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THE ROLE OF SPIRITUALITY IN ADDICTION RECOVERY

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SHELBI SNODGRASS

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Submitted by

Shelbi Snodgrass

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The thesis examination committee certifies that the thesis
and the oral examination is approved

Supervisor:
Dr. Paul Jerry
Athabasca University

Committee Member:
Dr. Lynn Corcoran
Athabasca University

External Examiner:
Dr. Toupey Luft
University of Lethbridge

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Dedication

To my addiction recovery community, without whom I wouldn't have the life I have today. My supportive family Jackie, Paul, Rayven, and Brooklynn who always believed in me. My best friend, Simone Duff. And my loving partner, Mike.

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Abstract

In the area of addiction, Canada has been in a public health crisis since 2016. Addiction takes a toll on an individual's self-worth and identity. A single approach to addiction recovery does not function as a sustainable path to spiritual development for clients diagnosed with substance use disorder. Understanding of spirituality can inform counsellors regarding spiritual development in addiction recovery. Research was conducted to explore the role of spirituality in addiction recovery. Using heuristic inquiry and thematic analysis, I interviewed six coresearchers who had at least one year of continuous sobriety, were active in Alcoholics Anonymous, and abstinent. Six themes emerged: identifying with collective knowledge, finding a translator, body talk, let love in, nourishing a healing perspective, and elevated consciousness and manifestation. The themes highlighted the importance of body-mind-spirit-based psychotherapy. Implications for counselling include a roadmap to support clients developing an individualized spiritual connection and operating as a functional system.

Keywords: Spirituality, Addiction Recovery, Qualitative Research, Alcoholics Anonymous, Counselling Psychology

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Chapter 1. Significance of the Problem

Addiction has devastating effects on individuals, families, and communities (Tyndall, 2018). Public perception and stigma around addiction continues to be a barrier in providing equity in viable treatment options for those seeking recovery (Barry et al., 2014; Hill & Leeming, 2014; Matthews et al., 2017). Alcohol consumption in Canada is higher than the global average, and among the highest for developed countries (Canadian Centre on Substance Use and Addiction [CCSA], 2019). The CCSA (2019) reported that billions of dollars have been spent on criminal justice costs associated with alcohol use, including impaired driving and drug-related offenses. Additionally, the CCSA (2019) found alcohol related hospitalizations were 13 times more common than opioids; indicating 227 daily alcohol hospitalizations and 17 for opioids.

The rise in unintentional opioid related deaths have led to a public health crisis in Canada, specifically in the province of British Columbia (Baldwin et al., 2018; Tyndall, 2018). In response to the crisis, British Columbia endorses supervised consumption sites to mitigate the fatalities due to overdose and spread of infectious diseases. Notably, this mental health, addiction, and opioid epidemic has been exacerbated during COVID-19 with seven in ten Canadians indicating their alcohol consumption has stayed the same or increased over the global pandemic (CCSA, 2020). Thus, addiction continues to be a timely and relevant topic of interest.

Harm Reduction Approach to Addiction Recovery

A harm reduction approach to addiction recovery began in the 1980s and has been instrumental in providing a hygienic environment for people to consume substances. This approach operates supervised consumption from medical professionals to decrease health and social harm associated with addiction, the spread of HIV, and Hepatitis C (Canadian Mental Health Association, 2020; Logan & Marlatt, 2010; McKeganey et al., 2004). The harm reduction

model recognizes that abstinence may not be an attainable goal for some with substance use disorder (McKeganey et al., 2004). Furthermore, these sites offer education on safer consumption, overdose prevention and intervention, medical and counselling services, and referrals to treatment. Opioid substitution therapy such as methadone has been helpful for those detoxing from high-risk drugs such as heroin and morphine and have prevented overdose, high-risk behaviours, and criminal activity (Logan & Marlatt, 2010). A harm reduction therapist is more interested in lessening substance consumption by their client over abstinence (Logan & Marlatt, 2010). The problem is, addiction has escalated and expanded to include many different substances and there is a large gap in addiction treatment systems in providing long term plans to support addiction recovery (Baldwin et al., 2018; CCSA, 2017; Tyndall, 2018; Wood, 2018).

The continued and increasing problems concerning addiction have exposed a need for counsellor education in supporting clients in the areas of context, personal beliefs, and values in addiction recovery including beliefs around harm reduction and abstinence-based treatment. McKeganey et al. (2004) reported that 796 out of 1007 participants in their study indicated harm reduction goals as a means to abstinence. Furthermore, 56.6% of participants cited abstinence from substances as the only change they hoped to achieve from attending the organization. Therefore, a harm reduction approach may act as a transitional period to provide stability, support, and commitment to abstinence-based addiction recovery (McKeganey et al., 2004).

Bartram (2020) reported that a harm reduction model provides an opportunity to assimilate a person's current reality with the intent of improving their quality of life and minimize the gap between mental health and addiction. However, abstinence supports the ability to engage in deep introspective exploration of psychological and emotional roots of addiction. This awareness increases internal and external resources including social, cultural, physical domains of addiction

recovery (Harrision et al., 2020; von Greiff & Skogens, 2020). A harm-reduction approach to addiction recovery is not the focus of my research. My focus will be on an abstinence-based treatment recovery approach because it aligns with my personal experience of addiction recovery.

Addiction Treatment and Spirituality

The Biopsychosocial Spiritual Model addresses internal and external aspects of addiction (Saad et al., 2017). The holistic integration of addiction recovery requires spirituality that is unique to the individual (McQuaid et al., 2017). Bliss (2015) reported that spirituality is holistic in nature, influences all domains of a person's life, and can be conceptualized in different ways, though it remains unclear on exactly what the term spirituality means to individuals in addiction recovery and if there is a common structure of its understanding (Daniels & Fitzpatrick, 2013).

One barrier to identifying universal qualities of spirituality could be the stigma around mechanisms for change for people in addiction treatment. For example, Plumb (2011) found in their study of 341 members of the British Columbia Association of Clinical Counsellors (BCACC) that clinical counsellors believed spirituality and not necessarily religion is an important aspect of their professional identity. However, counsellors indicated being more comfortable discussing spirituality and religion with clients when it is similar to their own. The assessment of spirituality in treatment settings including the use of language in discussion with clients around spiritual practices, spiritual development, and spiritual maintenance leans towards religiosity, westernized ideology, and personal biases of counselling professionals Giordano et al., 2016b; Hai et al., 2019; Plumb, 2011). Addiction treatment is inherently a value driven endeavor. Counsellor's are intimately connected to their theoretical orientation, personal theories of change, and professional values of conduct (Daniels & Fitzpatrick, 2013; Plumb, 2011).

Therefore, if a counsellor does not have awareness around the importance of individualized spirituality, and spirituality is not seen as part of their professional identity, this could negatively influence their client's spiritual development. Daniels and Fitzpatrick (2013) reported personal experiences and biases around spirituality influence the course of therapy. Therefore, without adequate training and diligence in a reflective practice around areas of difference, transference and countertransference could negatively impact a client's spiritual development.

The CCSA (2017) reported the most common recovery resources were 12-step mutual support groups (91.8%) and specialized addiction treatment programs (ranging from 60.6% of participants for residential treatment to 5% for First Nations addiction treatment programs). Therefore, if counsellors are constrained by their own life experiences, knowledge, and values they risk rejecting alternative spiritual paths without recognizing or appreciating the diversity of others (Bray, 2016; Daniels & Fitzpatrick, 2013). Conversely, effectively positioning oneself alongside the client supports the positive integration of spirituality in counselling (Daniels & Fitzpatrick, 2013).

My Connection to Spirituality and Addiction

I spent 10 years in relationship with substances before entering addiction recovery at 24 years old. I am the oldest of three sisters and grew up in a high-performance environment as a student athlete. I would describe myself as an adventurous, athletic, loud, and energetic child. I remember always looking towards the next achievement, goal, and actively sought out recognition, that's when I really felt alive. Growing up I experienced anxiety, especially around test taking in school. Reflecting on this time, I lacked the ability to regulate my emotions. Though I had strong friendships and was very outgoing, the first time I consumed a substance, something changed in me. Over the next 10 years, I slowly drifted further away from myself. I

did not know anything about addiction other than it was "bad." Being addicted was affiliated with stereotypes such as being unemployed, lacking direction, and daily consumption and I was not sure where to place myself. With addiction, emphasis seemed to be on how it looked externally and not about the internal experience. Furthermore, conversations around substance use were not a topic of discussion in my household. Alcohol was there in times of celebration, release, and anguish. Inside myself, I knew I was not slowing down with my substance use. I remember asking my friends if my drinking was problematic and they would assure me that it wasn't "that bad". However, when I quit competitive swimming in my second year of university the day came where I undeniably became "that bad". Though I knew this inside, I experienced a significant turning point when someone close to me set a firm boundary and I found the motivation to do something about it.

Just like that, I began my journey to seek treatment (a week after graduation from my undergraduate degree). The private treatment center I went to was 12-steps based and it was my first experience with language related to Alcoholics Anonymous (AA). From day one, I was willing to do what it took to work toward the life I felt I was capable of. Without a religious background or upbringing, I was very open to the words such as god and higher power that were often affiliated with spirituality in treatment. Slowly but surely, I completed the program and learned about sponsorship, a higher power, and how much committed action was required to sustain my new way of life. To be honest, I was very rigid in my thinking on what the "rules" were in addiction recovery. Anything outside of the suggestions made from the counsellors I believed was a failure. However, this could not be further from my perspective now. I have been extremely diligent in my program of addiction recovery for over seven years and only within the

last two years have I given myself permission to explore the depth and breadth of spiritual practices and self-development.

In addition to 12 step work, my passion has shifted towards other spiritual avenues such as energy work (i.e., bio energy feedback, Reiki, and shamanism). As a counsellor in training completing my Master of Counselling degree, it is timely and relevant that I explore the many ways I can support clients to nurture their unique relationship with spirituality. As the single most important aspect of my addiction recovery, I have experienced such transformation from engaging in this research alongside my coresearchers.

The Focus of My Study

Statement of Problem

Addiction takes a toll on an individual's self-worth and identity. A single approach to addiction recovery does not function as a sustainable path to spiritual development for clients diagnosed with substance use disorder. This approach requires evaluating of the use of language in discussion with clients on spiritual practices, development, and maintenance and the use of spiritual assessment tools in treatment settings as a means of measuring progress throughout recovery.

Purpose

The purpose of my research was to explore the meaning of spirituality for individuals in addiction recovery. This understanding of spiritualty, including its development and maintenance, can inform counsellors of common themes in spiritual development. I hoped to find what motivates people to continue with personal development and how this influences self-worth and identity development in addiction recovery. The results of this study can inform

counsellors of a potential roadmap to consciousness (i.e., addiction recovery) where clients are empowered to explore their unique experience of spirituality in treatment settings.

Research Question

What meaning do people attribute to spirituality in addiction recovery?

Definition of Terms

The following terms will be used frequently, and this is how they are defined for the purpose and context of this study.

Addiction: a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences (American Society of Addiction Medicine, 2019). People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Substance Use Disorder: a person who uses substances that can be characterized on a spectrum from mild to severe and includes high risk use, pharmacological indicators, social impairment, and/or impaired behavioural control (American Psychiatric Association, 2013).

Spirituality: the ability of a person in addiction recovery to uncover meaning in their lives, create a sense of purpose, and develop values which may include the concept of a higher being (Prest et al., 1999).

Religion: a concept that is institutionalized in the manner of spiritual practices and beliefs (Prest et al., 1999).

Spiritual Awakening: a new state of consciousness and way of being in the world (Alcoholics Anonymous, 2001).

Long Term Addiction Recovery: a time period of at least five years of continuous abstinence (Gubi & Marsden-Hughes, 2013).

Sponsorship: someone who works directly with another person seeking addiction recovery by sharing their personal journey through the 12 steps, building rapport, and offering suggestions (Dossett, 2013).

Chapter 2. Review of the Literature

There is support in the literature linking spirituality to positive outcomes in addiction recovery, including influencing abstinence (Dossett, 2013; Hai et al., 2019; Morris et al., 2013; Strobbe et al., 2013). Nonetheless, discussions surrounding the individualized nature of spirituality are limited in treatment settings, outside of inquiring about a person's religion (Delaney et al., 2009; Giordano et al., 2016b; Jarusiewicz, 2008). People in addiction recovery who report having a spiritual awakening are more likely to maintain abstinence and achieve long term recovery (Gubi & Marsden-Hughes, 2013). Spirituality and religiosity have been differentiated in the literature (Giordano et al., 2016b; Murray et al., 2003). However, the structure of spirituality that emerges during addiction recovery is less understood than spirituality as a mechanism of change because measures of spirituality and religiosity have generally been used interchangeably. Without knowledge of the structure of spirituality, the mechanisms that support meaningful spiritual development will remain unclear to counsellors supporting clients with addictions (Hai et al., 2019; Krentzman et al., 2017; Strobbe et al., 2013). Thus, counsellors lack a clear framework of how spirituality emerges in addiction recovery, leading to incongruencies in counselling.

In this literature review, I will provide assertions that begin with demonstrating the distinction between spirituality and religion. Next, I will identify the importance of individual conceptualization of spirituality. I will highlight the role of the fellowship of addiction recovery and being of service. Furthermore, I exemplify the significance of being of service. I postulate that meaningful spirituality is essential for a recovery identity. Lastly, I assert developing spirituality is a personal journey that can be embodied in all areas of life.

The purpose of this review of the literature is to provide a clear rationale to support the need for further research into the structure of spirituality. This research would inform counsellors of themes to be mindful of when having discussions around spirituality with clients in addiction recovery. Counsellors would then have a model to assist in recognizing where a client may be regarding spiritual development and addiction recovery maintenance. These discussions are essential in counselling as they may reveal the motivation to personal development and how spirituality is connected to self-worth and identity development in addiction recovery for both clinicians and clients.

