Spiritual Awakening and Its Meaning for Individuals in Twelve Step Addiction Recovery Dissertation Research Prospectus (Pre-Proposal)

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Problem Statement

The problem is there is a lack of insight into spiritual awakening and what it means among people in recovery because substance use disorder (SUD) research typically relies on quantitative methods to validate treatment techniques rather than give voice to personal experiences (Sang et al., 2022). Prayer, meditation, honesty, self-reflection, making amends, and working with others, all of which may culminate in a spiritual awakening, are important elements of recovery through the 12 Steps of Alcoholics Anonymous (Wilson, 2002). This program of recovery has strong supporters and vocal critics. There is no doubt it has changed countless lives, but there is little understanding of how this change occurs. Critics complain the spiritual foundation of the 12 Steps does not fit neatly into contemporary behavioral health practice and cannot be considered good medicine (Kaskutas, 2009).

**Purpose Statement**

The purpose of this study is to explore the spiritual awakening in SUD recovery and the meaning assigned to the phenomenon (Sargeant & Yoxall, 2023). Emergent themes in data analysis will be used to develop a theory of how spiritual awakening occurs in the recovery process, which will be further explored in semi-structured interviews until data saturation is achieved (Chun Tie et al., 2019). A better understanding of the phenomenon on the individual level might lead to a change in clinical practice in SUD treatment.

**Background of the Problem**

Substances of abuse act on the mesolimbic (reward) system of the brain producing an unnatural knowledge of pleasure for which some people lack defense (Liu et al., 2020). For these individuals, the result is addiction – an obsessive and compulsive need for more of the substance. These substances fit the construct of the biblical forbidden fruit providing knowledge that should not be known (Gen 2: 16-17). Like Adam and Eve, the result for the addict is both loss of innocence and connection – social, emotional, and spiritual. The addict lost in a wilderness begins to seek comfort in the substance as an alternate god or spirit. The cure, in the words of seminal psychologist Carl Jung, is a spiritual awakening, *spiritus contra spiritum* (spirit against spirit) (*Carl Jung Letter to Bill W.*, 2018).

Addicts have long been cast out of society or warehoused in asylums (Malleck, 1999). That changed when Bill Wilson and Dr. Bob Smith met in Akron, Ohio, and Alcoholics Anonymous was born. Wilson (better known as Bill W.) had a spiritual awakening through the outreach of the Oxford Groups in New York and the rigorous practice of the group's four absolutes: absolute honesty, absolute purity, absolute unselfishness, and absolute love. Wilson described his spiritual awakening as a flash of white light and believed he had to help others to maintain his conscious contact with God (Wilson, 2002). Recognizing the power of one alcoholic helping another led to the formation of Alcoholics Anonymous in 1935.

Alcoholics Anonymous is often synonymous with its self-help groups prefers to see itself as a fellowship of men and women with a common purpose of sobriety (Wilson, 2002). From the foundation of the four absolutes, Wilson and the first AA members created the 12 Steps as a spiritual route to recovery (Wilson, 2002). They are:

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.

Spirituality is recognized to be an important element of health and wellness. Often defined as the connection between oneself and the greater world and a higher power, spirituality is well-studied and recognized by public health authorities as a positive force for wellness (Byerly, 2023). However, health and wellness and healing are different. The acceptance of spirituality as a dimension of health and wellness is not representative of its role in the healing process. Physicians and other healthcare practitioners, as scientists, often minimize the role of spiritual practice in the treatment and healing process (López-Tarrida et al., 2021).

Science and its reliance on evidence-based practice reduces the role of spirituality in SUD treatment. Historically, treatment embraced spiritual practice in the form of the 12 Steps in the Minnesota Model. The model was the treatment standard since in the mid-20th Century when Hazelden was founded in 1949, and originally designed to treat alcoholics priests (*Libguides: Hazelden: Alcohol & Drug Addiction Treatment Center: Overview*, n.d.; Montague & Fairholm, 2019). Hazelden patients focused on the first steps of Alcoholics Anonymous within a supportive environment for 28 days. Aftercare took place in the community with AA sponsors (mentors) and local 12-step groups. These programs continue to exist, but greater acceptance of SUD treatment in mainstream medicine due to insurance parity for SUD, mental health, and physical healthcare, led to a demand for more evidence-based methods (Drake et al., 2019). Quantitative methods commonly employed to study treatment techniques often fail to capture the value of spirituality in SUD recovery (Sang et al., 2022).

