing. During the alcoholic bottom, the participants reported self-hate (e.g., *I hated what I had become*, T.1.409; A.1.475; C.1.580). This self-hate remained when the participants first joined AA, but subsided somewhat with changed behavior (e.g., *I was doing some things right, and the absence of bad behavior combined with the presence of good behavior started to change how I felt about myself and the feelings of self-hate and self-loathing started to decrease*, WB1.2.). The participants reported after persistent step-work, self-loathing changed to acceptance and eventually to self-love (WB1.9). Neither self-hate nor self-loathing was represented in the content analysis study. A keyword search of the text *Alcoholics Anonymous* indicates self-hate and self-loathing are not represented. A keyword search of AA's secondary text; *Twelve Steps and Twelve Traditions* found one reference to self-loathing in the discussion about the forth-step (i.e., "If temperamentally we are on the depressive side, we are apt to be swamped with guilt and self-loathing", p.45). *Self-hate* has been reported in interviews with substance users (Burrell, 1999). Smith (1998) reported elements of self-loathing related to alcoholism in a qualitative study involving interviews with alcoholics in Scotland. The study findings were consistent with the focus group participants' description of the alcoholic bottom (e.g., "Suffering is lived in the realization that physical sickness and mental pain increase with each drinking bout, and that each bout is an escape from the guilt, shamefulness, and self-loathing set in motion by the previous one", p.216). There appeared to be no quantitative evaluations of self-loathing or self-hate

related to alcoholism or AA involvement. There may be a need to develop instrumentation to assess changes in self-loathing or self-hate related to AA involvement.

Shame. The grounded theory analysis of focus group data suggested the participants' AA involvement had produced changes in shame, marked by self-acceptance. Unlike the other constructs discussed, shame appeared to result from the alcohol use and did not appear to exist until the alcohol solution was failing.

For the first time in my life, I felt real shame. "There's shame and guilt coming in now and I need more alcohol to cover that up" (A.1.699). It was a vicious cycle: the more I drank, the more ashamed I felt, and the more I needed to drink (T.3.116), and I felt remorse for my behavior (T.1.529; J.3.114; T.6.902).

The participants reported shame not only for their behavior when drinking, but a shame related to their identity (e.g., *I was deeply ashamed of what I had become*, A.1.699; S.2.599; T.3.595). Like insecurity, previously discussed, participants described feeling shameful when they first came to AA. However, the shame began to subside with changed behavior (e.g., *I had started to accept myself for who I was, and as a result, there was less shame*, A.2.596). In middle AA, completing the ninth-step was associated with substantial reductions in shame (e.g., *In the ninth step, I learned how to make amends to reduce the shame I felt for all the things I had done wrong when I was drinking*, S.2.639). In late AA, the participants reported a complete acceptance of self that resolved any remaining problems with shame (e.g., *I am not ashamed of who I have been, or who I am. I am alcoholic. Just like the color of my eyes, or my skin, it just is*, J.2.601; A.2.596; S.2.639). Like loneliness, insecurity, and life meaning discussed previously, it is surprising shame did not emerge as a theme from the content analysis data given how consistently it was represented by the focus group participants. A keyword search of *Alcoholics Anonymous* indicates shame and remorse are discussed at least 12 times, suggesting changes in shame may have been missed by the content analysis participants. As was indicated previously with

loneliness, insecurity, and life meaning, future analyses of the AA text may benefit from a codebook with examples. AA's secondary text; *Twelve Steps and Twelve Traditions* also includes at least 12 discussions related to shame or guilt (e.g., "Our friend [the newcomer] is still victimized by remorse and guilt when he thinks of yesterday" p.39).

Connections in the literature. Smith (1998) describes shame as a disabling, isolating and paralyzing pain for alcoholics, which promotes a spiraling vicious cycle almost identical to the jumping off place described by the focus group participants (e.g., "Symptoms of physical dependence, shame and guilt emerged strongly as being both sequelae of heavy drinking and cues to further drinking bouts", p. 213). Chen (2010) describes a primary suffering related to the initiation of substance use, and a secondary suffering including shame, that results from the substance use itself. This is consistent with the focus group participants' descriptions of the origin of their shame. There appear to be no investigations of the relationship between shame and AA involvement.

Conceptual Model

The proposed conceptual model of alcoholism and recovery in AA includes nine stages: Before the Beginning, Alcohol as Solution, Solution Fails, the Bottom, the Jumping off Place, Epiphany, Early AA, Middle AA, and Late AA (see Figure 2). A stage based explanation for recovery is not a new idea. Prochaska and DiClemente's (1984) Transtheoretical Model (TTM) describes four stages of change: Pre-contemplation, contemplation, preparation, action, and maintenance leading to a permanent exit. The proposition that recovery involves a permanent exit from the process is inconsistent with AA's conceptualization of alcoholism (e.g., "Once an alcoholic, always an alcoholic", p.33). Brown (1985) also describes four stages of recovery:

drinking, transition, early recovery, and maintenance. Gorski's (1990) model includes six stages: transition, stabilization, early, middle, late, and maintenance stages of recovery.

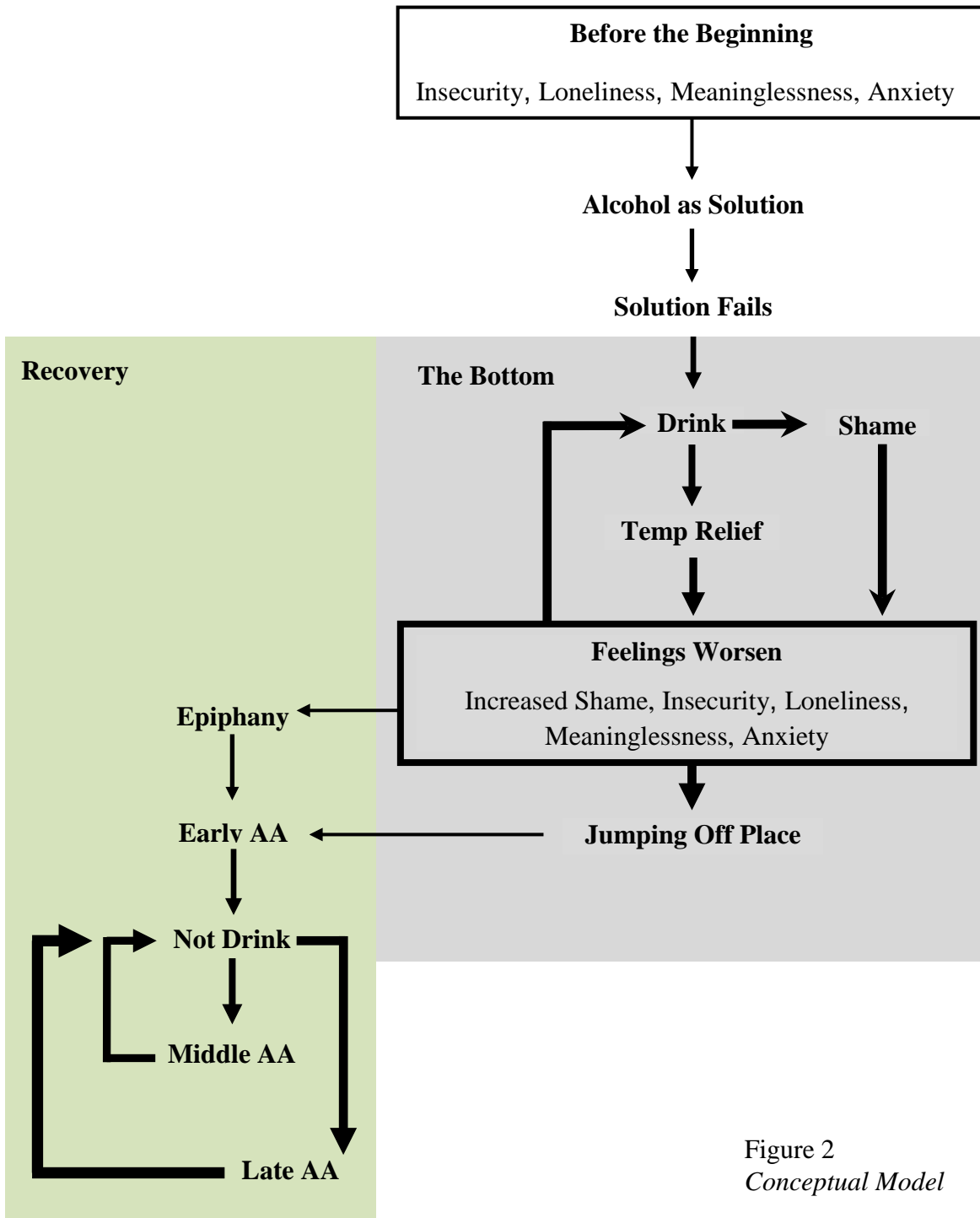


Figure 2
Conceptual Model

The conceptual model produced in the current study is different from those discussed in a number of ways. First, the focus group participants created the conceptual model for this study, and as such, it represents a lived experience of alcoholism. In contrast, the reviewed models represent an outsider's interpretation based in the observation of alcoholics (i.e., Gorski) or theoretical explanations for alcoholic behavior. The conceptual model presented here offers a unique perspective suggesting both the use of alcohol and the recovery from alcoholism are related to the resolution of overwhelming feelings. Further, the new conceptual model offers a life course perspective of alcoholism from its predisposition to decades of successful recovery in AA. The following discussion connects the conceptual model of Study 2 with the content analysis findings of Study 1 and, where appropriate, references the broader literature.

Before the beginning. In adolescence, the study participants reported feeling self-conscious and insecure (e.g., *Something is missing. I don't feel quite right*, T.3.814. *I was afraid I was not enough*, T.3.512). They reported a youth complicated by anxiety and uncertainty of how to live life in a world they were not certain they belonged (e.g., *I was not sure whether I fit in this life or if there was a place for me*, T.3.551; C.1.482; A.2.696). The participants described a relentless seeking of relief to this discomfort early in life.

Alcohol as solution. Participants described alcohol as a solution for feelings of insecurity, alienation, anxiety and stress. They described benefits from drinking, including an ability to open up and talk with people, a sense of belonging among other drinkers, and a sense of community in the bars (e.g., *I had finally found a belonging and a fit that I needed so badly*, J.3.369). They described a new outlook on life, relief from anxiety, and a confidence in their place in this world (e.g., *I felt a new confidence, even superiority*, J.1.496; T.1.528; C.1.222).

Burell and Jaffe (1999) report a strikingly similar experience in interviews with recovering addicts.

Jerry became a daily user of multiple psychoactive substances (including alcohol, cocaine, barbiturates, and amphetamines) beginning in early adolescence. She reported experiencing self-hate, anger, worthlessness, alienation, and loneliness when not using substances. In sum, she felt “like a low, worthless piece of shit who doesn’t fit in ” when not using substances. Jerry discovered early in life that such feelings and perceptions (temporarily) “disappeared” when she used alcohol, cocaine, and other substances. She stated, “chemicals helped me to get me out of myself. When using various substances, Jerry described herself as feeling “powerful,” “energized,” and “confident” and as feeling “like I fit in.” (Burell & Jaffe 1999, p.54)

Substance use as a solution for uncomfortable feelings not a new idea. Cognitive-behavioral explanations have proposed substance use is an attempt to resolve depressive feelings or stress (Marlatt & Gordon, 1985; Schiffman & Wills, 1985). However, a cognitive-behavioral coping explanation does not hold up when the alcoholic is fully aware that drinking is dysfunctional, even life threatening and continues drinking anyway. Dysfunctional, even life-threatening substance use may be a rational choice from the perspective of the user. Accepting Drug Work (Herwig-Lempp, 1996; Willutzki & Wiesner, 1996) suggests an alcoholic’s decision to drink, in spite of being fully aware that to do so may be dangerous or life threatening, makes sense when considered from the perspective of the alcoholic. This perspective is consistent with the focus group participants’ experiences of alcohol as a solution. *Alcohol was a solution for me* (T.1.487; A.1.574; J.1.413; S.2.490). “*I can deal with life as long as I have this*” (T.3.354). The focus group participants described trading many overwhelming problems (the hole in the soul) for one problem (alcohol). The transaction makes sense from his or her perspective. A functional view of alcoholism is consistent with Evolutionary Constructivist explanations for substance use. From this perspective, alcoholism may be viewed as an attempt to enhance viability in the face

of existential crisis (e.g., *Drinking saved my life. It kept a gun out of my mouth long enough for me to figure out I needed help*, S.4.750).