The Distinct Nature of Spirituality

While conducting my initial research, I found support in the literature identifying spirituality as a universal quality of human experience (Kelly, 2017; Kurtz & White, 2015; Morris et al., 2013). However, there are limited studies that specifically ask people in addiction recovery to define spirituality for themselves and describe its meaning in their lives (Jarusiewicz, 2008; Morris et al., 2013). Although spirituality can include religion, spirituality is distinct from religion and is expressed uniquely through each individual in addiction recovery (Dossett, 2013; Kelly, 2017; Kurtz & White, 2015; Morris et al., 2013; Plumb, 2011). Jarusiewicz (2008) found a significant difference in the spirituality conveyed between participants who maintained their recovery from addiction and those who returned to active addiction. However, the researcher did not identify what factors contributed to spiritual development in addiction recovery. A reason for this discrepancy in the literature is the tendency to combine spirituality and religiosity as measures of daily spiritual practices in self-assessments (Dermatis & Galanter, 2016; Hai et al., 2019). For example, Krentzman et al. (2017) measured spiritually using a combination of spiritual/religiosity measurements including the frequency of positive religious coping, negative

religious coping, daily spiritual experiences, purpose in life, forgiveness of self, and forgiveness of others. The purpose of the study was to explore the relationship between active addiction and dimensions of spirituality. The researchers controlled for both AA involvement and alcohol consumption at baseline and six months. The researchers found that out of 364 individuals diagnosed with substance use disorder, those who participated in AA showed an increased sense of spirituality than those who did not participate. However, the researchers noted there was much variation in the individual experience of spirituality based on length of recovery as participants were only included if they consumed alcohol within 90 days of starting the study. The sample included 34.4% female and 65.5% male and was composed primarily of European-American decent. In my opinion, the language presented within their measures positions a somewhat narrow depiction of spiritual practices, neglects the experiences of marginalized populations, and alters the conceptualization of spirituality as separate from religiosity, though inclusive of religion.

Renegotiating Spirituality

People in addiction recovery have an increased risk for relapse when there is a reluctance to focus on developing a unique sense of spirituality, which may involve renegotiating spirituality that is present from childhood (Giordano et al., 2016b; Jarusiewicz, 2008; Westermeyer, 2014). Tonigan et al. (2013) found that participating in religious practices was unrelated to addiction recovery in early 12 step membership. Therefore, I posit that spiritual development in early addiction recovery could be more dependent on exploring individualized spiritual practices than preconceived notions of spirituality. For example, Tonigan et al. (2013) identified mindfulness as a technique that connected individuals to their spirituality by regulating arousal levels of the nervous system. Weegmann and Piwowoz-Hjort (2009) demonstrated the

benefits of including religion in individual conceptualizations of spirituality through the example of a participant who emphasized a compassionate god, in contrast to the punitive concept of god that influenced their upbringing. However, the effects of negative religious coping including feelings of abandonment from god in times of stress and can reduce the motivation of people in addiction recovery to engage in spiritual development (Giordano et al., 2016b; Puffer et al., 2012; Tonigan et al., 2013). This perceived abandonment further demonstrates that spirituality is distinct from religion in regard to the autonomy a person in addiction recovery has to instill personal meaning and values upon their beliefs (Giordano et al., 2016b; Thatcher, 2011; Westermeyer, 2014). Therefore, in my opinion, the individualized integration of religion into spiritual practices may take time to ensure it is meaningful to the individual in addiction recovery. Depending on lived experience, a person in addiction recovery may feel abandonment or resistance around the renegotiation of spirituality and could benefit from alternative programs that offer different spiritual practices that resonate with their current experience.

Alternative Approaches to Spirituality

The literature reviewed focused primarily on research within addiction treatment settings and 12 step programs (Flaherty et al., 2014; Sussman et al., 2013; Strobbe et al., 2013; Zemore et al., 2013) However, individualized spiritual expression can include alternative approaches in addiction recovery (Flaherty et al., 2014; Marsh et al., 2015; Rich, 2012). Heintzman (2009) demonstrated the benefits of nature-based connection including gardening, in cultivating spirituality, and self-understanding. Similarly, spiritual practices that incorporated mindfulness techniques (non-judgement and intention) were found to increase physiological awareness, enhance concentration, and improve the ability of people in addiction recovery to recall tools for regulation when triggers arise (Khanna & Greeson, 2013; Marefat et al., 2011). For example, the

use of mindful breathing, walking, and meditation including a body scan can help a person in addiction recovery develop a connection to self by regulating their emotions and avoiding relapse on substances (Khanna & Greeson, 2013). Rich (2012) echoed this notion and argued that shamanism and the inclusion of visualization techniques can be successfully integrated into treatment settings. However, there is limited representation in the literature on alternative approaches of spirituality used concurrently in addiction treatment that result in long term addiction recovery (Marsh et al., 2015; Rich, 2012). In my opinion, further exploration of alternative measures to spiritual development in addiction recovery could demonstrate the distinct nature of spirituality and encompass an array of individualized expressions (including religion). Indeed, some people in addiction recovery may misinterpret the concept of spirituality due to the language that is commonly used in different recovery settings (Dossett, 2013; Hai et al., 2019).

Individualized Conceptualization of Spirituality

The introduction to spirituality in 12 step programs, such as AA, is misguided for people with addictions without the understanding that spirituality is distinct from religion (Dossett, 2013). The use of common language (god and higher power) is misinterpreted within 12 step programs of addiction recovery that explicitly encourage individualized concepts of spirituality and spiritual practice (Fenner & Gifford, 2012; Hai et al., 2019; Kemp & Butler, 2014; Kurtz & White, 2015). Assuming only one approach to addiction recovery overlooks the multitude of diversity that individuals experience within 12 step programs (Kurtz & White, 2015). This diversity includes the sociocultural and political context in which the 12 step community resides (Kemp & Butler, 2014; Kurtz & White, 2015; Westermeyer, 2014). For example, communities navigating the reconciliation of colonization (Marsh et al., 2015) and cultural genocide present

various levels of openness to spirituality and the use of common language in 12 step programs (Strobbe et al., 2013).

Some people experience discomfort with the concept of a higher power when they first enter 12 step programs of addiction recovery (Thatcher, 2011; Weegmann & Piwowoz-Hjort, 2009). However, the *Big Book of Alcoholics Anonymous* (2001) explicitly stated that AA is not affiliated with any religion. Therefore, the use of common language in AA merely provides format to some and still offers space for individuals to self-define what spirituality means in addiction recovery or decide not to define spirituality altogether (Dossett, 2013; Thatcher, 2011; Westermeyer, 2014). The ability to use common language or self-define spirituality may become evident as the individual becomes more involved in the 12 step program (Plumb, 2011; Thatcher, 2011). For example, those in long term addiction recovery convey that the common language in AA resembles a loose-fitting article of clothing that provides space for people to discover what works for them (Weegmann & Piwowoz-Hjort, 2009). Additional support for this claim is found through the 12 step program membership of those who identify as atheist and agnostic and consider spirituality fundamental to achieving long term addiction recovery (Dossett, 2013; Krentzman et al., 2017; Kurtz & White, 2015). These arguments refute the notion that that a conceptualization of a higher power outside of religiosity is a demonstration of unwillingness and a symptom of addiction from someone in addiction recovery (Munro, 2020). Therefore, I postulate the development of a higher power and consideration of alternative approaches to spirituality contribute to individualized expressions of spirituality for people in addiction recovery.

The Development of a Higher Power

As previously mentioned in this thesis, spirituality is vital for addiction recovery (Delaney et al., 2009; Dossett, 2013). Powerlessness and the common understanding that solely relying on self-knowledge of having an addiction does not yield addiction recovery (Connors et al., 2008; Delaney et al., 2009; Dossett, 2013; Fenner & Gifford, 2012). Addiction recovery requires decision making and action. Adopting a personalized connection to a higher power is one way people in addiction recovery guide their decision-making processes that alleviates feelings of hopelessness in times of stress (Delaney et al., 2009; Krentzman et al., 2017). Therefore, language such as powerlessness and acceptance of the addiction, promotes agency for those in addiction recovery (Kemp & Butler, 2014). I firmly believe that the acceptance and the understanding that spirituality is fluid allows people in addiction recovery to trust their interpretation of the voice of recovery. The voice of addiction recovery could be in the form of a higher power, inner voice, or established intuition (gut consciousness) and has the ability to evolve over the recovery journey. Indeed, there are diverse interpretations of spiritual development and conceptualizations of a higher power that include Christian ideals, existential concepts, and natural sources of energy pertinent to Indigenous cultures (Marsh et al., 2015; Weegmann & Piwowoz-Hjort, 2009). Additionally, people in addiction recovery can choose not to instill meaning to their higher power further than articulating that it is important to them (Dossett, 2013; Kemp & Butler, 2014). Therefore, the language and practices regarding a higher power can be adapted to accommodate cultural context and beliefs (Marsh et al., 2015; Tonigan et al., 2013; Westermeyer, 2014). The spiritual nature behind individualized interpretations of spirituality is universal (Morris et al., 2013). Individualized spiritual practices

could mitigate 12 step principles or language that may not individually or culturally connect with a person in addiction recovery.

The Illusion of Divergence

Interestingly, alternative addiction recovery programs in the literature that divert from a spiritual paradigm are still spiritual in nature (Dossett, 2013; Fenner & Gifford, 2012; Horvath & Yeterian, 2012; Li et al., 2000; Kurtz & White, 2015). For example, self-management and recovery training (SMART) programs emphasize the power of choice through working with unhelpful cognitions (Horvath & Yeterian, 2012). The SMART recovery program incorporates empirical interventions (cognitive behavioural therapy) that focus on empowerment and teaching self-reliance (Horvath & Yeterian, 2012; Li et al., 2000). Similarly, Fenner and Gifford (2012) positioned their Women for Sobriety program around 13 statements of acceptance. Notably, both programs reject the notion of powerlessness found within 12 step programs and posit that it is the individual in addiction recovery who possesses the power to change (using inner strength), not through the reliance on a higher power (Fenner & Gifford, 2012; Horvath & Yeterian, 2012). However, the *Big Book of Alcoholics Anonymous* (2001) stated that within every human being is the "fundamental idea of god" (p. 55). I postulate that this statement addresses the intrinsic nature of spirituality that empowers people in addiction recovery to make choices for themselves. Therefore, using their higher power in a similar way that SMART recovery endorses with self-reliance. Consequently, the ability for people in addiction recovery to connect to common language, including trusting their intuition versus trusting an externally perceived higher power, may be a matter of locus of control. For some people in addiction recovery this might be represented by an internal locus of control and others an external locus of control (Horvath & Yeterian, 2012; Kemp & Butler, 2014; Westermeyer, 2014).

Internally oriented people attribute the outcome of their addiction recovery to their own actions, abilities, and efforts, whereas externally orientated people attribute control over the outcomes of their behaviour to forces outside themselves, such as luck, chance, or more powerful others (Blagojevic-Damasek et al., 2012; Ersche et al., 2012; Rotter, 1966; Soravia et al., 2015). An externally orientated approach had a higher likelihood of returning to active addiction and an internally orientated approach supported long term addiction recovery (Frencl et al., 2012; Li et al., 2000; Murray et al., 2003; Soravia et al., 2015). However, environmental factors may influence people's transition from an external locus of control to internal locus of control in addiction recovery. For example, Blagojevic-Damasek et al. (2012) found that AA provided an external social environment of people working to maintain abstinence with the objective of supporting members to identify personal triggers and create safety plans for vulnerable situations. I assert that the self-awareness developed from this external group initiates an internal locus of control. Similarly, Amram and Benbenishty (2014) found that changes in locus of control related to perceptions of therapeutic factors in early stages of treatment including altruism, vicarious learning, a release of built-up emotions, self-understanding (insight), and acceptance. Thus, the more positive the participants' perceptions of therapeutic factors at the onset of treatment, the stronger the tendency to change to an internal locus of control at a later stage of treatment. Conversely, Taylor et al. (2020) found in their study on male prison inmates with addiction that locus of control did not change during their eight-week program. However, the researchers noted that the prison climate endured significant changes and was short staffed which impacted group attendance and cohesion which resulted in a stable locus of control. The inner/outer dichotomy of trusting intuition versus an externally perceived higher power in addiction recovery may be best reflected on a continuum (Munro, 2020; Murray et al., 2003). I

posit that an external locus of control becomes internal as life in addiction recovery is no longer defined by external forces, rather personal values and freedom to make choices. Therefore, reinforcing the notion that alternative recovery programs are spiritual in nature, as the language recognized an internal guide to navigate decision making processes similar to utilizing a higher power in more traditional 12 step programs (Fenner & Gifford, 2012; Horvath & Yeterian, 2012).

People who participate in alternative programs of addiction recovery are sometimes thought of as generally less spiritually oriented than those who participate in 12 step programs (Fenner & Gifford, 2012). However, women who participated in the Women for Sobriety program reported that using daily outlets to connect with themselves, such as journaling, improved their spiritual development throughout the program (Fenner & Gifford, 2012). Therefore, those who found recovery from addiction outside of 12 step programs indirectly identify spirituality as a factor in their addiction recovery (Fenner & Gold, 2012; Kelly et al., 2015; Krentzman et al., 2017). These examples reinforce Thatcher's (2011) notion that spirituality is based in a belief or value system established through the use of common language. Therefore, the use of common language allows people in addiction recovery to make meaning of their experiences, navigate choices, and lay the spiritual foundation of their addiction recovery while promoting group identification (Grim & Grim, 2019; Kelly et al., 2015). Notable, Bateson (1971) dissected the notion of the self-versus a higher power in his essay on AA. Bateson posited that the reliance on a higher power replaces the fundamental sense of feeling comfort in one's skin that is initially found when a person in addiction uses substances. The notion of powerlessness is discussed as a means of admitting there is no choice but to do differently, without providing specific direction on what to do. Therefore, AA provides a community of

various stages of addiction recovery to pose as a reminder of how to find spiritual alignment and avoid becoming stagnant in addiction recovery. In my opinion, the ability to establish a community with likeminded people can facilitate the development of spirituality.