It is not clear how the spiritual awakening contributes to recovery. Founding members of AA cited William James and the ability to achieve a degree of God-consciousness (Benevides b. g., 2021). Jung attributed the success of AA to its ability to create an environment that promotes a psychic rearrangement of values (*Carl Jung Letter to Bill W.*, 2018) (Ponte & Schäfer, 2013). The social connection that forms within the fellowship of these groups often is cited as the basis for recovery (Wnuk, 2022). The concept of spiritual awakening and how it results from working the 12 Steps merits more research into its meaning and how it affects SUD recovery.

Significance

This study will contribute to the gap in research into the phenomenon of spiritual awakening in SUD recovery. This will be achieved by exploring the lived experiences of individuals who report a spiritual awakening because of the 12 Steps and the meaning assigned to the phenomenon. The 12 Steps promote a relationship with a higher power of one’s own understanding and promote no specific religious practice (Wilson, 2002). The emerging theory may help develop new treatment techniques that create an environment conducive to the spiritual connection that results in the psychic rearrangement necessary to break the unhealthy relationship with substances of abuse (*Carl Jung Letter to Bill W.*, 2018; Ponte & Schäfer, 2013).

Research Questions

RQ1: How do individuals who report having a spiritual awakening using the 12 Steps for SUD recovery describe their experiences?

RQ2: What meaning do individuals who report having a spiritual awakening using the 12 Steps for SUD recovery ascribe to their experiences?

**Research Methodology**

This study will utilize a basic qualitative methodology because research questions will be answered through inductive, open, axial coding and exploratory thematic analysis. Using this methodology, the researcher can give voice to each individual as they explore the spiritual awakening in detail and in depth that can only be achieved through personal narrative (Korstjens & Moser, 2017). Open-ended questions in semi-structured interviews encourage rich detail. New themes that emerge can be explored in each interview, and potentially follow-up contacts (Anderson, 2010).

**Theoretical/Conceptual Framework**

This study is framed by constructivist grounded theory (CGT) because it allows new theory on spiritual awakening to be developed based on themes that emerge in data collections (Chun Tie et al., 2019). Grounded theory was developed by Glaser and Strauss in the 1960s for social science research and described how a new theory can emerge through the analysis of data. Constructivist grounded theory as described by Charmaz is founded in the work of Glaser and Strauss but proposes that the research works in concert with research subjects to develop new insights into a phenomenon (Sebeelo, 2022). In brief, CGT is rooted in the lived experiences and narratives of the people being studied. The CGT researcher is both an observer and an activist analyst seeking to make sense of a phenomenon When applied to healthcare, the utility of CGT is its ability to transform practice through the deep understanding of individual experiences (Burns et al., 2022).

**Instrumentation**

The study will use open-ended questions in a semi-structured interview as the primary data collection tool. This study will utilize a field-tested researcher-developed questionnaire validated by feedback from 5-7 subject matter experts in spirituality and/or SUD recovery. Since grounded theory relies on data collection for direction research participants will be asked to be available for a follow-up interview to explore emergent themes.

**Research Design**

This qualitative grounded theory study willexplore emergent themes from open-ended participant responses (qualitative, inductive). This study will utilize a grounded theory qualitative design because it will explore perceptions of the spiritual awakening among individuals who have used the 12 Steps to achieve recovery. True to grounded theory, data collection and analysis will be conducted simultaneously. Data collection and analysis will continue until a theory emerges and no new themes emerge from the data.

**Population and Sampling**

The target population for this study will be individuals in SUD recovery who report experiencing a spiritual awakening through the use of the 12 Steps. A purposeful sample of 25 individuals will be recruited through snowball sampling. Initial recruits will be identified via social media sites for individuals in long-term recovery. These recruits will be asked to suggest additional research participants that meet the inclusion criteria. Subsequent recruits will be asked to suggest potential participants until 25 potential participants who meet the inclusion criteria return informed consent documents. If the initial sample fails to produce data saturation, a second set of 25 individuals will be recruited using the same inclusion criteria.

Research participants must be adults over age 18 who have been diagnosed with a substance use disorder and have achieved at least one year of continuous recovery in a self-help program that uses the 12 Steps. These participants must report personal experiences with the phenomenon of a spiritual awakening within the recovery process.

**Data Analysis Plan**

This study will utilize manual axial coding and Creswell and Poth’s Data Analysis Spiral for data analysis. Grounded theory requires concurrent data collection and data analysis to capture meaningful themes that contribute to a theory that can be explored as data collection continues.

Data analysis will follow these steps. Step One: Managing and organizing the data (data preparation), Step Two: Reading and memoing emergent ideas, Step Three: Describing and classifying codes into themes, Step Four: Developing and assessing interpretations, Step Five: Representing and visualizing the data.

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