Solution fails. The focus group participants indicated that the alcohol slowly became less effective (e.g., *those feelings started coming up again and so I needed to drink more in order to feel better and safer about myself*, T.3.578). The participants reported a hopeless condition of body; similar to passages from the AA text identified in Study 1 (e.g., *I was uneasy, nervous, and shaky. The anxiety was bad. The drink would relieve it a little, but not for long*, T.4.234; T.3.810. *I felt sick, had the shakes, and was nauseous all the time. The smell of food was enough to make me gag; it was misery beyond compare*, S.5.269). Increased alcohol consumption and desperation to evade discomfort led to problematic behaviors for the participants (e.g., *I would do whatever I had to do to keep drinking. I would lie, cheat, and steal. I did not care who I hurt*, A.1.641; S.2.318; C.1.666). The problematic behavior in turn led to feelings of shame which necessitated even more drinking (e.g., *For the first time in my life, I felt real shame. "There's shame and guilt coming in now and I need more alcohol to cover that up"*, A.1.699. *It was a vicious cycle: the more I drank, the more ashamed I felt, and the more I needed to drink*, T.3.116). Smith (1998) reported similar findings in interviews with alcoholics in Scotland. The Scottish participants described a similar cycle where the guilt and remorse from one drinking experience led to an increased need for drinking and in turn further guilt and remorse. Yalom (1980) describes a self-perpetuating cycle where drinking is an initial attempt to cope with a painful existence, which in turn creates a more painful existence.

The bottom. As drinking increased, complications both physical and psychological increased. The participants reported being exhausted with their lives and disappointed with who they had become. They indicated the shame connected to poor behavior evolved into feeling

ashamed of their existence. They reported a loss of confidence in themselves, self-hate, and an inability to fit in life. The participants described a hopeless condition of mind similar to the findings in Study 1 (e.g., *My mind raced uncontrollably: “take a drink, take a drink, take a drink, take a drink”*, S.2.506). The participants also described a powerlessness or loss of control over alcohol similar to the findings in Study 1 (e.g., *I had to drink and once I started drinking I could not control how much I would take*, T.1.34; S.4.923). The rapid worsening of the participants conditions culminated in an experience the participants described as *the jumping off place*.

Jumping off place. The jumping off place exists when an alcoholic can’t drink and simultaneously can’t not drink (e.g., *That’s the jumping off point. It is when taking a drink will kill you and not taking a drink will kill you. It’s when you feel like no matter what you do; you’re done”* (J.3.651). *You feel like suicide may be the only way out*, S.4.471; J.4.476). At the jumping off place, the participants described a hopeless condition similar to the findings in Study 1. They described being overwhelmed, exhausted, and unable to continue living life as they had been living it.

Epiphany. The participants described in unanticipated, sudden upheaval or overturning of belief systems and an unexpected release from the grip of alcoholism that occurred just before they could or would accept help. In this way, the participants descriptions resembled the spiritual experience identified in Study 1 (e.g., *“I got up off the floor and I opened the front door and looked outside into the sunny sky and I knew I was going to be okay”*, A.3.712. *“It was the first time that I ever felt peace and serenity in my life”*, A.3.719. *I had a sense of release, and I knew it was going to be okay*, C.4.353; S.4.310). Tiebout (1953) describes a sense of unity and tranquility that releases an individual from compulsive substance abuse. From his perspective,

Tiebout indicates alcoholics may hit bottom many times but, until they experience complete surrender, they will not recover. In much the same way, Chen (2010) describes a conversion experience involving the radical self-change in one's beliefs, values attitudes, and behaviors preceding sobriety.

Early AA. Early in the participants' experience of AA, they reported finding relief from the unmanageable feelings that had caused them trouble most of their lives. The participants reported not feeling alone and instead, experiencing a sense of belonging (e.g., *from my very first meeting, I found relief from my loneliness, WB1.3*). They reported that the AA members had experienced where they were, and that shared experience gave them hope that their lives might have meaning or purpose. The participants described a decrease in shame because they had changed their behaviors and a reduction in anxiety because they were accepted by the members of AA. Collectively these early AA experiences, represent the change in fellowship marked by a shared identity, connection and understanding grounded in a common struggle for alcoholism identified in Study 1. In early AA, the study participants reported learning about the first-step (i.e., "we admitted we were powerless over alcohol and that our lives have become unmanageable" p.59). The AA old-timers indicated all that was necessary in early AA was "to not take" the first drink. This beginning step-work represents, in part, the design for living identified in Study 1. In early AA, the participants described a willingness to believe in God similar to the change in spirituality marked by willingness to believe in a higher power described in Study 1 (e.g., *I did not believe in faith or understand the God they talked about in the AA meetings. But I had a willingness to change, WB1.3*). The participants also described a positive expectation of life similar to the findings in Study 1 (e.g., *I listen to these people, and I began to have hope for the first time in as long as I could remember, A.6.681*).

Middle AA. In middle AA, the design for living identified in Study 1, became the prevalent activity related to AA involvement. The participants described middle AA as a time when loneliness continued to decrease, both on an intrapersonal level and in relationship with others. The participants described a new life purpose, meaning, and direction. They reported increased self-esteem and self-worth, a reduction in shame and fear, all resulting from step-work. The participants described seeing the world differently similar to the positive outlook on life identified in Study 1 (e.g., *I started to see the world differently, and I started to see my place in this world as a recovering person*, T.3.58; WB3.2). The participants reported a reduction in shame, resulting from making amends in the ninth-step and a reduction in fear and anger related to the tenth-step. These changes in well-being mirror the changes in fear and anger identified in Study 1.

Late AA. In late AA, study participants reported the design for living identified in Study 1 had become a way of life. The participants reported they had recovered. The overwhelming feelings of loneliness, insecurity, meaninglessness, and anxiety, which had troubled them as adolescents and that alcohol had solved, were now manageable because of step-work. This suggests a changed relationship to drinking marked by daily reprieve dependent on step-work similar to the findings in Study 1. Late AA also mirrors the life improvement marked by recovery from a hopeless condition of mind and body identified in Study 1.

Conceptual Model Summary

The participants reported that when they first came to AA they felt useless, insecure, and inferior. Now after many years of AA involvement, the participants experience self-worth, a sense of wholeness, integration, and authenticity. Where they once felt loneliness, they now feel a sense of belonging. Where the participants once felt meaninglessness, they now report a

fulfilled, purposeful, and meaningful life. Where they once reported anxiety, they now report peace and serenity. Lastly, when the participants first came to AA they reported feeling deeply ashamed of whom they had become. Today they report an experience of self-acceptance and understanding. Thus, this is what has changed for the participants due to AA involvement, and because of these changes, the participants report drinking is no longer necessary or desired.

Summary of Major Findings

There was considerable agreement between the studies, and several potential mechanisms underlying AA benefit are suggested. All of the findings are firmly grounded in the data, and provide an unprecedented insight into the *black box* of AA benefit. While the strongest or most telling findings in a qualitative study may be difficult to discern, it may be reasonable to assume the findings supported by larger amounts of data are more telling than findings supported by less data. Both methodologies essentially involve a concept indicator model (Strauss, 1987). In the content analysis study, five themes and their respective indicators were identified. For example, changes in fellowship [concept] are marked by a shared identity [indicator]. Participant identified passages from the AA text inform the indicators, and the indicators inform the themes, (see table 32) explaining most of the variation in the phenomenon of interest (changes attributable to AA involvement). For example, the fellowship theme represents several indicators (i.e., shared identity, connection and understanding grounded in a common struggle with alcoholism), and each indicator represents passages from the AA text. Thus, a theme represents more data than a single indicator, and a single indicator represents more data than a passage from the AA text. The grounded theory analysis represents data the same way (see Table 32). Passages from the focus group transcripts (open codes) inform indicators (axial codes), which inform the categories (selective codes) explaining most of the variation in the phenomenon of interest (changes

attributable to AA involvement). Thus, in the grounded theory analysis, a category represents more data than a single indicator, and a single indicator represents more data than a passage from the transcripts.

Table 32 <i>Relative comparison of study findings</i>			
Study 1		Study 2	
1. Theme	<i>fellowship</i>	Selective code	<i>loneliness</i>
2. Indicator	a shared identity	Indicator	shared experience
3. Passage from the AA text		Passage from transcripts or whiteboards	
	“The feeling of having shared in a common peril is one element in the powerful cement which binds us”, p.17		<i>When they talked about their experiences, it was as if they knew my experiences, my feelings, my fears; it was as if they already knew me, WB1.3</i>

Thus, agreement between a content analysis theme, and a grounded theory analysis category would represent agreement between large amounts of data. This level of agreement did not occur (see Table 33). The highest level of agreement between the two studies occurred at the indicator level (see Table 34). The next level of agreement occurred between indicators in Study 1 and the transcripts in Study 2 (see Table 35) and some findings that were unique to each study (see Table 36). Approached in this way, the relative contribution of each finding might be estimated to inform future study.

Indicator level agreement. In the present study, the highest level of agreement between studies occurred at the indicator level (see Table 34). These constructs represent a considerable amount of data in both studies. This indicates these constructs may be telling examples of change

that occurs from AA involvement, and warrant their evaluation as potential mediators explaining AA benefit. The findings from both studies suggest AA involvement will result in a shared identity, understanding, and sense of belonging. Both studies also suggest AA involvement will result in peace of mind or serenity, reduced fear, and anger. In addition, the findings from both studies suggest AA involvement may result in positive expectations or new outlook on life and a design for living based in AA's twelve-steps.

Table 33 <i>Themes Study 1 vs Categories Study 2</i>	
Themes Study 1	Selective Codes Study 2
<i>Life Improvement</i>	<i>Security</i>
<i>Spirituality</i>	<i>Loneliness</i>
<i>Well-Being</i>	<i>Life Meaning</i>
<i>Drinking</i>	<i>Anxiety</i>
<i>Fellowship</i>	<i>Shame</i>

Table 34 <i>Indicator to Indicator agreement in study findings</i>		
Indicators Study 1	Indicators Study 2	Supported by Transcripts Study 2
a shared identity, connection, and understanding grounded in a common struggle with alcoholism	shared experience, and a sense of belonging	
peace of mind, reduced fear, reduced anger	fear, anger, and stress, and an increased sense of peace and serenity	
positive expectations	hope- a new outlook on life	
a design for living	an ability to cope with life	a design for living

Indicator-transcript level agreement. The findings from the present study indicate there is agreement between the indicators of Study 1 and the transcripts of Study 2 (see Table 35). These constructs represent a moderate amount of data in each study, suggesting they may be telling examples of change that occurs from AA involvement and warrant future study. The findings from both studies suggest AA involvement may result in sanity or rational thought, tolerance of others, recovery from a hopeless condition of mind and body, a power to help others, a changed relationship to drinking marked by a powerlessness over alcohol and daily reprieve from drinking. Both studies also suggest AA involvement will result in a change in spirituality marked by a willingness to believe in a higher power, a spiritual experience, and problem resolution.

Table 35 <i>Indicator- transcript agreement in study findings</i>		
Indicators Study 1	Indicators Study 2	Supported by Transcripts Study 2
sanity tolerance of others recovery from a hopeless condition of mind and body a power to help others		rational thought tolerance of self and others recovery from a hopeless condition of mind and body a power to help others
(changed relationship to drinking) powerlessness, a daily reprieve from drinking dependent upon one's [spiritual condition] (spirituality)		(changed relationship to drinking) powerlessness, a daily reprieve from drinking dependent upon one's [step-work] (spirituality)
willingness to believe in a higher power, a spiritual experience, spiritual growth, and problem resolution through grace		willingness to believe in a higher power, a spiritual experience, spiritual growth, and problem resolution through [step-work]

Unique findings. Three of the study findings were unique. This suggests there is a modest amount of data supporting each finding (see Table 36). These constructs may warrant future qualitative study to understand better their relationship, if any, to AA benefit. The content analyses of the AA text suggest AA involvement will result in reduced selfishness. The grounded theory analysis of focus group data suggest AA involvement will result in reduced self-loathing and changes in security marked by increased self-esteem, self-worth, wholeness, integration, and authenticity.

Table 36 <i>Unique findings</i>		
Indicators Study 1	Indicators Study 2	Supported by Transcripts Study 2
selfishness	reduced self-loathing (security) [insecurity-self-esteem, self-worth, wholeness, integration, and authenticity] (life meaning) [purpose, and meaning in life] (shame) [self-acceptance]	

Potential explanations for differences in study findings.