The Fellowship of Addiction Recovery

Individuals in 12 step programs connect with each other over the shared experience of struggling with interpersonal relationships because of addiction (Flaherty et al., 2014; Kemp & Butler, 2014; Plumb, 2011). Therefore, normalizing the experience of living with addiction, including the internal voice of addiction (i.e., old thought patterns/beliefs, that re-surface as recovery progresses), for individuals in addiction recovery promotes a sense of belonging and spiritual connection in addiction recovery networks (Blair, 2015; Kemp & Butler, 2014; Morgen et al., 2010). Recognizing the similarities in the experiences of addiction, including feelings of isolation, is powerful in supporting group identification within the fellowship of AA (Dossett, 2013; Gubi & Marsden-Hughes, 2013; Kurtz & White, 2015). Krentzman et al. (2017) proposed that normalizing individual experiences of addiction occurs by providing an environment where people can learn about spirituality from AA members, such as sharing in 12 step meetings. I assert that group connection in AA serves as a higher power in that it allows a person in addiction recovery to be accountable for their behaviour, holds space to share thoughts and feelings associated with addiction, and poses a sounding board to navigating life without substances. A sense of belonging can materialize in addiction recovery through the process of sponsorship and fellowship engagement within 12 step programs (Frencl et al., 2012; Stone et al., 2017; Krentzman et al., 2017). This connection is paramount in normalizing the experience of living with addiction and promotes spirituality by restructuring attachment, fostering self-

acceptance, and providing hope for the future (Kemp & Butler, 2014; Kurtz & White, 2015; Morgen et al., 2010; Stone et al., 2017).

Sponsorship in 12 Step Fellowships

There is a shared vulnerability between members of AA who work together through the 12 steps of addiction recovery (Dermatis & Galanter, 2016; Dossett, 2013; Stone et al., 2017). This level of intimacy is described as a "spiritual friendship" (Dossett, 2013, p. 376). Notably, thoughts of drinking or the tendency to be hard on oneself, is not limited to those new to addiction recovery (Fenner & Gifford, 2012; Kelly, 2017). Gubi and Marsden-Hughes (2013) found experiences of addiction are normalized when people in long term addiction recovery openly discuss the tendency to be self-critical when triggering cognitions including thoughts of drinking arise. Therefore, newcomers to addiction recovery may benefit from having a shared space to voice how they feel about accepting their addiction and the difficulties of navigating new ways of coping (Gubi & Marsden-Hughes, 2013). However, Kentzman et al. (2017) argued that it may be difficult to benefit from the learning tools of AA including sponsorship, fellowship, and the 12 steps literature, if attachment mechanisms have not been re-established. For example, a participant in Weegmann and Piwowoz-Hjort's, (2009) study described AA as a place where they could grow up and feel a nurturing, maternal presence. Therefore, normalizing the internal voice of addiction through feeling empathy from other AA members, in a similar way to the experience of an early caregiver, may restructure attachment for people in addiction recovery and provide the necessary foundation for spiritual development (Frencl et al., 2012; Gubi & Marsden-Hughes, 2013; Krentzman et al., 2017; Stone et al., 2017).

Those who sponsor newcomers to addiction recovery, describe the experience as instrumental to their spiritual development (Dossett, 2013). However, the openness to learn

about spirituality may depend on how connected a person in addiction recovery feels to their 12 step fellowship and sponsor (Giordano et al., 2016b; Taylor et al., 2020; Zemore et al., 2013). I believe that when a person feels connection and belonging, they are more likely to explore their spiritual development. Therefore, when a person in addiction recovery shares openly and honestly, it creates opportunities to normalize the internal voice of addiction and promotes spiritual connection within the AA community (Dossett, 2013; Zemore et al., 2013). This community reinforces the perception that an individual is deserving of addiction recovery and belonging (Gubi & Marsden-Hughes, 2013). Furthermore, a sponsor can foster a spiritual connection with a newcomer in addiction recovery through the maintenance of boundaries (Blair, 2015, Dossett, 2013).

Spiritual Boundaries

The ability to establish boundaries around self-care allows a person in addiction recovery to create harmony between their spirituality, personal development, and self-worth (Blair, 2015; Dossett, 2013). The use of self-disclosure in sponsorship fosters a spiritual connection for people in addiction recovery when it avoids unhelpful attitudes and assumptions (Blair, 2015; Dossett, 2013; Giordano et al., 2016a). Blair (2015) reported that spiritual practices, such as meditation and prayer, are instrumental to the well-being of people in a helping role and that neglecting these practices would negatively impact their work with others. For example, the researcher found neglecting daily spiritual practices increases the risk of imposing biases on others and the potential to cause harm. Without diligent spiritual awareness, disclosures of people in addiction recovery can favour self-interest and remain problem focused by discussing at length personal stories of addiction (Ham et al., 2013). In contrast, someone who is solution focused and spiritually aware may discuss how they live in addiction recovery despite challenges (Ham et al.,

2013). Therefore, the awareness of personal and spiritual boundaries through engaging in self-care practices is another way to promote belonging, spiritual development, and normalize the voice of addiction in addiction recovery (Dossett, 2013; Giordano et al., 2016a; Ham et al., 2013).

Being of Service

Individuals with addiction come to the realization that their behaviours must change to move towards the identity of a person in addiction recovery (Dossett, 2013; Gubi & Marsden-Hughes, 2013; Kelly, 2017). Morris et al. (2013) reported that spiritual practice is a greater indicator of recovery than merely embracing spiritual principles. Consequently, spirituality requires a recovery program of action (Gubi & Marsden-Hughes, 2013). When an individual in addiction recovery is able to change their behaviours, cognitions change, and spirituality is cultivated and reinforced (Dermatis & Galanter, 2016; Kemp & Butler, 2014; Krentzman et al., 2017; Kurtz & White, 2015). Actions such regular attendance at AA meetings and active involvement with the fellowship of AA (sponsorship) motivates people to put themselves and their addiction recovery first (Gubi & Marsden-Hughes, 2013; Kelly, 2017). For some individuals in addiction recovery, this means eliminating friends that are heavy drinkers from their social network (Dossett, 2013) or trying new activities, such as group fitness classes (Brown et al., 2014).

As previously mentioned, working with others as a daily routine is a spiritual component of AA. Gubi and Marsden-Hughes (2013) reported that the ability to help others on their journey (in the form of sponsorship) increased thoughts of self-efficacy, thus, increasing the motivation to continue with these behaviours. Similarly, Krentzman et al. (2017) found that consistent AA involvement increased levels of spiritual practices (meditation and prayer) at six months into

addiction recovery, increased participants' sense of purpose in life and overall reinforced addiction recovery. Therefore, I assert that the ability to take action is critical in foregrounding the development of spirituality and connecting with likeminded people in addiction recovery.

Change in Perspective

Being of service in the community is one way that spirituality can manifest itself in addiction recovery (Gubi & Marsden-Hughes, 2013; Strobbe et al., 2013). Dossett (2013) postulated that long term addiction recovery is contingent on service work, including connecting with a newcomer. Conversely, those who are abstinent and neglect making changes in their behaviour towards spiritual integration are at a greater risk for relapse (Gubi & Marsden-Hughes, 2013; Ham et al., 2013). For example, Weegmann and Piwowoz-Hjort (2009) found that participants who altered their behaviours experienced a sense of tranquility compared to those who did not. Furthermore, Helm (2019) reported contentment in addiction recovery is nurtured through emotional regulation practices as substance use disorder is a symptom of underlying mental health concerns (i.e., trauma). Conversely, the literature described those who remain sober, without spiritual guidance (in the form of sponsorship) as "white knuckling" (Gubi & Marsden-Hughes, 2013, p. 206) their addiction recovery. White knuckling is viewed as a detriment to the development of spirituality and long term addiction recovery (Gubi & Marsden-Hughes, 2013; Ham et al., 2013).

It is important to acknowledge that taking action is not limited to sponsorship within 12 step programs and meeting attendance (Fenner & Gifford, 2012; Horvath & Yeterian, 2012; Marsh et al., 2015). Marsh et al. (2015) reported on the significance of blending traditional Indigenous practices such as sweat lodge ceremonies, sharing circles, and incorporating Elders into addiction treatment for people with intergenerational trauma. Tonigan et al. (2013)

reinforced the notion that action towards individualized spirituality is successful in non-dominant populations, regardless of the sociopolitical challenges that people from marginalized populations may face, such as unemployment. Therefore, action taken towards societal engagement and cultural community initiatives that build relationships and increase self-efficacy, reinforces spirituality in addiction recovery (Kurtz & White, 2015; Kemp & Butler, 2014; Strobbe et al., 2013). However, for some people in addiction recovery, changes in perspective and spiritual development takes time (Dossett, 2013).

The Reinforcement of Spirituality

Through persistent action and changes in cognitions, those who initially experience barriers identifying with AA can achieve long term sobriety (Thatcher, 2011; Weegmann & Piwowoz-Hjort, 2009). As previously stated, first impressions of 12 step programs can vary (Thatcher, 2011). Weegmann and Piwowoz-Hjort (2009) reported that five out of the nine participants in their study of individuals in long term addiction recovery initially experienced a rejecting or hostile stance towards AA, whereas four participants described a profound sense of belonging. Therefore, spiritual development can materialize quickly for some and slowly develop for others in addiction recovery (Dossett, 2013; Ham et al., 2013; Weegmann & Piwowoz-Hjort, 2009). Moreover, a participant from Dossett (2013) reported that their spiritual awakening happened gradually in AA and centered around feeling at peace within and relating to others in a congruent way. Conversely, a person in addiction recovery can step away from AA as other aspects of life integrate into a spiritual foundation (Best et al., 2016; Brown et al., 2014; Weegmann & Piwowoz-Hjort, 2009). Best et al. (2016) reported that people in addiction recovery can shift their focus to support groups that promote holistic wellness. More specifically, Shipway and Holloway (2010) emphasized that a running group facilitates group identification

and connection for people in addiction recovery. Therefore, I believe that an individualized program of action foregrounds spiritual development for people in addiction recovery and can change throughout life as different aspects of identity come to the forefront. This change could be identified as the dynamic shift from individual focus to group focus and back again, integrating the experience of each as individuals move forward in addiction recovery.

Meaningful Spirituality

When a person in addiction recovery is honest about their spiritual development, they are more likely to achieve long term addiction recovery (Dossett, 2013; Krentzman et al., 2017; Weegmann & Piqoqoz-Hjort, 2009). Spirituality that is authentic to the individual is vital for maintaining long term addiction recovery (Morris et al., 2013; Plumb, 2011). Whereas individuals in addiction recovery who adopt inauthentic spirituality are at a higher risk of relapse (Dossett, 2013; Krentzman et al., 2017; Morris et al., 2013; Plumb, 2011). When spirituality is grounded in external sources (imposed religiosity), it inhibits the ability to embody authentic spirituality (Jarusiewicz, 2008; Plumb, 2011; Sussman et al., 2013). Jarusiewicz's (2008) study included one participant who identified with high religiosity from childhood to adulthood and continued to relapse throughout their pursuit of addiction recovery. One reason for this continuous relapse could be that the participant did not authentically identify with religion (Jarusiewicz, 2008; Kemp & Butler, 2014; Plumb, 2011). Inauthentic spirituality may include guilt-based and rigid beliefs that exacerbate the negative effects of addiction, including mental health challenges and denial (Plumb, 2011). Sussman et al. (2013) indicated that authentic spirituality can take many forms including, secular minded (an emphasis on self-reliance), religiosity, and a higher power. Actions that are incongruent with current beliefs and values prevent an authentic connection to spirituality and increases the likelihood of white knuckling

addiction recovery (Dossett, 2013; Gubi & Marsden-Hughes, 2013). As previously stated, people who develop an authentic spirituality, view this relationship as flexible and contextualized (Plumb, 2011). The fluid nature of spirituality and language assists people in addiction recovery by foregrounding compassion and self-efficacy in times of stress and encourages connection with self, a higher power, and community (Dermatis & Galanter, 2016; Giordano et al., 2016b; Ham et al., 2013; Krentzman et al., 2017).

A Daily Commitment

Long term addiction recovery stems from the belief that recovery from addiction is a daily commitment achieved through abstinence (Dossett, 2013; Gubi & Marsden-Hughes, 2013; Weegmann & Piwowoz-Hjort, 2009). Some people successfully stay in addiction recovery by attending meetings, while others report that the quality of their abstinence becomes more secure through sustained engagement with the 12 steps (Dossett, 2013; Galanter et al., 2014). Therefore, it is the meaning of the 12 steps that is more significant for people in addiction recovery than simply completing them (Ham et al., 2013; Gubi & Marsden-Hughes, 2013).

An important factor in expressing an authentic sense of spirituality is a spiritual awakening (Galanter et al., 2014). Strobbe et al. (2013) found that a spiritual awakening was more heavily associated with continued abstinence at one month and one year post treatment, over 12 step meeting attendance. The researchers stated that participants who reported a spiritual awakening were twice as likely to stay sober than those did not report a spiritual awakening. Therefore, the sociocultural and political context of the population could affect the level of openness to a spiritual experience and group identification (Kurtz & White, 2015; Strobbe, et al., 2013; Westermeyer, 2014). For example, Strobbe et al. (2013) included a Polish population sample and identified political history (communism) as a variable that influenced participants

openness to spirituality. There are numerous studies in the literature that report the benefits of spiritual change and the various daily mechanisms that support its development including self-reflection, various forms of prayer, meditation, and social support (Dossett, 2013; Ham et al., 2013; Krentzman et al., 2017; Morris et al., 2013). Consequently, a number of studies found larger effects at one year follow up, indicating that there may be a minimum length of addiction recovery for authentic spiritual change to take place (Jarusiewicz, 2008; Krentzman et al., 2017; Strobbe et al., 2013). Galanter et al. (2012) found participants who reported a spiritual experience and maintained a daily spiritual practice, experienced both steady changes in spirituality and increased purpose in life that discouraged relapse. Similarly, Flaherty et al. (2014) reported a three-year stabilization period in addiction recovery followed by a strengthened identity where focus could shift to address more changes in life. Therefore, I postulate that the commitment to spiritual development, and willingness to change behaviour can promote authentic expressions of spirituality that facilitates long term addiction recovery.

Identity Development

The ability to make meaning of the 12 steps of addiction recovery through storying and re-storying can foster new forms of identity and trajectories that parallels the experience of spiritual development (Best et al., 2016; Brown et al., 2014; Weegmann & Piwowoz-Hjort, 2009). The AA program and its fellowship offer a framework that assists people in addiction recovery in appraising the past, rebuilding their lives, and finding a direction for the future (Best et al., 2016; Weegmann & Piwowoz-Hjort, 2009). Therefore, when people in addiction recovery articulate their identification with AA in an authentic manner, it is more reflective of their ability to achieve long term sobriety than 12 step meeting attendance alone (Best et al., 2016; Jarusiewicz, 2008; Strobbe et al., 2013). Therefore, it appears that authentic spiritual expression

is a factor in long term addiction recovery. This connection can be transferred in other areas of life and more readily recognized by the person in addiction recovery.

The transition from addiction to establishing an identity as a person in addiction recovery leaves more time to participate in meaningful activities, such as volunteer work (Krentzman et al., 2017; Landale & Roderick, 2013). Dingle et al. (2015) found that identities of people in addiction recovery changed from those of social isolation to those that valued a social identity such as community engagement. Landale and Roderick (2013) echoed this finding and argued identifying with a health-promoting group can assist the maintenance of long term addiction recovery. Therefore, the ability to authentically connect with others over meaningful activities and make choices that are congruent to spiritual development, reinforce long term addiction recovery (Weegmann & Piwowoz-Hjort, 2009). For some people in addiction recovery this means renegotiating initial spiritual structure and language to what is most congruent given the current context and most salient identity (Doukas & Cullen, 2009; Giordano et al., 2016b).

Honouring the Personal Journey

There are multiple spiritual pathways towards addiction recovery, including but not limited to a secular minded approach, religiosity, higher power, and intuition (Connors et al., 2008; Flaherty et al., 2 014; Krentzman et al., 2017; Sussman et al., 2013). People in long term addiction recovery maintain a healthy fear of relapse by believing they have a daily reprieve from addiction contingent on the maintenance of their spirituality (Dossett, 2013, Plumb, 2011; Strobbe et al., 2013). Therefore, holistic spiritual integration is contextualized, shifts over time, and is distinct to the individual in addiction recovery (Dossett, 2013; Kemp & Butler, 2014; Krentzman et al., 2017; Morgen et al., 2010; Plumb, 2011; Strobbe et al., 2013). There is consensus in the literature that people who achieve spiritual integration in addiction recovery, are

comfortable with themselves without the need to alter their reality (Gubi & Marsden-Hughes, 2013; Kemp & Butler, 2014). Thus, spiritual integration encourages people in addiction recovery to live in a way that is personally fulfilling. A newcomer to addiction recovery benefits from working closely with a sponsor and following the suggestions presented in 12 step literature (Ham et al., 2013). However, Kemp and Butler (2014) reported people who successfully integrate spirituality into their lives identified sobriety as a state of mind. The mindset people described was one that expressed addiction recovery as being whatever the participant felt was necessary to achieve a state of peace, being content with the way they live (i.e., abstinence) and having a positive perception of themselves that is congruent with their values (Kemp & Butler, 2014). For example, Satre et al. (2012) found that life transitions, including employment and sufficient social support, assisted long term addiction recovery. Therefore, I postulate that once time has been dedicated to establishing a foundation of addiction recovery through working closely with a sponsor and learning from the 12 steps, a person is able to embody their spirituality in other aspects of their life. This integration includes going back to basics whenever necessary, such as revisiting the 12 steps and regular meeting attendance (Shinebourne & Smith, 2011).

Self-Reflection and Spiritual Integration

People in addiction recovery can feel profound empowerment as a result of their new lifestyle (Dossett, 2013). The ability to self-examine thoughts, behaviours, and acknowledge feelings are strengths in addiction recovery that helps an individual recognize what is helpful and unhelpful for them when applying their skills in other contexts (Fenner & Gifford, 2012; Morgen et al., 2010). Similarly, having an internal locus of control and ability to self-regulate can be helpful in keeping people accountable in addiction recovery (Blagojevic-Damasek et al., 2012;

Ham et al., 2013; Weegmann & Piwowoz-Hjort, 2009). Structure is important to maintaining sobriety, however, different priorities and values take precedence at different stages of spiritual development, including a focus on physical health (Brown et al., 2014; Stoutenberg et al., 2015). Weegmann and Piwowoz-Hjort (2009) attributed the participants' progress in addiction recovery to their involvement in 12 step fellowships and helping others to facilitate their spiritual development. However, two participants later chose to rely on implementing structure and utilizing close support networks for spiritual maintenance over meeting attendance. Therefore, as spiritual integration is distinct for each person in addiction recovery, some people transition to relying on an intimate support networks, while others maintained their AA attendance (Ham et al., 2013; Dossett, 2013; Weegmann & Piwowoz-Hjort, 2009). Regardless of how those in addiction recovery choose to become self-empowered, I propose that spirituality remains a constant in facilitating self-reflection and spiritual embodiment in long term addiction recovery.

Spiritual Embodiment

The 12 steps of addiction recovery offer an overarching framework for living that continues to be effective as people progress into long term addiction recovery (Dossett, 2013; Shinebourne & Smith, 2011; Weegmann & Piwowoz-Hjort, 2009). The first stage of recovery is initiation, in which motivation for change allows the person to transition from active addiction to recovery (Flaherty et al., 2014). Attending AA meetings can initially provide a supportive social network and act as a testing space for spiritual expression before the person in addiction recovery can expand this to other pro-social support networks (Best et al., 2016; Gubi & Marsden-Hughes, 2013). As Flaherty et al. (2014) stated, this might align with the second stage of recovery: "initial recovery stabilization" (p. 327) in which people's social environment shifts to align with their values of abstinence and health. Indeed, it takes time for a person in addiction recovery to find

coherence in and give meaning to the multiple forces and relations in their life (Gubi & Marsden-Hughes, 2013; Jarusiewicz, 2008). This coherence includes a spiritual awakening that fosters the development of integrity, honesty, self-worth, and gratitude (Dossett, 2013). A daily program of action that nurtures spirituality is as relevant at the beginning as in long term addiction recovery, however, it can take different forms (Dossett, 2013). The last stage, recovery maintenance, is one in which people's identity in general is re-defined as helpful, they continually seek positive growth and congruence in all areas of life, and a social environment that support addiction recovery (Flaherty et al., 2014; Helm, 2019). Indeed, Flaherty et al. (2014) confirmed that there is a structure of recovery, but there needs to be more research to elaborate on the overarching frameworks of spirituality. Therefore, in my opinion, personal empowerment and social networks support the autonomy of the individual to integrate 12 step values into other areas and contexts of their lives throughout their addiction recovery.

Summary

In this chapter, I identified a gap in the literature surrounding the structure of spirituality that emerges in addiction recovery. I argued that measures of spirituality and religiosity have been used interchangeably, thus making spirituality research complex (Jarusiewicz, 2008; Kelly, 2017). Though religiosity can be included in individualized conceptualizations of spirituality, it is important to distinguish the two so people in addiction recovery can enforce autonomy, renegotiate previous experiences with religion, and explore alternative approaches, such as Indigenous practices (Marsh et al., 2015; Puffer et al., 2012; Tonigan et al., 2013). Next, I addressed individualized conceptualization of spirituality including misconceptions of the common language (higher power and god) found in 12 step programs that deter the development of individualized spirituality (Thatcher, 2011). The development of a higher power is a personal

journey where beliefs and values influence mechanisms of change and include internal or external factors, including self-reliance or relying on a higher power (Dossett, 2013; Fenner & Gifford, 2012). However, I argued that recovery programs that deviate from a spiritual paradigm are still spiritual in nature. Further, I exemplified the role of the fellowship in addiction recovery normalizing the experience of addiction through connecting with a sponsor in AA and facilitating awareness of spiritual boundaries (Blair, 2015; Ham et al., 2013). The emphasis on spiritual boundaries is to ensure the focus is on supporting an individual in addiction recovery to decide what is best for them in regard to decision making, spiritual development, and spiritual practice. Further, I explained the importance of being of service and a daily program of action in addiction recovery that supports changes in cognition (perspective) and reinforces authentic spirituality development (motivation). Moreover, consistency in addiction recovery improves when new identities are formed (group fitness), and intimate social support networks and scheduling tools are utilized (Weegmann & Piwowoz-Hjort, 2009). Being of service is important to the development and maintenance of spirituality. However, self-reflection and differing priorities throughout life, shift the embodiment of spirituality (Dossett, 2013; Weegmann & Piwowoz-Hjort, 2009). Lastly, I argued that holistic spiritual integration is a personal journey which is fluid, contextualized, and unique to each person in addiction recovery (Dossett, 2013; Kemp & Butler, 2014). Without knowledge of the structure of spirituality, the mechanisms that support meaningful spiritual development will remain unclear (Hai et al., 2019; Strobbe et al., 2013). In conclusion, there is a need for further research into the structure of spirituality to inform counsellors of spiritual development and addiction recovery maintenance.

Chapter 3. Methodology

Heuristic inquiry (Moustakas, 1990) is a method of exploring human experience that includes the experience of the researcher alongside the experience of the phenomenon being studied. This methodology is in alignment with the transformative interpretive framework, which seeks change for marginalized populations. Through the use of heuristic inquiry, coresearchers (participants) are given a voice to speak to the meaning of phenomenon through their lived experiences. This chapter details the theoretical underpinnings of heuristic research, addresses the role of the researcher, exemplifies its congruence with the transformative interpretive frameworks, connects heuristic inquiry to qualitative studies on spirituality and addiction recovery, makes recommendations to increase credibility within the research design, and outlines the ethical considerations and limitations of heuristic inquiry. Heuristic inquiry is a useful methodology to explore the meaning of experience that can lead to transformative change for both researcher and coresearchers around spirituality and addiction recovery.

As a woman in addiction recovery, the heuristic methodology is applicable to my research as it accounts for the researcher's (my) process of self-discovery, growing self-awareness, and self-knowledge (Moustakas, 1990; Sultan, 2018). The research process started and finished with my subjective understanding and interpretation of phenomenon, which is vital for researcher credibility given my significant personal experience with spirituality in addiction recovery (Mertens, 2015; West, 2013). Similarly, heuristic inquiry adopts a first-person approach to presenting findings which acknowledges researcher biases, attitudes, and assumptions (Sultan, 2018; West, 2013).

Heuristic inquiry fits within the transformative framework as it aims to understand the meaning of spirituality in addiction recovery in a holistic, culturally embedded, and relational

manner between researcher and coresearchers (Moustakas, 1990; Sultan, 2018). Given the autobiographical nature of heuristic inquiry, my experience of the phenomenon is data and this data continuously shaped my research and personal development (Moustakas, 1990). Employing this method of inquiry would provide detailed accounts of spiritual development within sociopolitical and cultural contexts. This process involves using meaningful language of the coresearchers alongside intuitive and creative researcher analysis which is complete when considered to capture the essence of experience (Moustakas, 1990; Sultan, 2018).

The aim of qualitative research is to describe, explore, and explain unique experiences and phenomenon (Pietkiewicz & Smith, 2014; Ploeg, 1999). Heuristic inquiry is a qualitative research approach that aims to describe the subjective lived experiences of individuals around a phenomenon, including how meaning is constructed within a sociocultural context (Kenny, 2012; Moustakas, 1990). The word heuristic comes from the Greek world *heuriskein* and means to "discover or find" (Moustakas, 1990, p. 9) the nature of experience. The objective of heuristic research is to increase the depth of understanding around the phenomenon of interest and begins with a thought-out subjective research question that is deeply connected to the researchers own identity and a search for deeper understanding (Moustakas, 1990). Emphasis is on the researcher's personal connection to the phenomenon and the process of self-discovery including growing self-awareness, self-knowledge, and ultimately transformation (Moustakas, 1990). For this reason, the focus of heuristic inquiry is to find universal structure and or, essentialist perspective within the subjective meaning of experiences of the coresearchers (Mihalache, 2019; Moustakas, 1990). Therefore, a heuristic research study is best suited for novel topics and those which speak to overall complexity of lived experience (Mihalache, 2019; Moustakas, 1990). The goal of heuristic inquiry is an intuitive interpretive account of a participant or a small group's

experience of a given phenomenon (Moustakas, 1990). However, to be effective, qualitative research requires congruence between the purpose of the research, methodology, and proposed research question (Mertens, 2007; Roberts, 2013).

The purpose of this chapter is to make a strong case for the use of heuristic inquiry as my thesis methodology within a transformative interpretive framework to answer the question: What meaning do people attribute to spirituality in addiction recovery? Including the following sub questions:

- What are the common themes of spiritual development in addiction recovery that lead to the motivation and maintenance of personal development?
- What is the underlying structure (model) of spirituality in addiction recovery?
- What is the phenomenon of spirituality in addiction recovery ?

To demonstrate methodological congruence, I will explore the philosophical underpinnings of heuristic inquiry, highlight the use of a transformative interpretive framework, identify the role of the researcher, review the linear phases of heuristic research, exemplify how to build credibility, and discuss ethical considerations and limitations through each stage of the research process.

Theoretical Underpinnings of Heuristic Inquiry

Heuristic inquiry aims to use a systematic method of self-discovery, to uncover the depth of meaning of significant human experiences and phenomenon (Mihalache, 2019). The theoretical underpinnings of the heuristic methodology include humanistic psychology, tacit knowing, and nondirective counselling approaches such as adopting a self-analytical frame of reference, focusing, intuition, and indwelling (Mihalache, 2019; Moustakas, 1990; Sultan, 2018). These influences hold the researcher accountable in the study and do not limit coresearchers' rich

accounts to a specific set of values or ideology (Mihalache, 2019; Moustakas, 1990; Sultan, 2018). Therefore, the objective is to account for a person's unfolding sense of truth, meaning, and expansion of consciousness through the connection of implicit and explicit knowledge bridging a full understanding of the discovery process (Mihalache, 2019).