- The content analysis participants worked independently, and there was no shared information or collaboration. In contrast, the focus group participants worked together, often building on each other’s ideas and reminding each other of experiences they had forgotten.
- The study findings may have differed due to the participants’ length of AA involvement. Two of the content analysis participants had been involved in AA for less than seven years at the time of the study, whereas all of the focus group participants had been

involved for over 20 years. The change processes relevant to an AA member later in recovery may not have yet occurred for someone newer in recovery.

- The study findings may have differed due to limitations in the data examined. The text *Alcoholics Anonymous* was written in 1935 by members who had been sober less than five years. The AA text may not include change processes congruent with the change processes experienced after more than 5 years of AA involvement. As such, these advance change processes were not there to be identified by content analysis, even if the CA participants had experienced the change, and felt it was important.

Implications for Social Work Research

Qualitative Studies to Extend Study Findings

The present study provides an understanding of AA benefit; however, more information is needed. As discussed previously, AA meetings provide a large accessible population with varying lengths of involvement to better understand AA's functioning. The present study includes three unique findings. The content analysis of the text *Alcoholics Anonymous* suggests changes in selfishness may result from AA involvement. However, the grounded theory analysis of focus group data did not support this finding. Qualitative researchers may wish to examine AA's literature and its fellowship to determine the relationship, if any, between selfishness and AA involvement. Based on this researcher's prolonged engagement in *Alcoholics Anonymous*, selfishness and self-centeredness should be examined at length. The grounded theory analysis of focus group data indicated AA involvement may result in reduced self-loathing and changes in security marked by increased self-esteem, self-worth, wholeness, and authenticity. However, this finding was not supported in the content analysis study. This suggests the need for further

qualitative study of both AA's literature and its fellowship to determine the relationship of these constructs, if any, to AA involvement.

The findings of the content analysis study indicated changes in sanity, tolerance of others, recovery from a hopeless condition of mind and body, and a power to help others may result from AA involvement at the indicator level. These constructs were also supported in the grounded theory analysis of focus group data, but only at the transcript level. This suggests a need for future qualitative study involving community AA members to re-evaluate what has changed for them due to AA involvement. In much the same way, the content analysis of the AA text indicates AA involvement may result in a changed relationship to drinking marked by powerlessness and a daily reprieve from drinking. These findings were also represented in the focus group data, but only at the transcript level, suggesting a need for further qualitative study involving community AA members to re-evaluate what has changed for them due to AA involvement. In addition, the content analysis of the AA text indicates AA involvement may result in a change in spirituality marked by a willingness to believe in a higher power, a spiritual experience, spiritual growth, and problem solving. Again, this finding was supported by the focus group data, but only at the transcript level, suggesting a need for future qualitative study involving community AA members to re-evaluate what has changed for them due to AA involvement.

Quantitative Studies to Extend Study Findings

The findings from both investigations in the present study suggest AA involvement will result in a shared identity, understanding, and sense of belonging. Both studies also suggest AA involvement will result in peace of mind or serenity, reduced fear, and reduced anger. In addition, the findings from both studies suggest AA involvement may result in positive

expectations, or new outlook on life, and a design for living based in AA's twelve-steps. Given these constructs were supported in both studies, a considerable amount of data indicates these constructs may be telling examples of change that occurs due to AA involvement. As such, quantitative researchers may wish to evaluate them as potential mechanisms explaining AA's action.

General Strategies to Extend an Understanding of AA's Benefit

Qualitative studies.

- Content analysis of the text *Alcoholics Anonymous* conducted by AA members to identify passages representing change attributable to AA involvement utilizing, in part, a codebook with examples (e.g., loneliness, insecurity, life meaning, shame)
- Thematic analysis of the text *Alcoholics Anonymous* conducted by AA members to determine if fear, as it is used in the AA text, more accurately refers to anxiety as it is used today.
- Content analysis of *Alcoholics Anonymous* by AA members matched to Focus Group participants in terms of length of sobriety to identify passages representing change attributable to AA involvement utilizing, in part, a codebook with examples (e.g., loneliness, insecurity, life meaning, shame)
- Content analysis of the *Twelve Steps and Twelve Traditions* by AA members to identify passages representing change attributable to AA involvement utilizing, in part, a codebook with examples (e.g., loneliness, insecurity, life meaning, shame)

Quantitative studies.

- A mediational analysis to determine if changes in spirituality explain the effect of AA involvement consistent with AA tenets (90 meetings in 90 days and 2.5 meeting days per week thereafter) on continuous abstinence

Instrument development.

- There's a need to develop instrumentation to assess changes in tolerance of self and others as described in the AA text
- There's a need to develop instrumentation to assess sense of belonging versus loneliness specific to AA involvement
- Once the qualitative research to determine the relationship between changes in selfishness and AA involvement has been conducted, there may be a need to develop instrumentation to assess changes in selfishness specific to AA involvement

Summary. Strategies have been offered to extend what is known of AA benefit based on the findings of the present study. Some general considerations have been offered to widen this same understanding. Consistent with the strategy utilized in the present study, future efforts may also wish to recruit individuals from within AA to act as their agents in acquiring an Emic perspective of change processes resulting from AA involvement. Future qualitative efforts may wish to take advantage of the opportunities available in open AA meetings to recruit individuals for focus groups or AA literature analysis.

Implications for Social Work Practice

A qualitative content analysis of the text Alcoholics Anonymous has been conducted, and a grounded theory analysis of data generated from focus groups involving long-term AA members have been conducted to acquire an Emic understanding of AA change processes. The

products of the present study include a thematic understanding of changes described in the AA text, which may result from AA involvement, a case report including thick description of the alcoholic experience from predisposition to decades of recovery, and a conceptual model graphically representing that journey.

Providers of substance abuse services may benefit from incorporating these findings into their practices in a number of ways. First, treatment providers may wish to consider alcohol as a solution. Second, it may be important to understand what alcohol solves for their clients in order to understand the needs their treatment will need to address. The conceptual model may be useful for treatment providers to have an understanding of what a life course of recovery may entail. Likewise, their clients may benefit from reviewing the conceptual model to estimate where they are in the recovery process. Third, treatment providers may benefit from reading the case report to gain an insider's perspective of the alcoholic experience. Likewise, their clients may benefit from reading the case report to inform an understanding of where their substance abuse may lead them. Both the conceptual model and the case report also furnish an understanding for how AA works from the inside. This may be useful to treatment providers for helping clients transition to AA, or who are recommending AA involvement as adjunct support.

The thematic explanation for change processes described in the AA text may be useful to treatment providers or their clients who have difficulty understanding the language of the AA text. The study findings may be useful to treatment providers who wish to describe for their clients benefits that result from AA involvement. These providers could suggest to their clients that involvement in AA may result in a shared experience or connection based in a common struggle with substance use. Their clients may also experience peace of mind, reductions in fear and anger, positive expectations, and a design for living in AA's twelve-steps to create these

benefits. Lastly, the focus group participants offered guidance directly to treatment providers and their clients:

1. understand that AA addresses the reasons you drink, it is a replacement of that solution with something that works better, and continues to work when practiced
2. attend at least 10 AA meetings before you make a decision
3. educate yourself about what AA really is and the substance behind it
4. educate yourself about the functions of AA
5. understand that AA changes one's way of thinking
6. keep an open mind

Treatment providers may also wish to stress with their clients that AA tenets suggest involvement of 90 meetings in the first 90 days and at least 2 to 3 meetings a week thereafter. Many community AA members recommend attending one meeting a day for the first year in recovery. Further, it may be beneficial for treatment providers to understand that the focus group participants with over 20 years of involvement with AA all attended more than 90 meetings in the first 90 days of their recovery, and still attend, on average, 3 to 5 meetings per week.

Conclusion

The current study offers an insider's perspective of AA that may be useful to treatment providers and their clients. Traditional explanations for AA's literature and its fellowship are based on an outsider's academic appraisal of what they believe AA to be. The current study offers insight into the experience as described by AA members themselves. The products of the present study may be helpful to those who have not yet experienced AA, but who may benefit from AA involvement.

The purpose of this study was to inform an understanding for how change occurs within AA and specific criteria defining AA change processes. The main purpose of Study 1 and Study 2 was to determine what changes due to AA involvement might explain continuous abstinence in its members. Where Study 1 examined the community's written narrative *Alcoholics Anonymous*, Study 2 examined the fellowship of AA for this purpose. There was considerable agreement between the studies, and several potential mechanisms underlying AA benefit are suggested. All of the findings are firmly grounded in the data, and provide an unprecedented insight into the *black box* of AA benefit. The strongest or most telling findings suggest the effect of AA involvement on continuous abstinence is explained by changes related to:

1. a shared identity grounded in a common struggle with alcoholism
2. peace of mind, fear, and anger
3. positive expectations- a new outlook on life
4. a design for living based in AA's twelve steps

The study also produced: 1) a thematic explanation of AA literature change processes suggesting several potential mechanisms underlying AA's action; 2) a grounded explanation of the core phenomenon experienced by long-term AA members consistent with the majority of the potential mechanisms suggested by the literature analysis; 3) a case report detailing long-term AA members' alcoholic journey; and 4) a conceptual model representing that journey. Together these products convey an insider's perspective of the change processes represented by AA's literature and its people. While only a beginning, the current study offers an unprecedented view into the black box of AA benefit. Given the study's purpose and findings, I believe this research effort has met its objectives.

References

References

- Alcoholics Anonymous. (2001). *Alcoholics Anonymous: The story of how thousands of men and women have recovered from alcoholism* (4th ed.). New York: Alcoholics Anonymous World Services.
- Barretta, D., Dantzler, D., & Kayson, W. (1995). Factors related to loneliness. *Psychological Reports, 76*(3, Pt 1), 827-830.
<http://dx.doi.org.proxy.library.vcu.edu/10.2466/pr0.1995.76.3.827>
- Blonigen, D. M., Timko, C., Finney, J. W., Moos, B. S., & Moos, R. H. (2011). Alcoholics Anonymous attendance, decreases in impulsivity and drinking and psychosocial outcomes over 16 years: Moderated-mediation from a developmental perspective. *Addiction, 106*(12), 2167-2177. doi:10.1111/j.1360-0443.2011.03522.x
- Blonigen, D. M., Timko, C., & Moos, R. H. (2013). Alcoholics Anonymous and reduced impulsivity: A novel mechanism of change. *Substance Abuse, 34*(1), 4-12.
doi:10.1080/08897077.2012.691448
- Boas, F. (1943). Recent Anthropology. *Science, 98*(2545), 311-314.
- Bogenschutz, M. P., Tonigan, J. S., & Miller, W. R. (2006). Examining the effects of alcoholism typology and AA attendance on self-efficacy as a mechanism of change. *Journal of Studies on Alcohol, 67*(4), 562-567.

- Bonin, M., McCreary, D., Sadava, S., & Brandon, Thomas H. (2000). Problem Drinking Behavior in Two Community-Based Samples of Adults: Influence of Gender, Coping, Loneliness, and Depression. *Psychology of Addictive Behaviors, 14*(2), 151-161.
- Bond, J., Kaskutas, L. A., & Weisner, C. (2003). The persistent influence of social networks and Alcoholics Anonymous on abstinence. *Journal of Studies on Alcohol, 64*(4), 579-588.
- Bond, L. M., & Csordas, T. J. (2014). The paradox of powerlessness. *Alcoholism Treatment Quarterly, 32*(2-3), 141-156.
<http://dx.doi.org.proxy.library.vcu.edu/10.1080/07347324.2014.907050>
- Bowden, J. (1998). Recovery from alcoholism: A spiritual journey. *Issues in Mental Health Nursing, 19*(4), 337-52.
- Bradley, C. A. (2011). Women in AA: "Sharing experience, strength and hope" the relational nature of spirituality. *Journal of Religion & Spirituality in Social Work: Social Thought, 30*(2), 89-112.
- Brown, S. D. (1993). Therapeutic processes in Alcoholics Anonymous. In B. S. McCrady & W. R. Miller (Eds.), *Research on Alcoholics Anonymous* (pp. 137-153). New Brunswick, NJ: Rutgers Center of Alcohol Studies. Carey, M. P., Snel, D. L, Carey, K. B., & Richards, C. S. (1989).
- Brown, B. S., O'Grady, K. E., Farrell, E. V., Flechner, I. S., & Nurco, D. N. (2001). Factors associated with frequency of 12-Step attendance by drug abuse clients. *The American Journal of Drug and Alcohol Abuse, 27*(1), 147-160.
<http://dx.doi.org.proxy.library.vcu.edu/10.1081/ADA-100103124>
- Burrell, M. J. (1987). Cognitive psychology, epistemology, and psychotherapy: A motorevolutionary perspective. *Psychotherapy, 24*(2), 225-232.