Tacit knowing is described both as *subsidiary*, explicit knowledge that is visible and describable aspects of experience and *focal*, implicit knowledge that is necessary for complete integration of experience however, not observable (Polanyi, 1964; Moustakas, 1990). Included in the nondirective counselling approach of heuristic inquiry is the importance of ongoing *self-dialogue*, intuition throughout the research process in order to form patterns, relationships and inferences, *indwelling*, unwavering internal concentration for a deeper understanding of human experience, *focusing*, the ability to create a receptive state for clarifying meaning of experience and phenomenon, and *the internal frame of reference,* the depth of the researcher's self-understanding that directs their ability to empathize with and understand coresearchers experience (Moustakas, 1990). In effect, heuristic inquiry can explore phenomenon related to existentialism such as spirituality and addiction recovery while nurturing self-transformation. Moreover, the essence of heuristic inquiry is the researcher's personal quest of an impactful experience and the systematic investigation of self and coresearchers who have had a similar experience to evoke a deeper understanding and a descriptive account of phenomenon. Therefore, as the researcher, I interpreted both my experience and the coresearchers meaning of their lived experience of phenomenon: spirituality in addiction recovery (Shinebourne, 2011). Moustakas (1990) acknowledged that an in-depth exploration of individual experiences could reveal patterns of meaning that could account for universal qualities of phenomenon. Lastly, the humanistic approach of heuristic research focuses on a self-inquiry and connection between

unconscious and conscious knowledge including physiological, emotional, cognitions, linguistics and spiritual experiences of phenomenon (Mihalache, 2019; Moustakas, 1990). This also applies to co-researchers who are approached with this frame in mind, and who are encouraged to respond from a similar awareness.

Transformative Interpretive Framework and Heuristic Inquiry

Heuristic inquiry is congruent with the transformative paradigm as this method seeks to gain a deep understanding of phenomenon from individual's subjective experience (Mertens, 2015; Moustakas, 1990; Sultan, 2018). A transformative interpretive framework aims at advancing social change to benefit individuals and groups that experience systemic injustice (Mertens, 2007). The ontology of the transformative framework is an emergence of both subjective and objective realities (Mertens, 2007). Subjective realties are influenced by sociocultural factors, political factors, language, and social norms; consequently, social justice is a core value of the transformative interpretive framework (Mertens, 2007; Shinebourne, 2011). Similarly, I propose that the role of spirituality in addiction recovery is subjective in nature and embedded in the greater sociopolitical and cultural context (Mertens, 2015; Sultan, 2018). The transformative framework aligns with heuristic inquiry as the researcher is intimately connected to the research. Therefore, the researcher experiences personal transformation as a result of the research process and a deeper level of consciousness around the research topic (Mihalache, 2019; Moustakas, 1990; Pietkiewicz & Smith, 2014). Therefore, I value and find it imperative to demonstrate transparency around the influential role of the researcher within the research process. Accounting for my lived experience and current knowledge of the phenomenon is vital to ensure ethics are respected and a social justice orientation is maintained (Mertens, 2015; Sultan, 2018). In heuristic inquiry, objective and subjective realities are demonstrated through

the coresearchers interpretation of meaning of phenomenon and shared themes are explored through the researcher's creative interpretation of that meaning (Mihalache, 2019; Moustakas, 1990). Therefore, heuristic research creates space to explore experience while acknowledging the multiple influences on it. Furthermore, the epistemological beliefs that supports multiple ways of knowing is highlighted in the diverse experiences of coresearchers in heuristic inquiry (Mertens, 2007).

The axiology of the transformative interpretive framework includes respect for the individual/community, beneficence, and social justice (Mertens, 2007). These values are congruent with the person-centered orientation of heuristic inquiry that explores the depth of subjective experience around a phenomenon (Mertens, 2007; Wagstaff & Williams, 2014). Coresearchers in heuristic inquiry have an interest in discovering the phenomenon of interest. The homogenous sample acts as a small community and purposeful sampling creates a deeper understanding about a phenomenon shared by a group of people (Mihalache, 2019; Moustakas, 1990; Wagstaff & Williams, 2014). Issues around power differentials are addressed before and during the interview by the positioning of open-ended questions, building rapport, and member checking (Shinebourne, 2011). Decreasing the influence of power differentials is especially important when the research involves non-dominant populations, which is common with a transformative interpretative framework (Mertens, 2007). Reflexivity is integral to this process as coresearchers' voices should not be misrepresented or taken out of context. Therefore, I consistently used evidence to support my interpretations to ensure trustworthiness (Mihalache, 2019; Moustakas, 1990; Pietkiewicz & Smith, 2014). As such, the diverse voices of coresearchers influence the creative synthesis of the research report and could lead to increased awareness and social change in their community (Mertens, 2007).

The Role of the Researcher

Impactful Personal Experience

The process of heuristic research is autobiographic in nature (Nicholl et al., 2020). The researcher examines a phenomenon in which they have had a direct personal encounter with and a lingering curiosity around (Mihalache, 2019; Moustakas, 1990). As the main instrument, the experiences I examined were profound and transformative (Mihalache, 2019; Moustakas, 1990). Therefore, I undertook a process of self-discovery and defined inclusion and exclusion criteria based on my current understanding of spirituality in addiction recovery.

Unlike most types of phenomenology, which utilizes bracketing, the researcher is not separate from the coresearchers' experience of a phenomenon (Kenny, 2012). Consequently, researchers using heuristic inquiry benefit from identifying their personal relationship with the phenomenon of interest to access, understand, interpret, and creatively translate the coresearchers' subjective experience (Moustakas, 1990; Peat et al., 2019; Smith et al., 1999). This process is intuitive in nature where unconscious knowledge becomes conscious knowledge, changing my (the principal investigators) internal frame of reference and dimensions of meaning surrounding spirituality in addiction recovery (Mihalache, 2019; Moustakas, 1990).

Self-discovery and Intuition

The researcher engages in self-searching and self-discovery throughout the study in heuristic research. The process of self-discovery requires an unwavering willingness to uncover deeper levels of truth of the phenomenon requiring a willingness to go within, seek clarity, and expand knowledge (Mihalache, 2019; Moustakas, 1990). Heuristic inquiry acknowledges that it is impossible to fully access the experiences of others due to the inability to separate personal experience, and choose to embrace the connection of self, coresearchers, and phenomenon

(Mihalache, 2019; Moustakas, 1990; Peat et al., 2019). It is paramount to acknowledge how my prior conceptions of phenomena (i.e., including beliefs, values, and assumptions) interact with the coresearchers' interpretation and how they consistently reveal themselves throughout the research (Moustakas, 1990; Peat et al., 2019). Therefore, self-awareness, an open mind, and personal experiences impacts the overall trustworthiness of my research including the data collection and analysis (Kenny, 2012; Mihalache, 2019; Peat et al., 2019). In effect, researcher transparency can enrich their interpretation rather than obstruct findings (Peat et al., 2019). Therefore, self-understanding and self-growth occur simultaneously in heuristic inquiry and increase the intuitive process and connection to tacit knowledge (Moustakas, 1990).

Reflexivity Journal

Reflexivity has an integral role in ensuring the trustworthiness of heuristic inquiry (Mihalache, 2019). Researchers must engage in reflexivity on the phenomenon itself as the interpretation of coresearchers' meaning is considered in light of the researcher's perspective (Moustakas, 1990; Pietkiewicz & Smith, 2014). The researcher documents detailed reflections and decisions at every stage of the research process (Peat et al., 2019). Therefore, engaging in critical reflexivity strengthens the accuracy of interpretation as I acknowledged my influence on the research process. Specifically, reflexivity aids the ability to go beyond surface level description of findings to offer insightful interpretations of the coresearchers lived experiences (Peat et al., 2019). These interpretations could lead to identifying universal structure to spirituality through coresearchers meaning of the phenomenon. However, ensuring credibility in heuristic inquiry requires a trail that outlines a clear connection between raw data, researcher interpretation, and personal transformation (Moustakas, 1990). For example, a researcher may deepen their understanding throughout the process and may not be aware of what moments lead

to increased consciousness. Due to the focus on researcher interpretation and transformation, self-reflection and a reflectivity journal are essential to build credibility in heuristic inquiry (Mihalache, 2019). The main processes by which the researcher comes to a deeper understanding of the research question is through identifying with the focus of inquiry, tacit knowing, focusing, indwelling, intuition, self-dialogue and an internal frame of reference (Mihalache, 2019; Moustakas, 1990). Furthermore, it is through relationships with others that the researcher can become aware of sociocultural and political influences surrounding phenomenon.

The Linear Phases of Heuristic Research

Initial Engagement

The product of the initial engagement is a research question that the researcher is personally connected to, is passionate about, and has meaningful personal and/or social implications. In order to arrive at the research question, I engaged in a process of self-dialogue around their current understanding of the topic (i.e., spirituality). My current awareness of tacit knowledge was assessed, permitting intuition and provided clear direction for my research topic (Mihalache, 2019; Moustakas, 1990). I defined terms to reflect my interpretation of phenomenon, wrote in my reflective journal, and took notes from my in-depth conversations with my supervisor to support this development.

Immersion

Once clarity was established around the research question, I reflected on the topic and mindfully engaged in open discussions as means of gaining further information (i.e., people, places, readings, nature) on spirituality in addiction recovery (Moustakas, 1990). The foundation of the immersion phase is pursuing intuitive knowledge, self-dialogue, self-searching, and revisiting tacit knowledge (i.e., unconscious knowledge becoming conscious). Therefore, I

actively and outwardly expanded my knowledge the research topic in whatever form presented itself (Mihalache, 2019; Moustakas, 1990). I spoke to my personal addiction recovery network, classmates, read journal articles/recovery literature, and reflected on my work with clients in an intentional way. I wrote my reflections in my reflexive journal.

Incubation

During this phase, I no longer actively searched for knowledge around the research question. However, I intentionally engaged in inner processing through journaling to nurture the new information collected. Tacit information is consolidated with my sense of intuition as I participated in unrelated activities such as yoga, running outside, and spin class (Mihalache, 2019; Moustakas, 1990). The result of the incubation phase in a new understanding of phenomenon. For example, I found my engagement in exercise, listening to music, and going for walks allowed me to be present and observe with awareness my inner experience.

Illumination

This phase organically occurs through intuition and tacit knowledge. Modifications occur to any hidden meaning or previously distorted understanding of the phenomenon to create a synthesis of new meaning (Mihalache, 2019; Moustakas, 1990). I engaged in reflection, experienced clarity, and dimensions around the research topic surfaced from unconscious to conscious awareness (Moustakas, 1990). The result of this phase is a significantly altered frame of reference. I wrote in my reflexive journal and connected with my supervisor to hear myself review out loud my understanding, personal reflections, and challenges that resulted in new meaning.

Explication

During this phase, I actively appraised what has come into consciousness in the illumination phase to understand and explain its meaning to reflect a whole experience (Mihalache, 2019; Moustakas, 1990). I described themes and utilized the processes of *focusing, indwelling*, self-searching, and self-disclosure acknowledging that meaning is dependent on an internal frame of reference. Therefore, acute awareness of personal biases, assumptions, thoughts, beliefs are developed through the concepts of *focusing and indwelling*. This phase provided a complete evaluation of key features and dominant themes are developed to describe the essence of experience (Moustakas, 1990). It was important I practiced self-care to remain open and aware of the processes taking place for personal accountability in this phase. This included ensuring I was practicing patience and had designated time to write for 20 minutes a night after engaging with my data.

Creative Synthesis

During the synthesis phase, I was deeply entrenched with my data and its major themes, meaning, and experience as a whole (Mihalache, 2019; Moustakas, 1990). Tacit knowledge and intuition guided the creative synthesis (i.e., meditation assisted with this process), generally in narrative form using verbatim material and examples from coresearchers. I utilized concepts of tacit knowledge, intuition, and self-searching to assist this phase (Moustakas, 1990). Lastly, awareness of perception, feelings, intuition, beliefs, and judgements housed in the internal frame of reference that was required to articulate the meaning of experiences. My lived experience and identity influenced meaning and connection between self, others, and the world and are brought together in a coherent whole (Mihalache, 2019). This phrase required many revisions of the data

and matching my data with raw extracts. I took breaks used my intuition to name themes and combine data. I used my reflexive journal and discussed my process with my supervisor.

Building Credibility in Heuristic Research

The trustworthiness of heuristic research is built on the rigorous efforts of the researcher to follow the six steps in the research process: initial engagement, immersion, incubation, illumination, explication, and creative synthesis. Moustakas (1990) identified that the internal process of the researcher in developing a frame of reference and the external process of the participants and their data, together move through six phases. These steps ensured I remained connected to the feelings, both past and present, that the experience evokes rather than simply adopting a reporting style during the creative synthesis (Nicholl et al., 2020).

The researcher is deeply invested in their personal discovery and comprehensively reflects on the meaning of phenomenon. With this in mind, I demonstrated commitment throughout the research process from the sample selection and meticulous data analysis (Mihalache, 2019; Moustakas, 1990). For example, I regularly returned to the raw data (i.e., verbatim interview transcripts) to determine and verify the significance of my appraisal of experience. However, I was guided by my intuition and continued to synthesize the essence of experience based of their own pursuit of knowledge. Therefore, I determined when this process was complete, what is presented as truth, and what is removed based on personal knowledge and judgement (Mihalache, 2019; Moustakas, 1990).

Furthermore, genuine compassion is also required when engaging with coresearcher's on their experiences (Biggerstaff & Thompson, 2008). I engaged in member verification of verbatim transcriptions to confirm resonance with my coresearchers and provide an opportunity for feedback or changes (Mihalache, 2019; Moustakas, 1990). None of the coresearchers requested

changes be made to the raw data. Therefore, I made efforts to build rapport and diffuse power dynamics within the coresearcher relationship (Pietkiewicz & Smith, 2014). This rapport is also reflected in heuristic inquiry identifying participants as coresearchers. My research project was time limited. However, a next phase in creating increasing trustworthiness in my study would have included providing coresearchers a final draft and asking for their sense of resonance/feedback including accuracy and comprehensiveness of their experience.