- Burrell, M. J., & Jaffe, A. J. (1995). Constructivism, expectations, and addiction. Paper presented at the International Congress on Personal Construct Psychology, Barcelona, Spain.
- Cain, C. (1991). Personal stories, identity acquisition and self-understanding in Alcoholics Anonymous. *Ethos*, 19, 210–253.
- Carroll, S. (1993). Spirituality and purpose in life in alcoholism recovery. *Journal of Studies on Alcohol*, 54(3), 297-301.
- Christensen, A.-S., & Elmeland, K. (2015). Former heavy drinkers' multiple narratives of recovery. *Nordic Studies on Alcohol and Drugs*, 32(3), 245-257.
<http://dx.doi.org.proxy.library.vcu.edu/10.1515/nsad-2015-0024>
- Connors, G., Allen, J., Cooney, N., Diclemente, C., Tonigan, J., & Anton, R. (1994). Assessment issues and strategies in alcoholism treatment matching research. *Journal of Studies on Alcohol. Supplement*, 12, 92-100.
- Connors, G. J., Tonigan, J. S., & Miller, W. R. (2001). A longitudinal model of intake symptomatology, AA participation and outcome: Retrospective study of the Project MATCH outpatient and aftercare samples. *Journal of Studies on Alcohol*, 62(6), 817-825.
- Creswell, J. (2008). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (Third ed.).
- Crits-Christoph, P., Gibbons, M. B. C., Barber, J. P., Gallop, R., Beck, A. T., Mercer, D., . . . Frank, A. (2003). Mediators of outcome of psychosocial treatments for cocaine dependence. *Journal of Consulting and Clinical Psychology*, 71(5), 918-925.
<http://dx.doi.org.proxy.library.vcu.edu/10.1037/0022-006X.71.5.918>
- Davis, D., & Jansen, G. (1998). Making Meaning of Alcoholics Anonymous for Social Workers: Myths, Metaphors, and Realities. *Social Work*, 43(2), 169-182. doi: 10.1093/sw/43.2.169

- Dawson, D., Grant, B., Stinson, F., & Chou, P. (2006). Estimating the effect of help-seeking on achieving recovery from alcohol dependence. *Addiction, 101*(6), 824-834.
- Denzin, N. (1987). *The recovering alcoholic* (Sociological observation; 19). Newbury Park: Sage Publications.
- Denizet-Lewis, B. (2006, June 25). An anti-addiction pill? *The New York Times Magazine*, 48(L). Retrieved from http://go.galegroup.com.proxy.library.vcu.edu/ps/i.do?id=GALE%7CA147429789&v=2.1&u=viva_vcu&it=r&p=LitRC&asid=daf48a328c1ffbe081d826a58118e9d3
- Ditman, K., Crawford, G., Forgy, E., Moskowitz, H., & Macandrew, C. (1967). A controlled experiment on the use of court probation for drunk arrests. *The American Journal of Psychiatry, 124*(2), 160-3.
- Durant, A. (2005). African-American alcoholics: An interpretive/constructivist model of affiliation with alcoholics anonymous (AA). *Journal of Ethnicity in Substance Abuse, 4*(1), 5-21.
- Emrick, C. D., Tonigan, J. S., Montgomery, H., & Little, L. (1993). Alcoholics Anonymous: What is currently known? In B. S. McCrady & W. R. Miller (Eds.), *Research on Alcoholics Anonymous: Opportunities and alternatives* (pp. 41-76). Piscataway, NJ: Rutgers Center of Alcohol Studies.
- Etheridge, R. M., Craddock, S. G., Hubbard, R. L., & Rounds-Bryant, J. L. (1999). The relationship of counseling and self-help participation to patient outcomes in DATOS. *Drug and Alcohol Dependence, 57*(2), 99-112. doi:10.1016/S0376-8716(99)00087-3

- Everett, M., Waddell, Jack O., & Heath, Dwight B. (1976). *Cross-cultural approaches to the study of alcohol: An interdisciplinary perspective* (World anthropology). The Hague: Chicago: Mouton; Distributed in the USA and Canada by Aldine.
- Ferri M, Amato L, Davoli M. 2006. Alcoholics Anonymous and other 12-step programmes for alcohol dependence. *Cochrane Database of Systematic Reviews* 2006 Jul 19 (3), Art. No.: CD005032. DOI: 10.1002/14651858.CD005032.pub2.
- Fritz, M. S., & MacKinnon, D. P. (2007). Required Sample Size to Detect the Mediated Effect. *Psychological Science, 18*(3), 233–239.
- Gossop, M., Harris, J., Best, D., Man, L., Manning, V., Marshall, J., Strang, J., (2003). Is Attendance at Alcoholics Anonymous Meetings after Inpatient Treatment Related to Improved Outcomes? A 6 month Follow-up Study. *Alcohol and Alcoholism 38* (5), 421–426. doi: 10.1093/alcalc/agg104
- Greenfield, B. L., & Tonigan, J. S. (2013). The General Alcoholics Anonymous Tools of Recovery: The adoption of 12-step practices and beliefs. *Psychology of Addictive Behaviors, 27*(3), 553-561. doi:10.1037/a0029268
- General Service Office of Alcoholics Anonymous. (2014). *Alcoholics Anonymous 2014 Member Survey*. Retrieved from http://www.aa.org/assets/en_US/p-48_membershipsurvey.pdf
- Guidano, V. F. (1987). *Complexity of the Self: A developmental approach to psychopathology and therapy*. New York: Guilford Press.
- Hart, K., & Huggett, C. (2005). Narcissism. *Alcoholism Treatment Quarterly, 23*(4), 85-100.
- Heather, N. (2009). Progressive stage transition does mean getting better: A further test of the Transtheoretical Model in recovery from alcohol problems. *Addiction, (6)*, 949-958. doi:10.1111/j.1360-0443.2009.02578.x

- Hinkin, T. (1995). A review of scale development practices in the study of organizations. *Journal of Management, 21*(5), 967-988.
- Humphreys, K., & Moos, R. (1996). Reduced substance-abuse-related health care costs among voluntary participants in Alcoholics Anonymous. *Psychiatric Services (Washington, D.C.), 47*(7), 709-13.
- Humphreys, K., & Moos, R. (2001). Can Encouraging Substance Abuse Patients to Participate in Self-Help Groups Reduce Demand for Health Care? A Quasi-Experimental Study. *Alcoholism: Clinical and Experimental Research, 25*(5), 711-716.
- Humphreys, K., & Moos, R. (2007). Encouraging Posttreatment Self-Help Group Involvement to Reduce Demand for Continuing Care Services: Two-Year Clinical and Utilization Outcomes. *Alcoholism: Clinical and Experimental Research, 31*(1), 64-68.
- Humphreys, K. (1994). McCrady, B.S. & Miller, W.R. (Eds) (1993). Research on Alcoholics Anonymous: Opportunities and Alternatives, New Brunswick, NJ, Rutgers Center of Alcohol Studies. Pp x + 430. £29.95 paperback. ISBN 911290-24-9. *Journal of Community & Applied Social Psychology, 4*(3), 216-217.
- Humphreys, K., & Noke, J. (1997). The Influence of Posttreatment Mutual Help Group Participation on the Friendship Networks of Substance Abuse Patients. *American Journal of Community Psychology, 25*(1), 1-16.
- Humphreys, K., Kaskutas, L., & Weisner, C. (1998). The Alcoholics Anonymous Affiliation Scale: Development, Reliability, and Norms for Diverse Treated and Untreated Populations. *Alcoholism: Clinical and Experimental Research, (5)*, 974-978.

- Humphreys, K., Mankowski, Eric S., & Rappaport, Julian. (2000). Community narratives and personal stories in alcoholics anonymous. *Journal of Community Psychology*, 28(5), 495-506.
- Humphreys, K., Mankowski, E. S., Moos, R. H., & Finney, J. W. (1999). Do enhanced friendship networks and active coping mediate the effect of self-help groups on substance abuse? *Annals of Behavioral Medicine*, 21(1), 54-60. doi:10.1007/BF02895034
- Ilyuk, R. D., Gromyco, D. I., Kiselev, A. S., Torban, M. N., & Krupitsky, E. M. (2012). Hostility and anger in patients dependent on different psychoactive drugs. *Activitas Nervosa Superior*, 54(3-4), 124-133.
- Institute of Medicine. *Broadening the Base of Treatment for Alcohol Problems*. Washington, DC: National Academy Press; 1990.
- Jacobson, G., Ritter, D., & Mueller, L. (1977). Purpose in life and personal values among adult alcoholics. *Journal of Clinical Psychology*, 33(S1), 314-316.
- Jensen, G.H. (2000). *Storytelling in Alcoholics Anonymous: A rhetorical analysis*. Carbondale and Edwardsville, IL: University of Illinois Press.
- Johnson, B. (1993). A developmental model of addictions, and its relationship to the twelve step program of Alcoholics Anonymous. *Journal of Substance Abuse Treatment*, 10(1), 23-34. [http://dx.doi.org.proxy.library.vcu.edu/10.1016/0740-5472\(93\)90095-J](http://dx.doi.org.proxy.library.vcu.edu/10.1016/0740-5472(93)90095-J)
- Johnson, J. E., Finney, J. W., & Moos, R. H. (2006). End-of-treatment outcomes in cognitive-behavioral treatment and 12-step substance use treatment programs: Do they differ and do they predict 1-year outcomes? *Journal of Substance Abuse Treatment*, 31(1), 41-50. <http://dx.doi.org.proxy.library.vcu.edu/10.1016/j.jsat.2006.03.008>

- Kaskutas, L. A., Ammon, L. N., Oberste, E., & Polcin, D. L. (2007). A brief scale for measuring helping activities in recovery: The Brief Helper Therapy Scale. *Substance Use & Misuse*, 42(11), 1767-1781. <http://dx.doi.org.proxy.library.vcu.edu/10.1080/10826080701208608>
- Kaskutas, L. A., Bond, J., & Humphreys, K. (2002). Social networks as mediators of the effect of Alcoholics Anonymous. *Addiction*, 97(7), 891-900.
<http://dx.doi.org.proxy.library.vcu.edu/10.1046/j.1360-0443.2002.00118.x>
- Kaskutas, L. A. (2009). Alcoholics Anonymous effectiveness: Faith meets science. *Journal of Addictive Diseases*, 28(2), 145-157. doi:10.1080/10550880902772464
- Kaskutas, L. A., Subbaraman, M. S., Witbrodt, J., & Zembre, S. E. (2009). Effectiveness of making Alcoholics Anonymous easier: A group format 12-step facilitation approach. *Journal of Substance Abuse Treatment*, 37(3), 228-239. doi:10.1016/j.jsat.2009.01.004
- Kaskutas, L. A., Turk, N., Bond, J., & Weisner, C. (2003). The role of religion, spirituality and Alcoholics Anonymous in sustained sobriety. *Alcoholism Treatment Quarterly*, 21(1), 1-16. doi:10.1300/J020v21n01_01
- Kaskutas, L., Weisner, C., Lee, M., & Humphreys, K. (1999). Alcoholics anonymous affiliation at treatment intake among white and black Americans. *Journal of Studies on Alcohol*, 60(6), 810-6.
- Kelly, J. F. (2003). Self-help for substance-use disorders: History, effectiveness, knowledge gaps, and research opportunities. *Clinical Psychology Review*, (5), 639-663.
doi:10.1016/S0272-7358(03)00053-9
- Kelly, J. F., & Greene, M. C. (2013). The Twelve Promises of Alcoholics Anonymous: Psychometric measure validation and mediational testing as a 12-step specific mechanism

of behavior change. *Drug and Alcohol Dependence*, 133(2), 633-640.

doi:10.1016/j.drugalcdep.2013.08.006

Kelly, J. F., & Greene, M. C. (2014). Beyond motivation: Initial validation of the Commitment to Sobriety Scale. *Journal of Substance Abuse Treatment*, 46(2), 257-263.

doi:10.1016/j.jsat.2013.06.010

Kelly, J. F., & Greene, M. C. (2014). Toward an enhanced understanding of the psychological mechanisms by which spirituality aids recovery in Alcoholics Anonymous. *Alcoholism Treatment Quarterly*, 32(2-3), 299-318.

<http://dx.doi.org.proxy.library.vcu.edu/10.1080/07347324.2014.907015>

Kelly, J. F., & Hoepfner, B. B. (2013). Does Alcoholics Anonymous work differently for men and women? A moderated multiple-mediation analysis in a large clinical sample. *Drug and Alcohol Dependence*, 130(1-3), 186-193.

<http://dx.doi.org.proxy.library.vcu.edu/10.1016/j.drugalcdep.2012.11.005>

Kelly, J. F., Magill, M., & Stout, R. L. (2009). How do people recover from alcohol dependence? A systematic review of the research on mechanisms of behavior change in Alcoholics Anonymous. *Addiction Research & Theory*, 17(3), 236-259.

<http://dx.doi.org.proxy.library.vcu.edu/10.1080/16066350902770458>

Kelly, J. F., Stout, R. L., Tonigan, J. S., Magill, M., & Pagano, M. E. (2010a). Negative affect, relapse, and Alcoholics Anonymous (AA): Does AA work by reducing anger? *Journal of Studies on Alcohol and Drugs*, 71(3), 434-444. Retrieved from

<http://www.jsad.com.proxy.library.vcu.edu/jsad/volumes>

Kelly, J. F., Stout, R. L., Magill, M., Tonigan, J. S., & Pagano, M. E. (2010b). Mechanisms of behavior change in alcoholics anonymous: Does Alcoholics Anonymous lead to better

- alcohol use outcomes by reducing depression symptoms? *Addiction*, 105(4), 626-636.
doi:10.1111/j.1360-0443.2009.02820.x
- Kelly, J. F., Stout, R. L., Magill, M., Tonigan, J. S., & Pagano, M. E. (2011a). Spirituality in recovery: A lagged mediational analysis of Alcoholics Anonymous' principal theoretical mechanism of behavior change. *Alcoholism: Clinical and Experimental Research*, 35(3), 454-463. doi:10.1111/j.1530-0277.2010.01362.x
- Kelly, J., Urbanoski, K., Hoepfner, B., & Slaymaker, V. (2011b). Facilitating comprehensive assessment of 12-step experiences: A multidimensional measure of mutual-help activity. *Alcoholism Treatment Quarterly*, 29(3), 181-203. doi:10.1080/07347324.2011.586280
- Kelly, J. F., Stout, R. L., Magill, M., & Tonigan, J. S. (2011). The role of Alcoholics Anonymous in mobilizing adaptive social network changes: A prospective lagged mediational analysis. *Drug and Alcohol Dependence*, 114(2-3), 119-126. doi: 10.1016/j.drugalcdep.2010.09.009
- Kelly, J. F., Hoepfner, B., Stout, R. L., & Pagano, M. (2012). Determining the relative importance of the mechanisms of behavior change within Alcoholics Anonymous: A multiple mediator analysis. *Addiction*, 107(2), 289-299. doi:10.1111/j.1360-0443.2011.03593.x
- Kelly, J., & Yeterian, J. (2011). The role of mutual-help groups in extending the framework of treatment. *Alcohol Research & Health: The Journal of the National Institute on Alcohol Abuse and Alcoholism*, 33(4), 350-5.
- Kenneally, J. T. (2007). Does Alcoholics Anonymous affect self-determination and psychological well-being? *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 68(1-B), 624. (UMI No. AAI3247613)

- Kerns, K. M. (2014). Investigating similarities and differences as measured by the Durel and gsq between three subgroups attending a local aa meeting to develop a profile of long term attendees. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 75(1-B(E)). (UMI No. AAI3574565)
- Kingree, J. B., Simpson, A., Thompson, M., McCrady, B., Tonigan, J. S., & Lautenschlager, G. (2006). The development and initial evaluation of the Survey of Readiness for Alcoholics Anonymous Participation. *Psychology of Addictive Behaviors*, 20(4), 453-462.
<http://dx.doi.org.proxy.library.vcu.edu/10.1037/0893-164X.20.4.453>
- Klinger, R. (1998). The search for meaning in evolutionary perspective. In P.T.P. Wong & P.S. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp 27-50). Mahwah, NJ: Lawrence Erlbaum Associates.
- Klion, R. E. (1993). Chemical dependency: A personal construct theory approach. In L. Leitner & G. Dunnett (Eds.), *Critical issues in personal construct psychotherapy* (pp. 279–302). Malabar, FL: Krieger.
- Klion, R. E., & Pfenninger, D.T. (1997) Personal construct psychotherapy of addictions. *Journal of Substance Abuse Treatment*, 14(1), 37–43.
- Kownacki, R., & Shadish, W. (1999). Does Alcoholics Anonymous work? The results from a meta-analysis of controlled experiments. *Substance Use & Misuse*, 34(13), 1897-916.
- Krentzman, A. (2008). The Evidence Base for the Effectiveness of Alcoholics Anonymous: Implications for Social Work Practice. *Journal of Social Work Practice in the Addictions*, (4), 27-48. doi: 10.1300/J160v07n04_03
- Krentzman, A. R., Cranford, J. A., & Robinson, E. A. R. (2013). Multiple dimensions of spirituality in recovery: A lagged mediational analysis of Alcoholics Anonymous'

- principal theoretical mechanism of behavior change. *Substance Abuse*, 34(1), 20-32.
doi:10.1080/08897077.2012.691449
- Krippendorff, K. (1980). *Content analysis: An introduction to its methodology* (Sage commtext series; v. 5). Beverly Hills: Sage Publications.
- Kurtz, E. (1979). *Not-God: A history of Alcoholics Anonymous*. Center City, Minn.: Hazelden Educational Services.
- Kurtz, E. (1982). Why A.A. works; the intellectual significance of Alcoholics Anonymous. *Journal of Studies on Alcohol*, 43(1), 38-80.
DOI: <http://dx.doi.org/10.15288/jsa.1982.43.38>
- Kurtz, E. (1988). *A.A.: The story* (1st Harper & Row ed.). San Francisco: Harper & Row.
- Laudet, A. B., Morgen, K., & White, W. L. (2006). The Role of Social Supports, Spirituality, Religiousness, Life Meaning and Affiliation with 12-Step Fellowships in Quality of Life Satisfaction Among Individuals in Recovery from Alcohol and Drug Problems. *Alcoholism Treatment Quarterly*, 24(1-2), 33-73.
http://dx.doi.org.proxy.library.vcu.edu/10.1300/J020v24n01_04
- Lemke, & Moos. (2003). Outcomes at 1 and 5 years for older patients with alcohol use disorders. *Journal of Substance Abuse Treatment*, 24(1), 43-50.
- Longabaugh, R., Wirtz, P., Zweben, A., & Stout, R. (1998). Network support for drinking, Alcoholics Anonymous and long-term matching effects. *Addiction*, 93(9), 1313-1333.
- Longabaugh, R., Donovan, D. M., Karno, M. P., McCrady, B. S., Morgenstern, J., & Tonigan, J. S. (2005). Active Ingredients: How and Why Evidence-Based Alcohol Behavioral Treatment Interventions Work. *Alcoholism: Clinical and Experimental Research*, 29(2), 235-247. <http://dx.doi.org.proxy.library.vcu.edu/10.1097/01.ALC.0000153541.78005.1F>

- Lyddon, W. J., & McLaughlin, J. T. (1992). Constructivist psychology: A heuristic framework. *Journal of Mind and Behavior*, 13(1), 89–107
- Lyddon, W. J. (1993). Developmental constructivism: An integrative framework for psychotherapy practice. Special Issue: Constructivist psychotherapy. *Journal of Cognitive Psychotherapy*, 7(3), 217–224.
- Lyddon, W. J. (1995). Cognitive therapy and theories of knowing: A social constructionist view. *Journal of Counseling & Development*, 73(6), 579–585.
- MacKinnon, D., Lockwood, C., Hoffman, J., West, S., & Sheets, V. (2002). A Comparison of Methods to Test Mediation and Other Intervening Variable Effects. *Psychological Methods*, 7(1), 83-104.
- Madsen, W. (1974). *The American alcoholic; the nature-nurture controversy in alcoholic research and therapy*. Springfield, Ill.: Thomas.
- Magura, S., Cleland, C., & Tonigan, J. (2013). Evaluating Alcoholics Anonymous's effect on drinking in Project MATCH using cross-lagged regression panel analysis. *Journal of Studies on Alcohol and Drugs*, 74(3), 378-85.
- Mahoney, M. J. (1991). *Human change processes: The scientific foundations of psychotherapy*. New York: Basic Books.
- Martin, J. E. (1992). The evolution of Al-Anon: A content analysis of stories in two editions of its 'Big Book.'. *Contemporary Drug Problems*, 19(4), 563.
- Maxwell, M.A. 1967 "Alcoholics Anonymous: an Interpretation, " in Pittman, D., & Snyder, Charles R., editor. (1962). *Society, culture, and drinking patterns*. New York: J. Wiley.
- McCormick, B. (1991). Self-experience as leisure constraint: The case of Alcoholics Anonymous. *Journal of Leisure Research*, 23(4), 345-362.

- McKellar, J. D., Stewart, E., & Humphrey, K. N. (2003). Alcoholics Anonymous Involvement and Positive Alcohol-Related Outcomes: Cause, Consequence, or Just a Correlate? A Prospective 2-Year Study of 2,319 Alcohol-Dependent Men. *Journal of Consulting and Clinical Psychology, (2)*, 302-308. Doi: 10.1037/0022-006X.71.2.302
- Medina, M. (2014). The paradox of self-surrender and self-empowerment: An investigation of the individual's understanding of the Higher Power in Alcoholics Anonymous. *Counselling Psychology Review, 29(3)*, 28-42.
- Miller, N., Ninonuevo, F., Klamen, D., Hoffmann, N., & Smith, D. (1997). Integration of Treatment and Posttreatment Variables in Predicting Results of Abstinence-Based Outpatient Treatment After One Year. *Journal of Psychoactive Drugs, 29(3)*, 239-248.
- Miller, W. R. (1996). *Form 90: A structured assessment interview for drinking and related behaviors* (NIAAA Project MATCH Monograph Series, Vol. 5, NIH Publication No. 96-4004). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.
- Miller, W.R. and Marlatt, G.A. Manual for the Comprehensive Drinker Profile, Odessa, Fla: Psychological Assessment Resources, 1984.
- Moos, R. H., & Timko, C. (2008). Outcome research on 12-step and other self-help programs. In M. Galanter & H. D. Kleber (Eds.), *The American Psychiatric Publishing textbook of substance abuse treatment (4th ed.)* (pp. 511-521). Arlington, VA: American Psychiatric Publishing.
- Montgomery, H. A., Miller, W. R., & Tonigan, J. S. (1995). Does Alcoholics Anonymous involvement predict treatment outcome? *Journal of Substance Abuse Treatment, 12(4)*, 241-246. doi:10.1016/0740-5472(95)00018-Z

- Morey, N., & Luthans, F. (1984). An Emic Perspective and Ethnoscience Methods for Organizational Research. *The Academy of Management Review*, 9(1), 27-36.
- Morgan, J., & Farsides, T. (2009). Measuring meaning in life. *Journal of Happiness Studies*, 10(2), 197-214. <http://dx.doi.org.proxy.library.vcu.edu/10.1007/s10902-007-9075-0>
- Morgan, J., & Farsides, T. (2009). Psychometric evaluation of the Meaningful Life Measure. *Journal of Happiness Studies*, 10(3), 351-366. <http://dx.doi.org.proxy.library.vcu.edu/10.1007/s10902-008-9093-6>
- Morgenstern, J., Bux, D., Labouvie, E., Blanchard, K. A., & Morgan, T. J. (2002). Examining mechanisms of action in 12-step treatment: The role of 12-step cognitions. *Journal of Studies on Alcohol*, 63(6), 665-672.
- Morgenstern, J., Frey, R. M., McCrady, B. S., & Labouvie, E. (1995). Examining mediators of change in traditional chemical dependency treatment. *Journal of Studies on Alcohol*, 57(1), 53-64.
- Morgenstern, J., Kahler, C. W., & Epstein, E. (1998). Do treatment process factors mediate the relationship between Type A–Type B and outcome in 12-Step oriented substance abuse treatment? *Addiction*, 93(12), 1765-1776. <http://dx.doi.org.proxy.library.vcu.edu/10.1046/j.1360-0443.1998.931217653.x>
- Morgenstern, J., Kahler, C. W., Frey, R. M., & Labouvie, E. (1996). Modeling therapeutic response to 12-step treatment: Optimal responders, nonresponders, and partial responders. *Journal of Substance Abuse*, 8(1), 45-59. [http://dx.doi.org.proxy.library.vcu.edu/10.1016/S0899-3289\(96\)90079-6](http://dx.doi.org.proxy.library.vcu.edu/10.1016/S0899-3289(96)90079-6)
- Morgenstern, J., Labouvie, E., McCrady, B. S., Kahler, C. W., & Frey, R. M. (1997). Affiliation with Alcoholics Anonymous after treatment: A study of its therapeutic effects and