Transparency and overall coherence of heuristic inquiry is measured through engagement and resonance with the researcher (Mihalache, 2019; Moustakas, 1990). However, credibility is increased if the findings are deemed relevant by the community it was indented for, such as people in addiction recovery navigating spirituality (Roberts, 2013; Shinebourne, 2011). Similar to reflexivity, an audit trail increases trustworthiness in heuristic research by tracking the decision-making processes (Roberts, 2013). This audit trail took place as a series of ongoing mini audits at different stages of the project (i.e., including field notes on the interview schedule and annotated transcripts; Shinebourne, 2011). Lastly, credibility was also increased by embedding the study within an interpretive framework or lens that is congruent with the purpose of the study (Mihalache, 2019; Kenny, 2012).

Ethical Considerations of Heuristic Inquiry

Sample and Recruitment

I received my certification of ethical approval from the Athabasca University Research Ethics Board (see Appendix A). Coresearchers were recruited based on purposeful sampling and their shared experience of the phenomenon. Therefore, the research question must be meaningful to all resulting in a homogenous sample (i.e., people in addiction recovery). Furthermore, level of homogeneity is dependent on the phenomenon of interest and pragmatics of the research

study, including time and sample availability (Pietkiewicz & Smith, 2014). Due to the time constraint of my thesis research, I utilized convenience sampling including people from a similar demographic (Smith & Shinebourne, 2012). I recruited coresearchers in the addiction recovery community that identified as alumni from Edgewood Health Network Canada treatment center. Successful recruits were not people in my addiction recovery network or those I encountered during treatment. My recruitment email included a disclaimer stating this boundary to avoid a dual relationship. Additionally, those who replied to the recruitment email stating their interested in the study were screened prior to initial contact and the informed consent (see Appendix B) process to ensure there was not a dual relationship. In heuristic inquiry, the data is presented as individual portraits of the main researcher and coresearchers (Mihalache, 2019; Moustakas, 1990). Due to the depth of analysis, my sample size included six coresearchers (Mihalache, 2019; Moustakas, 1990; Pietkiewicz & Smith, 2014). Therefore, the focus resides on depth rather than breadth of sample selection.

Ethical approval from Edgewood Health Network Canada was obtained (see Appendix C) before recruiting coresearchers to participate in the study (Wagstaff & Williams, 2014). Additionally, contact made with the potential participants aimed to minimize the power imbalance innate in the research process, potentially influencing the depth of the interview, and providing space to review inclusion criteria (Wagstaff & Williams, 2014). Disclosing my connection to the research (i.e., as a woman in addiction recovery) further facilitated this process. To ensure the emotional safety of both the participants and I, coresearchers indicated a supportive person available during the interview should they need to further debrief their experience. Additionally, Edgewood Health Network has 24-hour counselling staff available. Furthermore, a follow up interview was available as needed, however, are not required (Wagstaff

& Williams, 2014). None of the participates requested a follow up interview. One participant indicated making a safety plan before the interview with their sponsor.

Data Collection

Informed consent was obtained to record the interview on my device (see Appendix B) that produced the transcripts used in data analysis (Wagstaff & Williams, 2014). Heuristic inquiry primarily utilizes semi-structured interviews as a method of data collection as this method provides flexibility for original data to emerge in the discussion (Mihalache, 2019; Moustakas, 1990; Pietkiewicz & Smith, 2014; Smith & Shinebourne, 2012). This flexibility is ethically sound for the in-depth meaning required for heuristic research. Furthermore, interviews were supplemented with field notes and subsequent reflections from my reflexive journal (Mihalache, 2019; Moustakas, 1990). These sources of information were synthesized to form depictions of the participants that sought to capture the essence of their experiences and increase the trustworthiness of the study (Moustakas, 1990; Peat et al., 2019). The objective of the interview was to facilitate participants in sharing experiences that are important to them including sensory perceptions, thoughts, memories, and associations to spirituality in addiction recovery (Shinebourne, 2011). Dialogue with self and others became a mirror and a lens which makes the holistic aspect of the experience more visible (Mihalache, 2019; Moustakas, 1990).

An interview outline was developed prior to the interview (see Appendix D) to guide the discussion in a way that focuses on the lived experiences of the phenomenon (Roberts, 2013). Preparing the interview outline in advance supported a natural flow in the conversation, ensured key questions were addressed, and assisted in appropriate use of language around sensitive issues (Pietkiewicz & Smith, 2014). This outline ensured a social justice approach where language is inclusive and respectful. The interview outline was provided to participants 24 hours before the

interview to invite reflection and any adjustments (Flaherty et al., 2014; Kime, 2018). This collaboration is a representation of the values held within the transformative interpretive framework and safeguards against the limitations of a structured interview, further decreasing power differentials (Mertens, 2007). For example, if too many questions are asked or the interview is too structured, participants could be less forthcoming in their response (Roberts, 2013). Therefore, congruent with a culturally responsive and social justice approach, I provided an opportunity for feedback from coresearchers on the interview outline (Smith & Shinebourne, 2012). None of the participants made alternations to the outline or asked to skip a question.

Another ethical consideration concerned interview skills (Pietkiewicz & Smith, 2014). Developing open ended questions, emphasizing rapport, answering one question at a time, and generating prompts for abstract questions were important in eliciting meaning and clarity around coresearchers experiences (Pietkiewicz & Smith, 2014; Smith & Shinebourne, 2012). The order of questions is less important; however, I found it beneficial to ask sensitive questions once rapport has been established. For example, I inquired on what they wanted to share with me around the topic and what prompted their participation in my study (Smith & Shinebourne, 2012). Utilizing the funneling technique (i.e., starting with general open questions before arriving at a sensitive question) in the interview aimed to reduce harm to participants by establishing trust and creating a flow in discussion that is beneficial for data analysis (Shinebourne, 2011). Ensuring an interviewee focused approach to interviewing means in some cases a follow up meeting may be required or an interview may be cut short depending on the coresearchers' experience, though this did not happen in the interview process (Roberts, 2013; Wagstaff & Williams, 2014). Furthermore, I was acutely aware of how the coresearcher was being affected by the discussion, noting silences and non-verbal behaviour (Pietkiewicz & Smith,

2014). It is ethical to focus on observations and what the coresearcher is communicating non-verbally for the analysis process and I provided space for emotions as they arrived in the interview. Two coresearchers connected with emotion (i.e., crying) during the interview. Notably, limitations of a semi-structured interview include duration and analysis as coresearchers response and interview direction are flexible (Peat et al., 2019). My interviews ranged from 53 minutes to 1.5 hours.

Once the interview was recorded on my device, Otter.ai (2021) transcription software was used. I reviewed each transcription while listening to the audio four times in total, correcting errors and writing in my reflexive journal. After listening to the data twice I completed a member check where the coresearchers provided feedback and approval on the transcripts before the data analysis process. I then reviewed the transcripts two more times (Moustakas, 1990; Shinebourne, 2011; Smith & Shinebourne, 2012). Coresearchers were given a timeline agreed upon in the informed consent process to provide their feedback. No changes were made to the data and three of the six participates provided email approval. Member checking strengthens the trustworthiness of the study and ensures the data represents the coresearchers' perspective. Member checking is in alignment with the transformative interpretive framework as social justice and respect are core values (Mertens, 2007). NVivo (2020) software was used to store the transcripts for data analysis (Callary & Young, 2015). Electronic data was stored using password-secured encryptions and paper notes were stored in a locked filing cabinet only accessed by myself and my supervisor. Confidentiality is maintained in the transcripts through the use of pseudonyms and deidentifying information (Wagstaff & Williams, 2014). I provided a pseudonym for two participants who did not indicate a preference in the interview. Raw data will be kept for five years and then destroyed.

Data Analysis

Data analysis in heuristic inquiry follows a step-by-step approach similar to thematic analysis, which is a cyclical process (Braun & Clarke, 2006). This process provides clear evidence of the coresearchers' meaning making of phenomenon and researcher interpretation of this meaning making (Pietkiewicz & Smith, 2014; Smith et al., 1999). The audio from the semi-structured interview was transcribed using a transcription app (Otter). The transcripts were reviewed, and themes were constructed independently for each participant portrait (Mihalache, 2019; Moustakas, 1990; Smith et al., 1999). I reviewed the original recordings for accuracy, taking note of initial thoughts, interests, and insights. This step was also completed in Nvivo (2020). Initial codes were made, including observations and interpretations (Smith et al., 1999). Emergent themes were developed by grouping related data and observations of the coresearchers. At this stage, I created a composite depiction that pulled the main themes into one place. One ethical issue that can arise within the data analysis is how the researcher applies context and meaning to coresearchers disclosures (Mihalache, 2019; Moustakas, 1990; Peat et al., 2019). At this stage, I used raw data excerpts to maintain the coresearcher's voice in theme development (Smith et al., 1999). Next, I grouped together emergent themes that related on a higher conceptual level and included sub-themes (Shinebourne, 2011). Deeper level of analysis across the dataset further elicited meaning of the experience. The final phase included an intuitive integration of personal knowledge and experience with the themes that emerged. Moustakas (1990) refers to this as *creative synthesis* as it includes the sum of the outcomes of the whole experience in the form of a report.

The Report

The results chapter was written with the addiction and mental health audience in mind (Mitchell & Clark, 2018). The entire process required the flexibility and willingness to look at spirituality in addiction recovery from different perspectives. The final stage of analysis produced a narrative account using themes and data extracts with coresearchers' voices (Pietkiewicz & Smith, 2014). Including data excerpts is paramount in order to communicate the emotional and expressive accounts of coresearchers' language (Shinebourne, 2011). Additionally, language provides insight into coresearchers' relationality to the world, lived experience, and is grounded in contexts pertaining to the phenomenon of interest (Shinebourne, 2011). Consequently, inclusion of data extracts allows the readers to evaluate my interpretation (Pietkiewicz & Smith, 2014). In chapter five, themes are compared to existing literature and the phenomenon of interest is brought into a larger context (Smith & Shinebourne, 2012). Therefore, heuristic inquiry is a descriptive and transformative process involving critical reflection (Mihalache, 2019; Moustakas, 1990; Peat et al., 2019).

Summary

Throughout this chapter, I described how heuristic inquiry is a useful methodology to explore my research question around the meaning of spirituality in addiction recovery. A heuristic study explores the essence of participants' lived experiences around phenomenon (Mihalache, 2019; Moustakas, 1990). Furthermore, heuristic inquiry is congruent for topics of a sensitive nature and aligns with the values of a transformative paradigm such as respect, beneficence, and social justice (Mertens, 2007). In this chapter, I explored the theoretical underpinnings of humanistic psychotherapy, person-centered therapy, and tacit knowledge. I consolidated my use of the transformative interpretive framework for my research, highlighted

the researchers' deepening state of consciousness, and self-discovery required to produce a creative synthesis of phenomenon (Mihalache, 2019; Moustakas, 1990; Pietkiewicz & Smith, 2014; Shinebourne, 2011). Specifically, I described how the researcher must use reflexivity to identity and track the process of transformation and the impact on interpreting the research (Peat et al., 2019; Pietkiewicz & Smith, 2014; Smith & Shinebourne, 2012). This process was outlined through the linear phases of heuristic research. Lastly, I described how credibility is built in heuristic inquiry and the ethical considerations of each step including sample and recruitment, data collection, and data analysis.

Through the use of heuristic inquiry, I aimed to get close to coresearchers' meaning of spirituality to inform counsellors of the common themes in the unique experience of spirituality in addiction recovery. As a result of heuristic inquiry, the researcher is transformed (Shinebourne, 2011). Consequently, I have deepened my own spiritual development throughout this research to better serve my community.

Chapter 4. Results

Introduction

As a result of this heuristic inquiry, six themes emerged and are summarized below. These themes included: identifying with collective knowledge, finding a translator, body talk, let love in, nourishing a healing perspective, and elevated consciousness and manifestation. For continued context, direct quotes will be attributed to participants by pseudonym and date of sobriety. The themes follow a both a sequential process which displayed growth, and cyclical process with allowed participants to return to, but access deeper levels of the themes outlined.

Theme One: Identifying with Collective Knowledge

When an individual in recovery attends AA consistently, they begin to resonate with the feelings and experiences of others and internalize hope.

> Maybe within two months of going to the meetings, I was identifying with a lot of people's stories. I'm surprised that I can identify, because I thought it was just me (Bee, Nov 2019).

Hearing how other people have arrived at and maintained abstinence in addiction recovery acts as a catalyst for motivation to work through the 12 steps of AA.

> I knew what to do because I'd heard it from so many women, their experiences opened me up to a maybe, right? Like, maybe things can be different. Maybe this can be better. Maybe they were all right (Courtney, Aug 2019).

Motivation can be internalized by externalizing addiction from the individual and what is possible for the future.

> I think learning that alcoholism was a disease helped a lot, because it gave me that tiny bit of self-worth, the belief that I was worthy to get sober. I went from somebody who was not capable of managing their own life, to somebody who was suffering from an illness (Sylvia, Jan 2013).

Experiencing an open mind and creating separation from their addiction provides an opportunity to critically reflect on current thought processes and ways of being in the world with an objective lens.

> Things used to be black or white for me, either my way or the highway. If you don't think like me, you're an idiot, was my attitude. I remember thinking, wow, there's a whole new big world of grey, right? It's not black or white people, other people have valid points to make and I'm not always right (Jim, Oct 2004).

As seen, identifying with the messages in AA provides a sense of community and connection that promotes the willingness for self-exploration, vulnerability, and honesty around personal beliefs, values, and fears of living in addiction recovery.

> I've always just had to put on this brave face in front of people, especially in my profession, so it was a gradual process of learning. Learning that I wasn't alone in my feeling, my experiences, my addiction, and just like learning to trust people. I was very closed off at the beginning, listening to other people's stories and realizing that the things I've done and the things I've experienced, I'm not as bad of a person as I thought (Chantal, Jan 2020).

Theme one deeply resonated with my experience of arriving in AA. I gravitated to a different group of women than some of my peers from treatment. I found I connected with professional women who were intimately invested in their recovery with maintaining their careers.