- mechanisms of action. *Journal of Consulting and Clinical Psychology*, 65(5), 768-777.
doi:10.1037/0022-006X.65.5.768
- Morris, M., Ames, D., & Lickel, B. (1999). Views from the inside and outside: integrating emic and etic insights about culture and justice judgment. *Academy of Management Review*, 24(4), 781-796.
- National Institute on Alcohol Abuse and Alcoholism. Program Announcement: PA-02-007.
MECHANISMS OF ACTION OF BEHAVIORAL TREATMENTS FOR ALCOHOLISM.
Retrieved from <http://grants.nih.gov/grants/guide/pa-files/PA-02-007.html>
- Nock, M. (2007). Conceptual and Design Essentials for Evaluating Mechanisms of Change. *Alcoholism: Clinical and Experimental Research*, 31, 4s-12s.
- Oakes, K. E. (2008). Purpose in life: A mediating variable between involvement in Alcoholics Anonymous and long-term recovery. *Alcoholism Treatment Quarterly*, 26(4), 450-463.
doi:10.1080/07347320802347103
- Ouimette, P. C., Finney, J. W., Gima, K., & Moos, R. H. (1999). A comparative evaluation of substance abuse treatment III. Examining mechanisms underlying patient-treatment matching hypotheses for 12-step and cognitive-behavioral treatments for substance abuse. *Alcoholism: Clinical and Experimental Research*, 23(3), 545-551.
<http://dx.doi.org.proxy.library.vcu.edu/10.1097/00000374-199903000-00024>
- Ouimette, P. C., Finney, J. W., & Moos, R. H. (1997). Twelve-step and cognitive-behavioral treatment for substance abuse: A comparison of treatment effectiveness. *Journal of Consulting and Clinical Psychology*, 65(2), 230-240. doi:10.1037/0022-006X.65.2.230
- Owen, P. L., & Slaymaker, V., 2003 in Owen, P. L., Slaymaker, V., Tonigan, J. S., McCrady, B. S., Epstein, E. E., Kaskutas, L. A., . . . Miller, W. R. (2003). Participation in Alcoholics

- Anonymous: Intended and unintended change mechanisms. *Alcoholism: Clinical and Experimental Research*, 27(3), 524-532.
<http://dx.doi.org.proxy.library.vcu.edu/10.1097/01.ALC.0000057941.57330.39>
- Owen, P. L., Slaymaker, V., Tonigan, J. S., McCrady, B. S., Epstein, E. E., Kaskutas, L. A., . . . Miller, W. R. (2003). Participation in Alcoholics Anonymous: Intended and unintended change mechanisms. *Alcoholism: Clinical and Experimental Research*, 27(3), 524-532.
<http://dx.doi.org.proxy.library.vcu.edu/10.1097/01.ALC.0000057941.57330.39>
- Pagano, M. E., White, W. L., Kelly, J. F., Stout, R. L., & Tonigan, J. S. (2013). The 10-year course of Alcoholics Anonymous participation and long-term outcomes: A follow-up study of outpatient subjects in Project MATCH. *Substance Abuse*, 34(1), 51-59.
doi:10.1080/08897077.2012.691450
- Pelto, P. J., & Pelto, G. H. (1978). Anthropological research: The structure of inquiry. Cambridge: Cambridge University Press.
- Piderman, K. M., Schneekloth, T. D., Pankratz, V. S., Stevens, S. R., & Altchuler, S. I. (2008). Spirituality during alcoholism treatment and continuous abstinence for one year. *International Journal of Psychiatry in Medicine*, 38(4), 391-406. doi:10.2190/PM.38.4.a
- Pike, K. (1987). *Language in relation to a unified theory of the structure of human behavior*. The Hague, the Netherlands: Mouton. (Original work published 1954)
- Powell, T. (1993). Self-Help Research and Policy Issues. *The Journal of Applied Behavioral Science*, (2), 151-165. Doi: 10.1177/0021886393292002
- Project MATCH Research Group. 1993. Project MATCH (Matching Alcoholism Treatment to Client Heterogeneity): Rationale and methods for a multisite clinical trial matching

- patients to alcoholism treatment. *Alcoholism: Clinical Experimental Research* 17(6):1130–1145.
- Project MATCH Research Group. 1997. Matching alcoholism treatments to client heterogeneity: Project MATCH posttreatment drinking outcomes. *Journal of Studies on Alcohol* 58(1):7–29.
- Project MATCH Research Group. 1998a. Matching alcoholism treatments to client heterogeneity: Treatment main effects and matching effects on drinking during treatment. *Journal of Studies on Alcohol* 59:631–639.
- Project MATCH Research Group. 1998b. Matching alcoholism treatments to client heterogeneity: Project MATCH three-year drinking outcomes. *Alcoholism: Clinical and Experimental Research* 22(6):1300–1311.
- Rappaport, J. (1994). Narrative studies, personal stories, and identity transformation in the mutual-help context. In T. J. Powell (Ed.), *Understanding the self-help organization: Frameworks and findings* (pp. 115-135). Thousand Oaks, CA: Sage Publications.
- Reinert, D., Allen, F., Fenzel, J., & Estadt, P. (1993). Alcohol recovery in self-help groups: Surrender and narcissism. *Journal of Religion and Health*, 32(4), 299-308.
- Rice, S. L., & Tonigan, J. S. (2012). Impressions of alcoholics anonymous (AA) group cohesion: A case for a nonspecific factor predicting later AA attendance. *Alcoholism Treatment Quarterly*, 30(1), 40-51.
<http://dx.doi.org.proxy.library.vcu.edu/10.1080/07347324.2012.635550>
- Robinson, E. A. R., Cranford, J. A., Webb, J. R., & Brower, K. J. (2007). Six-Month Changes in Spirituality, Religiousness, and Heavy Drinking in a Treatment-Seeking Sample. *Journal*

- of Studies on Alcohol and Drugs*, 68(2), 282-290. Retrieved from <http://www.jsad.com.proxy.library.vcu.edu/jsad/volumes>.
- Robinson, E. A. R., Krentzman, A. R., Webb, J. R., & Brower, K. J. (2011). Six-month changes in spirituality and religiousness in alcoholics predict drinking outcomes at nine months. *Journal of Studies on Alcohol and Drugs*, 72(4), 660-668. Retrieved from <http://www.jsad.com.proxy.library.vcu.edu/jsad/volumes>
- Room, R., & Greenfield T. (1993). Alcoholics anonymous, other 12-step movements and psychotherapy in the US population, 1990. *Addiction*, 88 (4), 555-562. Retrieved from <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291360-0443/issues>
- Russell, D. (1996). UCLA Loneliness Scale (Version 3): Reliability, Validity, and Factor Structure. *Journal of Personality Assessment*, 66(1), 20-40.
- Sacks, J., Gonzales, K., Bouchery, E., Tomedi, L., & Brewer, R. (2015). 2010 National and State Costs of Excessive Alcohol Consumption. *American Journal of Preventive Medicine*, 49(5), E73-9.
- Sadava, S. W., & Thompson, M. M. (1986). Loneliness, social drinking, and vulnerability to alcohol problems. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement*, 18(2), 133-139.
<http://dx.doi.org.proxy.library.vcu.edu/10.1037/h0079980>
- Schreier, M. (2012). *Qualitative content analysis in practice*, Sage. Los Angeles.
- Sharma, M. K., Suman, L. N., Murthy, P., & Marimuthu, P. (2011). State-Trait anger and quality of life among alcohol users. *German Journal of Psychiatry*, 14(2), 60-65.
- Sobell, M.B., Maisto, S.A., Sobell, L.C., Cooper, A.M., Cooper, T.C. and Sanders, B. Developing a prototype for evaluating alcohol treatment effectiveness. In: Sobell, L., Sobell, Mark B, & Ward, Elliott. (1980). *Evaluating alcohol and drug abuse treatment*

- effectiveness: Recent advances*. Oxford; New York: Pergamon Press, Inc., 1980, pp.129-150.
- Sobell, L.C., & Sobell, M.B. Timeline Follow-Back—a technique for assessing self-reported alcohol-consumption. In: Raye Z. Litten, John P. Allen, eds. *Measuring Alcohol Consumption: Psychosocial and Biochemical Methods*. Tootowa, NJ: Humana Press; 1992:41–72.
- Stahre, M., Roeber, J., Kanny, D., Brewer, R., & Zhang, X. (2014). Contribution of excessive alcohol consumption to deaths and years of potential life lost in the United States. *Preventing Chronic Disease, 11*, E109.
- Stevens, E., & Jason, L. (2015). Evaluating alcoholics anonymous sponsor attributes using conjoint analysis. *Addictive Behaviors, 51*, 12-17.
- Stevens, E., & Jason, L. (2015). An Exploratory Investigation of Important Qualities and Characteristics of Alcoholics Anonymous Sponsors. *Alcoholism Treatment Quarterly.*, 33(4), 367-384.
- Strauss, A. (1987). *Qualitative analysis for social scientists*. Cambridge Cambridgeshire ; New York : Cambridge University Press,
- Strobbe, S., & Kurtz, E. (2012). Narratives for recovery: Personal stories in the ‘big book’ of alcoholics anonymous. *Journal of Groups in Addiction & Recovery, 7*(1), 29-52. <http://dx.doi.org.proxy.library.vcu.edu/10.1080/1556035X.2012.632320>
- Subbaraman, M. S., Kaskutas, L. A., & Zemore, S. (2011). Sponsorship and service as mediators of the effects of Making Alcoholics Anonymous Easier (MAAEZ), a 12-step facilitation intervention. *Drug and Alcohol Dependence, 116*(1-3), 117-124. <http://dx.doi.org.proxy.library.vcu.edu/10.1016/j.drugalcdep.2010.12.008>

- Substance Abuse and Mental Health Services Administration. (2012). Results from the 2012 National Survey on Drug Use and Health: Detailed Tables. *National Survey on Drug Use and Health*. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs2012/NSDUH-DetTabs2012/HTML/NSDUH-DetTabsTOC2012.htm>
- Substance Abuse and Mental Health Services Administration. (2013). Results from the 2013 National Survey on Drug Use and Health: Detailed Tables. *National Survey on Drug Use and Health*. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs2013/NSDUH-DetTabs2013.htm>
- Tiebout, H. M. (1944). Therapeutic mechanisms of Alcoholics Anonymous. *American Journal of Psychiatry*, 100, 468-473. Thurstin, A. H., Alfano, A. M., & Nerviano, V. J. (1987).
- Timko, C., Moos, R. H., Finney, J. W., & Lesar, M. D. (2000). Long-term outcomes of alcohol use disorders: Comparing untreated individuals with those in Alcoholics Anonymous and formal treatment. *Journal of Studies on Alcohol*, 61(4), 529-540. Retrieved from <http://www.jsad.com.proxy.library.vcu.edu/jsad/volumes>.
- Tonigan, 2003 in Owen, P. L., Slaymaker, V., Tonigan, J. S., McCrady, B. S., Epstein, E. E., Kaskutas, L. A., . . . Miller, W. R. (2003). Participation in Alcoholics Anonymous: Intended and unintended change mechanisms. *Alcoholism: Clinical and Experimental Research*, 27(3), 524-532. <http://dx.doi.org.proxy.library.vcu.edu/10.1097/01.ALC.0000057941.57330.39>
- Benefits of Alcoholics Anonymous Attendance. *Alcoholism Treatment Quarterly*, 19(1), 67-77.
- Tonigan, J. S., Connors, G. J., & Miller, W. R. (1996). Alcoholics Anonymous Involvement (AAI) scale: Reliability and norms. *Psychology of Addictive Behaviors*, 10(2), 75-80. doi:10.1037/0893-164X.10.2.75

- Tonigan, J. S., & Connors, G. J. (2008). Psychological mechanisms in Alcoholics Anonymous. In M. Galanter & H. D. Kleber (Eds.), *The American Psychiatric Publishing textbook of substance abuse treatment (4th ed.)* (pp. 491-498). Arlington, VA: American Psychiatric Publishing.
- Tonigan, J. S., Connors, G. J., & Miller, W. R. (2003). Participation and involvement in Alcoholics Anonymous. In T. F. Babor & F. K. Del Boca (Eds.), *International research monographs in the addictions. Treatment matching in alcoholism* (pp. 184-204). New York: Cambridge University Press.
- Tonigan, J., Miller, W., & Schermer, C. (2002). Atheists, agnostics and Alcoholics Anonymous. *Journal of Studies on Alcohol, 63*(5), 534-41.
- Tonigan, J. S., Miller, W. R., & Vick, D. (2000, June). *Psychometric properties and stability of the General Alcoholics Anonymous Tools of Recovery (GAATOR, 2.1)*. Poster presented at the annual Research Society on Alcoholism conference, Denver, CO.
- Tonigan, J., Rynes, K., & McCrady, B. (2013). Spirituality as a Change Mechanism in 12-Step Programs: A Replication, Extension, and Refinement. *Substance Use & Misuse, 2013, Vol.48*(12), P.1161-1173, 48(12), 1161-1173.
- Tonigan, J. S., Rynes, K., Toscova, R., & Hagler, K. (2013). Do changes in selfishness explain 12-Step benefit? A prospective lagged analysis. *Substance Abuse, 34*(1), 13-19.
<http://dx.doi.org.proxy.library.vcu.edu/10.1080/08897077.2012.691453>
- Weber, R. (1990). *Basic Content Analysis* (Second ed., Quantitative applications in the social sciences; no. 07-049).

- Weisner, C., Greenfield, T., Room, R. (1995). Trends in the treatment of alcohol problems in the US general population, 1979 through 1990. *American Journal of Public Health*, 85 (1), 55-60. doi: 10.2105/AJPH.85.1.55
- White W, Laudet A. Life meaning as a potential mediator of 12-Step participation benefits on stable recovery from polysubstance use. Presented at 68th Annual Scientific Meeting of the College on Problems of Drug Dependence, June 2006.
- Wilcox, C. E., Pearson, M. R., & Tonigan, J. S. (2015). Effects of long-term AA attendance and spirituality on the course of depressive symptoms in individuals with alcohol use disorder. *Psychology of Addictive Behaviors*, 29(2), 382-391. <http://dx.doi.org.proxy.library.vcu.edu/10.1037/adb0000053>
- Wing, D., & Thompson, T. (1996). The meaning of alcohol to traditional Muscogee Creek Indians. *Nursing Science Quarterly*, 9(4), 175-180.
- Worley, M., Tate, S., & Brown, S. (2012). Mediation relations between 12-Step attendance, depression and substance use in patients with comorbid substance dependence and major depression. *Addiction*, 107(11), 1974-1983.
- Yeh, M., Che, H., Lee, L., & Horng, F. (2008). An empowerment process: Successful recovery from alcohol dependence. *Journal of Clinical Nursing*, 17(7), 921-929.
- Zarei, S., Memari, A., Moshayedi, P., & Shayestehfar, M. (2015). Validity and Reliability of the UCLA Loneliness Scale-Version 3 in Farsi. *Educational Gerontology*, Educational Gerontology, 30 June 2015.
- Zemore, S.E., 2007. A role for spiritual change in the benefits of 12-step involvement. *Alcohol. Clin. Exp. Res.* 31 (Suppl. 10), 76s–79s. Retrieved from

<http://onlinelibrary.wiley.com.proxy.library.vcu.edu/doi/10.1111/acer.2007.31.issue-s3/issuetoc>

Zemore, S. E., & Kaskutas, L. A. (2009). Development and validation of the Alcoholics Anonymous Intention Measure (AAIM). *Drug and Alcohol Dependence, 104*(3), 204-211. doi:10.1016/j.drugalcdep.2009.04.019

Zinsmeyer, M. C. (2010). A study of the spiritual awakening experiences of 12 individuals participating in the 12-step program of alcoholics anonymous. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 70*(8-B), 5143. (UMI No. AAI3369622)

Appendix A.

The Twelve Steps of Alcoholics Anonymous

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

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Appendix B.

AA Promises

If we are painstaking about this phase of our development, we will be amazed before we are half way through.

We are going to know a new freedom and a new happiness.

We will not regret the past nor wish to shut the door on it.

We will comprehend the word serenity and we will know peace.

No matter how far down the scale we have gone, we will see how our experience can benefit others.

That feeling of uselessness and self pity will disappear.

We will lose interest in selfish things and gain interest in our fellows.

Self-seeking will slip away.

Our whole attitude and outlook upon life will change.

Fear of people and of economic insecurity will leave us.

We will intuitively know how to handle situations which used to baffle us.

We will suddenly realize that God is doing for us what we could not do for ourselves.

Are these extravagant promises? We think not. They are being fulfilled among us—sometimes quickly, sometimes slowly. They will always materialize if we work for them.

Alcoholics Anonymous (p. 83 - 84)

Appendix C.

Content Analysis Instructions

Thank you for participating in the content analysis of the text *Alcoholics Anonymous*. Your contribution is important. The purpose of this analysis is to identify changes one may experience from AA involvement that are described in the text *Alcoholics Anonymous*.

The analysis is based on your interpretation of the text *Alcoholics Anonymous*. The included USB flash drive contains:

1. The first 164 pages of *Alcoholics Anonymous* in PDF format (labeled BigBook)
2. A content analysis template (labeled CA Table)
3. A copy of this document (labeled Introduction)
4. A text file identifying the USB flash drive (labeled 'YourName')

We will only be using number 1 and number 2 above for the analysis.

Overview

We are conducting a content analysis of *Alcoholics Anonymous* fourth edition. Content analysis is simply a process of identifying themes in texts. The themes we are hoping to identify are changes AA members can expect from AA involvement. The process of content analysis involves two steps:

Step One: Read the AA text (first 164 pages) and highlight all phrases, which describe changes members can expect from being involved in AA.

Step Two: Organize these highlighted phrases into categories.

Example

Let us look at an example. On pages 83-84, we find the following:

If we are painstaking about this phase of our development, we will be amazed before we are half way through. We are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and we will know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellows. Self-seeking will slip away. Our whole attitude and outlook upon life will change. Fear of people and of economic insecurity will leave us. We will intuitively know how to handle situations which used to baffle us. We will suddenly realize that God is doing for us what we could not do for ourselves.

Step One: We want to highlight all phrases (Individually) that describe changes AA members may expect from being involved in AA. This would look something like the following:

If we are painstaking about this phase of our development, we will be amazed before we are half way through. We are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and we will know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellows. Self-seeking will slip away. Our whole attitude and outlook upon life will change. Fear of people and of economic insecurity will leave us. We will intuitively know how to handle situations which used to baffle us. We will suddenly realize that God is doing for us what we could not do for ourselves.

Step Two: We want to organize these highlighted phrases into categories. This is most easily done using a table in Word. Simply “copy” from *Alcoholics Anonymous* (PDF) and paste in the table (Word), note the page numbers and label the category. This may look something like the table below:

<u>Amazement</u>	page
<i>we will be amazed</i>	83
<u>Freedom</u>	
<i>We are going to know a new freedom</i>	83
<u>Happiness</u>	
<i>We are going to know a new happiness</i>	83
<u>Regret</u>	
<i>We will not regret the past</i>	83
<i>(We will not) wish to shut the door on it</i>	83
<u>Serenity</u>	
<i>We will comprehend the word serenity</i>	84
<i>we will know peace</i>	84
<u>Experience</u>	
<i>we will see how our experience can benefit others.</i>	84
<u>Uselessness</u>	
<i>That feeling of uselessness (will disappear)</i>	84
<u>Self-pity</u>	
<i>(That feeling of) self-pity will disappear</i>	84
<u>Selfishness</u>	
<i>We will lose interest in selfish things</i>	84
<i>(We will) gain interest in our fellows</i>	84
<i>Self-seeking will slip away.</i>	84
<u>Attitude</u>	
<i>Our whole attitude (will change)</i>	84
<i>(Our whole) outlook upon life will change</i>	84
<u>Fear</u>	
<i>Fear of people (will leave us)</i>	84
<i>(Fear) of economic insecurity will leave us</i>	84
<u>Knowledge</u>	
<i>We will intuitively know how to handle situations which used to baffle us.</i>	84
<u>God</u>	
<i>We will suddenly realize that God is doing for us what we could not do for ourselves</i>	84

You are free to label the categories anything you like. You are also free to determine the content.

For example, in the above table I decided “*Our whole attitude and outlook upon life will change*”

referenced two changes AA members can expect:

Our whole attitude (will change)

(Our whole) *outlook upon life will change*

You may decide the same sentence represents only one change. Likewise, I labeled the category “Attitude”. You may label it something else. It is completely up to you. It should be noted, this particular section of the Big Book describes many changes for AA members. The changes described in the rest of the book may be far more spread out. In fact, you may read several pages with no description of changes AA members can expect. I used the above example because we are all familiar with that section of the book and because it contains so many different examples. The table above is also found on the included USB flash drive (labeled CA Table). Feel free to edit the table or create your own.

Note: We will be using Adobe reader to highlight the Big Book (PDF) text. To highlight text: select text, right click, and click on ‘Highlight text’. If you do not have Adobe reader DC it can be downloaded for free here: <https://get.adobe.com/reader/>

Saving Your Work

You will be working with two (2) files from the USB Flash drive each time you do analysis: Big Book (PDF) and CA Table (Word). When you are ready to take a break or stop for the day, it is important to save both documents in their current form. It is a good idea to save each file by the current date. For example, if today’s date were 9/25/2016, we would save the current version of the content analysis table (labeled CA Table), by clicking “save as” and under *File Name* we type CA Table 9.25.16 and click save. If you save the file more than once on the same day simply add .1, .2 etc. For example: first save = CA Table 9.25.16, second save = CA Table 9.25.16.1, third = CA Table 9.25.16.2 , and so on. Be sure you are saving the file on the USB flash drive (labeled CA Package).

To save the current version of the BigBook: select *File* , *Save As* , select the folder CA Package and under *File Name* type BigBook 9.25.16. Again, if you save it more than once on the same day, use the .1, .2, designation as above. Be sure you are saving the file on the USB flash drive (labeled CA Package).

With both files saved, they will be ready when you start again! When you return to do some more analysis, you simply open the most recent copy of both files. When you have completed the entire content analysis, please mail the jump drive back to me in the envelope furnished.

Suggestions

- It is probably best to start highlighting at the beginning of the book, work to the end, and then organize the highlighted phrases into categories.
- It is strongly suggested every time you work on a file, you save it by date (see above).
- Try to have the content analysis completed within 30 days. Please mail the jump drive back to me in the envelope furnished.
- It is probably more pleasant to work on the analysis a little each day or every other day. To complete the analysis in 30 days, we need to process about 5.5 pages a day or 38 pages a week.
- Enjoy yourself! This experience should be beneficial to you and you may gain new insights into our literature.

Please contact me if you have any questions or concerns. I work late at night and do not be concerned about calling too late.

My cell number is (804) 658-9866

My email is boylesbr@vcu.edu

Appendix D.
Focus Group One Guide

This protocol is to be read aloud by Bryan Boyles. Headings and words in italics will not be read aloud. Consistent with grounded theory, the below questions will change as the research unfolds.

Introduction

Good morning/afternoon/evening and thank you for taking the time to participate in this focus group. My name is Bryan Boyles, and I am a PhD candidate at Virginia Commonwealth University in Richmond. I am conducting this study under the supervision of my dissertation chair, Dr. Patrick V. Dattalo to learn more about what changes, due to AA involvement that may explain continuous abstinence experienced by its members.

Questions

1. What is AA?
2. What is recovery?
3. What has changed in your life because of AA involvement?
4. What caused these changes?
5. What actions did you take related to these changes?
6. What actions did you take in response to these changes?
7. What was it like before AA?

Prompt: Tell me about [*type of change in answering question 3 above*], how did that get started? why?

Appendix E.

Focus Groups Two-Six Questions

Focus Group 2 Questions (Exactly “what” is AA involvement)

- member checking
1. What is AA?
 2. What is recovered in AA?
 3. What was it like before drinking was a problem? before the beginning?

Focus Group 3 Questions (Exactly “what” AA changes)

- member checking
 - Tentative Model on Wall
 - Abstinence
1. Before dx became an issue, Tell me about your best days drinking.
 - a. What did it feel like?
 2. Before you began drinking, Tell me about your best days.
 - a. What did it feel like?
 3. After dx became an issue
 - a. What did it feel like?
 - b. You have mentioned ETOH was a solution; what did it do for you?
 4. What was it like when you quit drinking?
 - a. How did you feel?

- b. What was missing?

Focus Group 4 Questions (Exactly “what” AA changes)

- member checking
 - Tentative Model on Wall
1. Tell me about your best days in recovery.
 - a. What did it feel like?
 - b. What changed? missing? present?
 2. What would you be like today if you did not have an allergy to alcohol; were not alcoholic?
 3. What would you be like today if AA never existed?
 - a. How would you feel?
 4. Tell me about your best days in recovery.