Theme Two: Finding a Translator

When an individual becomes motivated for personal change/growth, they are attracted to a likeminded sponsor and negotiate a working relationship based on honesty, vulnerability, and principles of the AA program. These initial steps build a foundation for the ability to listen, understanding, and communicate difficult messages/experiences in a way that is meaningful. Essentially, the member seeking a sponsor is looking for a translator to help them understand the language and processes of AA.

> I must have phoned 25 different people. And finally, this one woman said she'd come and have coffee with me, and we ended up laughing. And I hadn't laughed for years. We were meant to be, and it was meant to be, I love her. She's great and she's she scares me, which is great, too. I have to be truthful (Bee, Nov 2019).

Establishing a working relationship requires a conversation around expectations and commitments based on 12 step process, principles, and what has kept an individual engaged in addiction recovery.

> She said to me, if you want me to sponsor you, you have to go to three meetings a week, one of them has to be a women's meeting, when you're ready, you have to start taking other women through the steps. You and I are going to start a set of steps now. And you're going to commit to coming to my house once a week and doing the work and I just said okay, I can do all this stuff (Sylvia, Jan 2013).

The level of intimacy in these relationships transcends those of human power as members who have been engaged in the program of AA actively support those who are new on their journey.

> She had a wisdom and a serenity that I wanted in my life. I used the word God, as a reason that it wouldn't work for me. And my sponsor, was not like a Christian, she was a feminist (Courtney, Aug 2019).

Through an intimate relationship with a sponsor, emotional sobriety is nurtured through being seen by others, including the importance of rigorous honesty and vulnerability.

> I really appreciate people's honesty, I used to see it as something like, so uncomfortable, being emotionally vulnerable around people and it's just something that I now see as so beautiful (Chantal, Jan 2020).

Individuals in addiction recovery benefit from a sponsor they trust, who can translate the messages from the program in a way that the individual can create their own meaning from.

> I could go to her with problems with wording, I'd be like, I know that there's a good message in this section of the book, but I can't get to it, because my brain won't get past the language. She helped me rephrase it and pull the message out. She kind of helped me come to a place where I could ignore the source. With patience and compassion, and the way she explained and spoke to me, was just a way that my brain really responded to (Courtney, Aug 2019).

This connection provides purpose and opportunities for deepening consciousness as members continue their growth in addiction recovery.

> I started sponsoring women, I think around year two. And that just made me want to do more. Taking women through the steps, helping them to get a relationship with a higher power of their own, all of that stuff's meaningful and time not wasted. I think when I'm helping other people, that's how I show gratitude to my own higher power (Sylvia, Jan 2013).

As I listened to my coresearchers discuss such an instrumental, and sacred relationship, I was touched by the emotional expressions that came over their face. I remembered speaking honestly to my sponsor for the first time about the severity of my addiction and the intimacy and willingness it required to turn to them during times I would have turned to substance. The reason I put forth this effort was the hope and belief of creating a better life. Of note, there can be negative experiences with a sponsor, however, this study focused on successful connections. A future exploration might examine failures in the sponsor-sponsee relationship.

Theme Three: Body Talk

The communication between the mind and body is essential in promoting personal healing from addiction and developing self-worth. In order to re-establish connection with their body an individual identifies patterns of disconnection in response to internalized stigma and trauma, including intergenerational trauma.

> I'll have a trigger and I'll go right back to that little girl, into that self-pity and self-doubt. My mom and dad called me stupid, said I was not good enough, that I was unlovable. So, when I catch myself saying "you're not good enough", I have to repeat "I am good enough". Words that don't serve me anymore, I don't use them. And when I do use them, I call myself on it. I guess if I keep calling myself on it, I can retrain my brain, that's why I'm hoping for anyways, and there is hope (Bee, Nov 2019).

The disconnection individuals in addiction recovery experience are self-protection patterns that begins to come into awareness and provide direction for healing. This construct was confirmed by coresearcher, Bee.

> My parents lied to me, they died of addiction. They died not knowing or in denial. So that's sad. I have to break that chain. I can't have that happen to my daughter.

> Connection, realizing there is trust, and believing in and following my higher power is really tough for me because of being hurt at a young age. I didn't have trust and couldn't trust in our family. I couldn't be vulnerable. So, for me a lot of it is learning to be vulnerable, willing to be open, and put my foot out there and have faith (Bee, Nov 2019).

However, confirmed by Courtney, when an individual in addiction recovery works through the 12-steps with a sponsor they become attuned to the core beliefs and fears being communicated to them through their body as healing takes place.

> She [sponsor] said, it's okay to have body reactions to men, like you're allowed to do that. But like, it's up to you to work on opening your mind and heart to the messages that they have (Courtney, Aug 2019).

The ability to identify the multifaceted nature of addiction through the 12 steps provides individuals with the necessary framework to change core values and beliefs systems that are helpful/conducive to their addiction recovery.

> For me, my big thing is, is rejection, something happened, and I felt rejected. And as soon as I have that feeling of rejection, I go right into the self-hate. It was a really valuable lesson because now when I start to feel like that, I can start saying, Okay, what happened in the last couple of days and which one of my defects [protective mechanisms] have been triggered off (Sylvia, Jan 2013).

The triggers that arise in addiction recovery are viewed as mirrors into healing referred to as enacting "spiritual surgery" (Sylvia, Jan 2013).

> I just knew that I could not move forward in my recovery until I could be rid of this resentment. So, I wrote about my mom, read it out loud to the group that night. I prayed, I had maybe a year of sobriety at this point. And I threw that thing into the fire. And then I

> thought about my mom, like, immediately afterwards, and there was nothing. It was gone and had lifted immediately. To me, this was astounding, how can something that I've had for 45 years, at least, just be gone. And I remember, for the rest of the weekend, and periodically, it was like probing a toothache with your tongue is it still there? No, it's gone. (Sylvia, Jan 2013).

In order to create connection with the body, the individual in recovery must create space to listen.

> I think what happened was life just got too busy. There was just too many to do's, you know. Living in the Western culture, and the big buildings, and the drive, it just kind of stripped me away from that quietness. It's really important for me to shut it all out. As much as connection and people and all of that is important. So, is quietness and solitude (Emily, Dec 2019).

Self-worth is increased by accurately identifying emotion in the body as meaningfully contributing to their process of addiction recovery.

> I feel like faith is an emotion in a way too. I you know, I feel a certain way in my body when I'm feeling connected (Sylvia, Jan 2013).

This theme was a turning point in my research. I was struck by the courage it took my coresearchers to speak to unlocking their physiology to heal emotional wounds. I observed how each coresearcher had a different baseline and path. My experience has been that each year of sobriety brings different challenges and opportunities to go within. This was echoed in the work that arrived seven years into recovery for Sylvia.

Theme Four: Let Love In

The awareness of and ability to accept the feelings/energy that was always available to an individual in addiction recovery though was not accessible at the time of active addiction due to disconnection from mind, body, and spirit.

> I've just always had this pull, or this calling, or this connection to something. It was a gift, you know, a blessing. I always had it as a child. I remember having these quiet moments sitting on top of a hill and just watching the leaves drift down and always being in amazement and wonder of nature (Emily, Dec 2019).

This opening is described as a shift in perception that demonstrates an increased self-worth and further motivates their self-discovery.

> The real key thing is that I always had spirituality and I always had the addiction. I would be connected, and then I would be disconnected. God's always been there, but I wasn't prepared to receive because of the disconnect. But I'm prepared to receive that now. Because you can only connect to it when you're ready for it, connection is always there. So as simple as a smile and thank you. I had so much hate and anger in me. So, its love and compassion and gratitude that it's transcending all that (Bee, Nov 2019).

The ability to self-define the loving presence builds confidence and the ability to be honest in addiction recovery, which maintains connection between the mind and body in decision making.

> I feel that my higher power is, the loving parent that I always wanted, that I did not have. [cut] I passed this on to my sponsees, if they have a pet, I say, take that mushy, gushy kind of love you feel for that animal and then apply that to yourself. Because that's how higher power feels about you (Sylvia, Jan 2013).

Once this connection is established, there is a new barometer to self-love and self-care which is intrinsically motivated and self-sustained.

> The only thing that can fill up my I love me meter in a reliable way is that unconditional love from higher power. In the past, if somebody said I was pretty, I was pretty, if somebody said, I was smart, I was smart, but I didn't know how to feel those things for myself (Sylvia, Jan 2013).

In order to let love in, an individual in addiction recovery explores what tools/rituals create grounding, opening, and alignment, which create a filter to view their private experiences and the world through.

> I tried going to church, and a bunch of different stuff, and I just sort of picked up on what made me feel more open. It was the first time I felt my higher power as like a solid, being instead of just like a vague, conceptual traits. That's when I realized my higher power is definitely feminine female energy, like a woman for sure. I do a lot of meditation, a lot of prayer. I've recently gotten into very easy restorative yoga, I do like tarot card reading, and I light candles and stuff like that. I'm into energy and sort of the healing powers of vibration (Courtney, Aug 2019).

For some, these rituals are eclectic and involve an intimate relationship with nature.

> It's people, it's nature, it's all around us, you know. It's more just allowing that glow in my heart. Within easy reach we can connect with the trees and the birds and the rivers in the oceans and the mountains. I'm so fueled by the energy of all of that (Emily, Dec 2019).

For others, especially those earlier on in their recovery journey, taking pause to evaluate which filter is in change provides a reminder they are not alone.

> I don't know that I've necessarily reached the point of being like super comfortable with regularly praying to whatever that is every day. But I think it's helped me to regularly pause throughout the day to remind myself that I'm not in charge that there's something else out there that's that can make better decisions than me. I'm not a sole sufferer of alcoholism and if I am ever struggling or feel stuck in my head, like there's so many people that I could reach out to for help (Chantal, Jan 2020).

Furthermore, an individual in addiction recovery uses self-reflection on the past from a loving place to inform future decisions.

> I realized that I actually had a higher power and, and spirituality the whole time, like it was alcohol, right? It was where I went with all of my problems, it was the answer to all of my questions. Once I realized that I had just been choosing, like, a higher power that was going to lead me towards death and misery, I realized that I could choose a higher power that would lead me more towards life (Courtney, Aug 2019).

As demonstrated below, one of the pillars of serenity and acceptance is the ability to live in the present moment.

> There is no feeling in the world like serenity and acceptance. And when I think of the very little that is required of me to maintain that, why wouldn't I want to do that? I think God is unconditional love. Always there. I never have to go through anything on my own. God allows me to be present in my own life. (Sylvia, Jan 2013).

Letting love in includes energy connection that provides guidance, grounding, and gratitude (mindset) that allows an individual to be true to themselves.

> I say all the time you go to a job you get paid every two weeks. You do the job here in AA and get paid every day (Jim, Aug 2004).

Being true to oneself (i.e., letting love in) involves differentiating old beliefs/programming to honouring personal values.

> The cool thing is that when I had my awakening, I'm becoming my own person. I have a new perspective, it's not my parents anymore (Bee, Nov 2019).

Through becoming their own person, those in addiction recovery learn how to observe their experience instead of attach to it.

> My ability to step back from my feelings is something that I've learned how to do through meditation and prayer, not over identify with my feelings, but like, hold them away for myself to look at them, and be like, do I have to act on this feeling? Do I just let it come and go like a visitor? (Courtney, Aug 2019).

I was amazed by how frequently coresearchers used the word "love" to describe this united channel of the mind and body. As each coresearcher described their ways of connecting, opening, and describing feeling worthiness, I could feel the genuineness in their statements. I reflected on the routines and rituals I use to feel connected and how this has evolved the more I was willing to be myself.

Theme Five: Nourishing a Healing Perspective

The individual is undergoing emotional, physical, mental, relational, and spiritual transformation in addiction recovery.

> You know, it's easy to go to God when things are great. It's learning to go to God, when times are tough, and the chips are down and, you're really in a lot of pain (Sylvia, Jan 2013).

This action is reinforced by the belief that on the other side of fear is personal growth and ongoing self-discovery.

> Every time I face a fear, I grow, and I get stronger (Jim, Aug 2004).

Establishing a daily routine that is intentional deepens connection with self, others, and provides the opportunity to walk through discomfort to increase emotional capacity/self-awareness.

> Step six and seven (see Appendix E) were profoundly changing for me. I felt like my higher power was not this like, sort of distant thing, of like, principles of the program but that, I was a part of my higher power and my higher power was a part of me and specifically the opposite of all of my defects of character (Courtney, Aug 2019).

There is an increase in conscious engagement with the present moment that supports value-based behaviour.

> It shows how the awareness becomes more and more a part of my life. I've said something to my wife, and I get the tap from God on the shoulder. [cut] So, I walked back down to this end of the house, Honey, I'm sorry, when I said that. Did that not sound very good to you? I'm talking to God and it's like, you've shown me that when I do good, I get to feel good (Jim, Oct 2004).

Structure and routine support an individual in addiction recovery in practicing acceptance and differentiating between being human and being their addiction. Structure nurtures consistency in establishing new pathways/healing.

> I never doubt my higher powers love, or like, plan for me. But sometimes I am more closed off than other times and I'm, I can't see messages until I am in reflection, and feeling more open. My willingness comes and goes, my receptiveness comes and goes, like the amount of energy I put into actively looking for signs for my higher power comes and goes (Courtney, Aug 2019).

An example of this routine is demonstrated in Sylvia's faith building journal.

> I keep a notebook and each time I have one of these spiritual experiences, I write about it. And so, you know, in times when faith gets low, I always can go back to this book and start read, just flip it open somewhere and go, Oh, I remember that. I would say that I was helped in my journey by being curious (Sylvia, Jan 2013).

These steps are guided by intention and motives to avoid complacency and encourage full embodiment of the AA program.

> I think sometimes we come into recovery and think it's really cookie cutter. Get a sponsor. Oh, yeah, I got a sponsor. I don't call her, but I have one. Get a home group. Okay. Yep, check got a home group. But I don't go there every week. Get a service position. Oh, yeah, check, I got a service position. I don't show up for that all the time. But I get all those things and then I think I'm all done. But I have to live the steps. They're not something that I just write about one time, I have to live recovery (Sylvia, Jan 2013).