Focus Group 5 Questions (Exactly “what” has changed Bottom-after AA)

- member checking
 - Tentative Model on Wall
1. is the “bottom” most related to thought? Feeling? Or action?
 2. is the “epiphany” most related to thought? Feeling? Or action?
 3. is the jumping off place most related to thought? Feeling? Or action?
 4. order of bottom-epiphany-jumping off place
 5. What is the relationship between suicide at the jumping off point in the size of or representation of hole in soul..... Darkness wins?
 6. Is the final stage of AA development emotional sobriety?
 7. thoughts of suicide (2/5) versus thoughts of death i.e. “I wish I was dead” five little words

- exercise: order subgroups in terms of prevalence or importance, best word representing the group
 - order subgroups in descending order of importance
 - reduce elements of hole in soul to smallest number conveying greatest meaning
 - looking for underlying or core phenomena

Focus Group 5 Questions (verify model and hole in soul contents)

- member checking
 - Final Model on Wall
 - Final Early Middle Late AA on Wall
 - Final Hole in Soul Elements on Wall
1. What is the relationship between the final stage of AA and the hole in the soul? Elements to compounds? Flip alienation to belonging?
 2. Paradox hypothesis both creates and destroys.
 - a. “why do I exist?” Both creates and heals the dis-ease
 - b. “alcohol as solution” Both creates and heals the dis-ease
 - c. “defenses do what they would defend” Both creates and heals the dis-ease
 - d. dependent upon reflection, evolution

Saturation Questions

Early

- Tell me about the best in your life, what did it feel like?
- Tell me about the best day in your recovery, what did it feel like?
- Tell me about the worst day in your life, what does it feel like?

Middle

- Imagine you're looking back into time and you see yourself at the jumping off place, knowing what you know now, what would you say?
- Imagine you're talking to a newcomer, in terms of what could/would change for them from being involved in AA, what would you tell them?
- Imagine you are talking to a therapist, counselor or treatment provider, what advice can you offer them in terms of what AA could/would change for client they referred to AA?
- Imagine you had a chance to speak to the scientific community in terms of addiction what advice could you offer them about what AA can change for alcoholics?

Focus Group 6 Questions

- The elements of Tear in Spirit, Hole in Soul, are indications of what?
- Looking at our model, what has changed at the jumping off place?
- What has changed at the bottom?
- What has changed at Epiphany?
- Tell me about survivability, surviving, not about abstinence alone.
- It is not not really re-covery is it? compare to recovery from flu. In other words, it is not about something being present it should not be (virus) but the absence of something necessary to survive.
- Has been involved in AA reduce the amount of __(h.s./t.s element)__ you experience?
- Is this reduction in __(h.s./t.s element)__ related to your ability to not drink?
- What has changed, due to AA involvement, that explains your survival? Fit?
- What has changed, due to AA involvement, that explains not surviving? no Fit?

- Time, the terminal past-present for future. recovery time vs clock or calendar time. “The future will be better... faith.” Future time to survive present. vs despair-no exit from the present.
- Compare the solution of alcohol to the solution of AA, how are they similar or different?
- Tell me about how the solution of alcohol make things better and made them worse.

Closing Question: What have you gained, if anything, from participating in this focus group?

Appendix F.
Change Categories

Table F1				
<i>Happiness Change Categories; Related Passages</i>				
Passages related to Life Improvement	pg	Taylor	Calvin	Bradley
We have found much of heaven and we have been rocketed into a fourth dimension of existence of which we had not even dreamed	25	-	¹ God	Happiness
The most satisfactory years of your experience lie ahead of you	152	-	Happiness	-
Yet often such men had spectacular and powerful recoveries.	113	-	Happiness	-
The age of miracles is still with us. Our own recovery proves that!	153	-	Happiness	-
many take up their beds and walk again	19	-	Happiness	-
as we discovered we could face life successfully	63	Reasonable Happiness	¹ Freedom	-
It is a design for living that works in rough going.	15	Reasonable Happiness	¹ Uselessness	-
There is scarcely any form of trouble and misery which has not been overcome among us.	15	Reasonable Happiness	-	-
Passages related to Well-being				
I was to know happiness	29	-	Happiness	Happiness
The joy of living we really have, even under pressure and difficulty.	15	-	-	Happiness
We absolutely insist on enjoying life	132	-	-	Happiness
We are sure God wants us to be happy, joyous, and free.	133	-	-	Happiness
We relax and take it easy.	86	Reasonable	-	¹ Attitude

			Happiness	
We don't struggle. We are often surprised how the right answers come after we have tried this for a while.	86	Reasonable Happiness	-	-
They [the AA promises ²] are being fulfilled among us-sometimes quickly, sometimes slowly. They will always materialize if we work for them.	84	Reasonable Happiness	-	-
Passages related to AA's Fellowship				
Thus we find the fellowship, and so will you	152	-	Happiness	-
we can join in brotherly and harmonious action.	17	-	Happiness	-
there exists among us a fellowship, a friendliness, and an understanding which is indescribably wonderful.	16	¹ Unity with people	Happiness	-
There [in AA's fellowship] you will find release from care, boredom and worry. Your imagination will be fired.	152	-	-	Happiness
¹ The passage was also indentified in another change category				
² Beneficial changes associated with completing the ninth step (p.84-84)				

Table F2			
<i>Freedom Change Categories; Related Passages</i>			
Passages related to Drinking	pg	Taylor	Calvin
They have solved the drink problem	17	-	Freedom
The tremendous fact for every one of us is that we have discovered a common solution [to alcoholism].	17	-	Freedom
But this man still lives, and is a free man. He can go anywhere on this earth where other free men may go without disaster provided he remains willing to maintain a certain simple attitude.	26	-	Freedom
And we have ceased fighting anything or anyone- even alcohol.	84	Complete Freedom	-
The feeling that the drink problem has disappeared will often come strongly.	75	Complete Freedom	-
We will seldom be interested in liquor. If tempted, we recoil from it as from a hot flame.	84	Complete Freedom	-
It [the drink problem] does not exist for us.	85	Complete Freedom	-
Passages related to Life Improvement			
as we discovered we could face life successfully	63	¹ Reasonable happiness	Freedom
A new life has been given us or, if you prefer, "a design for living" that really works.	28	Contentment	Freedom
there has been a revolutionary change in their way of living and thinking.	50	Complete Freedom	¹ God
been raised from the dead, suddenly taken from the scrap heap to a level of life better than the best he had ever known!	11	Complete Freedom	Amazement
I would be amazingly lifted up and set on my feet.	15	Complete Freedom	-
we saw that it really worked in others, and we had come to believe in the hopelessness and futility of life as we had been living it	25	Complete Freedom	-
we have recovered from a hopeless condition of mind and body	20	Complete Freedom	Freedom

Life will take on new meaning.	89	-	Freedom
Passages related to Well-being			
we began to lose our fear of today, tomorrow or the hereafter.	63	-	Freedom
As we felt new power flow in, as we enjoyed peace of mind	63	-	Freedom
Joy at our release from a lifetime of frustration knew no bounds.	12 8	-	Freedom
Most good ideas [God as higher power] are simple, and this concept was the keystone of the new and triumphant arch through which we passed to freedom [from selfishness/self-centeredness].	62	-	Freedom

¹Passage was also indentified in specified change category

Table F3				
<i>God Change Categories; Related Passages</i>				
Passages related to Spirituality	pg	Calvin	Bradley	
we begin to have a spiritual experience.	75	-	Coming to Believe	
Here and there, once in a while, alcoholics have had what are called vital spiritual experiences.	27	God	-	
We have had deep and effective spiritual experiences	25	God	^l Experience	
We feel we are on the Broad Highway, walking hand in hand with the Spirit of the Universe.	75		Coming to Believe	
My friend promised when these things were done I would enter upon a new relationship with my creator.	13	God	-	
When we drew near to Him He disclosed Himself to us!	57	God	-	
We thank God from the bottom of our heart that we know Him better.	75	-	God	
an effect, sometimes a very great one, was felt at once.	63		Coming to Believe	
God comes to most men gradually but his impact on me was sudden and profound	14	God		
We claim spiritual progress rather than spiritual perfection	60	-	Coming to Believe	
To some extent we have become God-conscious. We have begun to develop this vital sixth sense.	85	-	God	
They show how the change came over them. When many hundreds of people are able to say that the consciousness of the Presence of God is today the most important fact of their lives, they present a powerful reason why one should have faith	51	-	Coming to Believe	
It has been repeatedly proven among us that upon this simple cornerstone a wonderfully effective spiritual structure can be built.	47	God	-	
Every one of them has gained access to, and believes in, a Power greater than himself.	50	God	-	
I humbly offered myself to God, as I then understood Him, to do with me as He would	13	-	Coming to Believe	

We finally saw that faith in some kind of God was a part of our make-up	55	-	God
We trust infinite God rather than our finite selves	68	-	God
Passages related to Problem Solving			
faith did for us what we could not do for ourselves	70		Coming to Believe
God had done for him what he could not do for himself	11	God	
He [our creator] has commenced to accomplish those things for us which we could never do by ourselves.	25	God	-
Even so has God restored us all to our right minds.	57	¹ Serenity	God
God had restored his sanity	57	God	
What we really have is a daily reprieve [from drinking] contingent on the maintenance of our spiritual condition.	85	-	Coming to Believe
If God can solve the age-old riddle of alcoholism, He can solve your problems too.	11	God	-
discovery that spiritual principles would solve all my problems.	6		
	42	God	-
Its [the AA text] main objective is to enable you to find a Power greater than yourself which will solve your problem	45	God	-
But where and how were we to find this Power? Well, that's exactly what this book is about.	45	God	-
When we saw others solve their problems by a simple reliance upon the Spirit of the Universe, we had to stop doubting the power of God. Our ideas did not work. But the God idea did.	52	God	-
Yet we had been seeing another kind of flight, a spiritual liberation from this world, people who rose above their problems. They said God made these things possible, and we only smiled. We had seen spiritual release	55	God	
Passages related to Life Improvement			
We realize that the things which came to us when we put ourselves in God's hands were better than anything we could have planned	10	-	God
	0		
We have found much of heaven and we have been rocketed into a fourth dimension of existence of which we had not even dreamed	25	God	¹ Happiness
we began to be possessed of a new sense of power and direction	46	-	God
			¹ Attitude
they found that a new power, peace, happiness, and sense of	50	God	¹ Serenity

direction flowed into them.			
A new life has been given us or, if you prefer, "a design for living" that really works	28	¹ Freedom	God
there has been a revolutionary change in their way of living and thinking.	50	God	¹ Attitude
revolutionized our whole attitude toward life	25	God	-
Passages related to Willingness			
It was only a matter of being willing to believe in a Power greater than myself. Nothing more was required of me to make my beginning	12	-	Coming to Believe
We found that as soon as we were able to lay aside prejudice and express even a willingness to believe in a Power greater than ourselves, we commenced to get results	46	God	-
Passages related to Well-being			
There was a sense of victory, followed by such a peace and serenity as I had never known	14	¹ Serenity	Coming to Believe

¹Passage was also indentified in specified change category

Table F4 <i>Attitude Change Categories; Related Passages</i>			
Passages related to Life Improvement			
there has been a revolutionary change in their way of living and thinking.	50	¹ God	Attitude
we began to be possessed of a new sense of power and direction	46	-	Attitude ¹ God
Passages related to Well-being			
We relax and take it easy.	86	-	Attitude
He enable us to match calamity with serenity.	68	Attitude	-
we had to be free of anger. The grouch and the brainstorm were not for us.	66	-	Attitude
We react sanely and normally,	84	-	Attitude
It meant destruction of self-centeredness	14	Attitude	-
we became less and less interested in ourselves	63	-	Attitude
Passages related to Tolerance			
We have begun to learn tolerance, patience and good will toward all men	70	-	Attitude
God will show us how to take a kindly and tolerant view of each and every one.	67	Attitude	-
they will not take so seriously his periods of crankiness, depression, or apathy, which will disappear when there is tolerance, love, and spiritual understanding.	127	Attitude	-
we are willing. We have to be. We must not shrink at anything	79	-	Attitude
we soon became as open minded on spiritual matters as we had tried to be on other questions	48	-	Attitude
Passages related to Fellowship			
Frequent contact with newcomers and with each other is the bright spot of our lives.	89	-	Attitude
Passages related to Spirituality			
When we sincerely took such a position [God as director], all sorts of remarkable things followed	63	¹ Amazement	Attitude

Passages related to Drinking			
And we have ceased fighting anything or anyone even alcohol	84	-	Attitude
We are not fighting it, neither are we avoiding temptation	85	-	Attitude

¹Passage was also indentified in specified change category

Appendix G.

AA Preamble

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self- supporting through our own contributions. A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

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