The intention behind having a daily practice is to make helpful decisions in recovery.

> Unless I actually stop at least a couple times a day to say like, what are my intentions? Why am I making these decisions? What are my priorities? What path am I trying to set forth on in life? And who is this going to benefit and get hurt? And pray for some guidance (Chantal, Jan 2020).

Emily provides an example of the tangible ways structure is built into her day in order to stay grounded.

> My alarm rings at 6am every morning. I actually schedule my prayer time, my meditation time, and my yoga practice time. Those are all in my calendar on a daily basis. They take

> priority, they're non-negotiables. I have a home group; I hardly ever miss those Wednesday meetings (Emily, Dec 2019).

Grounding practices can support a mindset shift to actively acknowledging gratitude and helpful aspects of their day over the tendency to focus on unhelpful aspects.

> I follow my aftercare program and list two assets and one liability that I've done throughout the day. I do that after 5pm when I thank God thanks for another day sober. Typically, I'm at two zoom meetings a day and I have a sponsee that sends me two readings out of a Melody Beattie book (Jim, Oct 2004).

Reflecting on this theme, I am reminded of the power of choice in every micro decision of the day. The foundation I built in my first two years of recovery became instrumental when I encountered a significant amount of "growing" pains in my sixth year of recovery. I recall making the decision to move towards what was on the other side of the immediate pain and can honestly say the outcome was better than I could have imaged.

Theme Six: Elevated Consciousness and Manifestation

Individuals in addiction recovery experience a synergy with a greater collective and unity with their internal and external environment.

> I began working on building and maintaining conscious contact. For me, it's looking at my life and for the fingerprints of something greater than me. I really have to align my will with God's will. I have to go with the flow. I've fought all my life; I don't have to do that anymore. Those steps are towards a better life of serenity and peace (Emily, Dec 2019).

An individual comes to understand the power of shifting attention instead of quieting the mind. Below, Courtney demonstrates how to choose her perception and how external engagement can mirror inner processes.

> I actively choose to look for messages from my higher power in the world, in other people, and in shares at meetings. It makes me feel a level of connectedness that I never ever felt before in my entire life. I've always felt outside and other and isolated and different. And like wired wrong. Finding the spirituality piece and having it click for me made me feel a part of the world and a part of my life (Courtney, Aug 2019).

Individuals in addiction recovery could identify a moment of clarity around the union of their external and internal worlds. They come to understand that they have the resources they need and can stop living in fear of tomorrow.

> I don't ever remember noticing that the sky was a particularly wonderful shade of blue or that flower smelled pretty. That grass is soft under your feet. I just had this like blinders on. All I did was get up, go to work, come home, and get loaded. I think maybe that's why this sunrise was such a powerful moment for me. [cut] I don't have to solve my problems and worry about what's going to happen tomorrow because God's going to look after that tomorrow when tomorrow gets here (Sylvia, Jan 2013).

An individual in recovery intuitively identifies the power in manifesting/creating their future.

> As soon as I decided that I wanted to get another job, every time I thought about it, I said, thank you God for the great new job I know is coming and I felt grateful. And then I think it was within like a week. It just all happened so fast (Sylvia, Jan 2013).

The ability to live in the present and trust that life is working for the individual in addiction recovery and not against them.

> I don't know if I've helped that kid. But God doesn't care about my ability, he cares about my availability. And I showed up. I did what he asked me to do. And man did it feel good (Jim, Oct 2004).

Courtney described this change as an opportunity for critical reflection that honours the fluidity over permanence in experience.

> I had never before experienced the sort of sort of constant belief that things will work out. In fact, I believed that things would never ever work out. And now, even when something awful happens, or I'm hurt, it's just like, where are the messages? Where are the lessons? What am I taking from this? How is this a gift to me in my recovery? Where can I grow from here? And never in my life have I believed anything would work out. And now it's like this is temporary. Just because something's true right now, doesn't mean it's permanent (Courtney, Aug 2019).

Individuals in addiction recovery come to learn that the only limitations to their consciousness are the limitations they place on themselves.

> I've said, okay, God, I want this, this, this and this. And God always says, Ah, you dream too small girl, like you want that? How about this? And let's have six cherries on top of that, Boom. I'm so happy that I didn't get my expectations of what I deserve were (Sylvia, Jan 2013).

The process of maintaining this level of interconnectivity is being of service or passing along their experience/hope to others and living by example. Actively giving back promotes a cycle of self-awareness, moving to 'other' awareness, and this back-and-forth can serve to 'elevate' one's consciousness through incorporating the other as someone/thing that pulls the person in recovery beyond their own horizon.

> Spirituality is something that we all have to come at in our own way. I think knowing that I didn't have to have a sudden, amazing spiritual experience that helped. I learned more about it as I went along. There will always be more to be revealed. What's God going to show me today? Even the really painful things in our journey all come with some kind of a silver lining. Somebody described it as the great present in the crappy wrapping paper. It doesn't look like a great gift right in the moment but it's going to be something really spectacular. Just wait and see (Sylvia, Jan 2013)

Emily highlights how one might move from shame to purposeful engagement in her ability and capacity to show up for other people in their life.

> To be present for others, in my full capacity to provide the love and the support that shines through me that I'm guided to offer, that I've been blessed and gifted to be present for that to others (Emily, Dev 2019).

The ability to revisit challenging relationships from a new viewpoint is a testimony to healing and elevated consciousness.

> My sponsor suggested after I did my step four, that I started praying for my sister, and I was like, pray she's less of a hag. But today, I have an incredible relationship with my sister. We get together and do meditations and tarot cards. She's letting me in in degree where I have access to her emotions and what she's going through in her life. I can see her growth and stuff, and it's incredible. We wouldn't have that without the program (Courtney, Aug 2019).

Finding purpose, fully showing up, and living in the present moment, further connects an individual's experience with a greater collective and provides opportunities.

> I am a sponsor. I do a lot of service work. I answer my phone all the time. I talk to newcomers. I just recently talked to a couple of high school classes about Alcoholics Anonymous, participated in [a] national conference as a panelist. I'm just going to do my best to be of service to my higher power, my community, and to my friends and family (Courtney, Aug 2019).

My last theme honoured the integrated and ongoing work of living in recovery and connecting to the greater collective. When I changed inside, things looked differently. I become aware of what was around me and opportunities available from the level of consciousness my sobriety provides. I strongly believe in staying engaged in and open to service work. This began when I volunteered in the cancer unit of a hospital. It is invaluable what I gained from my conversations with people during their treatment. Working with others is a way for me to stay engaged in the process and rooted in my humble beginnings. And it serves to pull me out of myself and consider the greater good.

Summary

The integrity and depth of the AA program and its framework in supporting people to create meaning around spirituality in addiction recovery is evident in my research. Spirituality was highlighted as a means to make decisions in support of coresearchers' values and identity development as a person in recovery. My coresearchers stories resonated with my own experience of transformation through the 12 step program of AA. Personally, I did not have to renegotiate experiences around language. Rather, I practiced honesty around where I was at in regard to the framework outlined in the 12 steps. As I read through chapter four, I am moved to tears as it speaks to my heart. I am struck by the vulnerability of the coresearchers. I found it

interesting that religion and secular approaches to recovery were discussed and explored, however all coresearchers were deeply involved in 12 step programs.

Chapter 5. Discussion

My Experience

My research explored the role of spirituality in addiction recovery. I interviewed six participants utilizing a semi-structured interview format. The transcripts were analyzed using the methodology of heuristic inquiry with thematic analysis. My personal relationship with the phenomenon, being a woman in addiction recovery, informed the analysis. I was surprised that undertaking this research project did not feel like "work". I thoroughly enjoyed hearing the stories of my coresearchers and felt I was emotionally open to and passionate about the process. However, I was worried that AA would come across as a rigid process, promoted as means of not going back to active addiction and that maybe people don't divulge or diverge because it goes against what AA suggests doing. Therefore, I was hoping people would say they moved away from the program of AA as they connected with their spirituality. There must be an evolved spirituality, I thought!

Research Question

The research question was: What meaning do people attribute to spirituality in addiction recovery? My sample population was unanimous in their engagement in 12 step programming. Coresearchers' stories encompassed six themes: identifying with collective knowledge, finding a translator, body talk, let love in, nourishing a healing perspective, and elevated consciousness and manifestation. My results revealed a sequential and cyclical step to the development of spirituality amongst the participants. It is sequential in the sense that individuals move through these themes one after another. At the same time, they also return to these themes in a cyclical manner, but their revisiting adds a layer of depth to their understanding. Theme three, *body talk*, was my most significant insight as it connected the experience of spirituality to physiology. It

was fascinating to find that the data brought me into the psychological experience of healing the nervous system in finding a spiritual connection. Therefore, my findings determined the role of spirituality in addiction recovery lead back to the body and a synergy between the internal and external environment.

Sub Questions

- What are the common themes of spiritual development in addiction recovery that lead to the motivation and maintenance of personal development? Six common themes were identified that increased personal motivation to increase connection with mind, body, and spirit. The personal meaning ascribed to spirituality, values, and development provided freedom, daily engagement towards addiction recovery and creating of a life they desired.
- What is the underlying structure (model) of spirituality in addiction recovery? My research illuminated an underlying structure which is comprised of mind, body, spirit connection and self-awareness, locus of control, and attachment theory in forming helpful relationships with self, others, and the universe.
- What is the phenomenon of spirituality in addiction recovery? Creating an observing self, increasing the capacity to feel/identify emotions and patterns of disconnection with the aim of changing behaviour to facilitate connection with self, others, and the greater collective. Spirituality was identified as an act of becoming/able to receive the abundance of love around an individual in addiction recovery and make decisions in the present moment that serve a recovery identity.

Recommendations for Future Research

My research provided support for holistic treatment of addiction. The underlying structure of spirituality in addiction recovery revealed a personal process of establishing and maintaining alignment between mind, body, and spirit. The themes outlined described a sequential and cyclical process of creating, maintaining, and utilizing this alignment to establish an elevated consciousness to manifest a life in addiction recovery.

My study is complimentary to literature that reinforces the importance of body-based therapies that explore the physiological response to mental and emotional processes. Body based therapy includes recognizing physiological symptoms as connected to a greater psychological indicator of mental health and integrate the body and emotion in treatment. For example, Hakomi therapy, developed by Ron Kurtz in the 1970s, includes identifying where tension resides in the body insinuating the shape of your physiology is deeply connected with the shape of your mind. Similarly, Rossi (2002) created an entire methodology around working with clients on a physical level with content free sessions. Rossi (2002) demonstrated the connection between psychobiology of gene expression incorporating behavioral indicators of internal states in psychotherapy. In the context of addiction treatment, Powers (2017) determined in their qualitative study that mind-body connection was their most significant finding on relapse prevention. Considering this literature, my results continue the conversation about mind body connection and the link between physiology and emotions.

My results provide support for people in addiction recovery to self-create a value-based recovery that could be contextualized within the synthesis of eastern and western psychotherapy systems. My personal connection to this experience is my knowledge as a registered 200- hour yoga teacher who has continued education in restorative yoga and pranayama and yoga nidra

training. My experience as a yoga teacher transformed my research as I was attuned to the mention of physiology and could intimately connect the physical pose to emotional expression and therapeutic benefits. For example, the chakra system identifies different blocks in your body, the throat potentially linking to difficulty communicating and the hips releasing energy (Radha, 1991). These speculations from my research suggest that addressing neurobiological systems is a central component of addiction treatment.

Future research could explore incorporating heart rate variability measures into addiction treatment (Elbers & McCraty, 2020). Doc Childre founded Heart Math in the 1980s as an approach to reduce stress, build resilience, and optimize personal coherence and effectiveness. Heart rate variability measures gaps and variability between beats and trains the heartbeat to be consistent over time. Identifying heart rate variability teaches an individual to breathe and be heart centered, supporting the notion that incorporating measurable components of physiology in addiction treatment has the ability to readjust, restore, and reset the nervous system. This component of treatment would be body based and linked to the science of cognitive, emotional, and psychological systems. Polyvagal theory is of particular interest as it highlights the importance of building a window of tolerance and emotional regulation. The link between polyvagal theory and my research was most evident in theme three, body talk. Therefore, effectively identifying physiological arousal levels would support decision making abilities from a spiritually coherent place. For example, my research indicated developing a spiritual structure was linked to choices in managing previously triggering (activating) experiences in a different way demonstrating emotional flexibility. Conversely, when the nervous system is flooded and overwhelmed (cascading within the nervous system) people experience impaired executive functioning through the inability to access their prefrontal cortex. Therefore, AA is connected to

neurological theory for behaviour. This messaging is suggested in the *Big Book of Alcoholics Anonymous*. For example, chapter four, "We Agnostics" of the fourth edition stated, "we found the reality deep down within us" (Alcoholics Anonymous, 2001, p. 55). The secular statement "god is within" could be mirroring this internal process of reconnecting and regulation our oldest systems with our newest.

In theory, very rigid prefrontal cortex patterns may provide protective factors from drinking (structure/routine). However, I argue to achieve emotional sobriety and a state of consciousness where spiritual connection is operating as a functional system, an individual experiences tremendous freedom by unlocking physiological/psychological patterns of disconnection. Thus, future research could demonstrate the interconnection between the body, mind and spirit is a conscious effort to regulate, expand, and involve this system.

Implications for Counselling

Addiction treatment is multifaceted. My research highlighted the integration of the mind body connection in spiritual development. I personally endorse 12 step programing in my own recovery, and this engagement was mirrored in the experiences of my participants. Though the *Big Book of Alcoholics Anonymous* was written in the late 1930s, with outdated language reflective of the times, its thoughtful framework intimately outlined the themes revealed in my data analysis process connecting the body to psychological experience. For example, the *Big Book of Alcoholics Anonymous* mentioned "when the spiritual malady is overcome, we straighten out mentally and physically" (Alcoholics Anonymous, 2001, p. 64). I postulate this statement refers to the holistic healing process in addiction recovery. A single, rigid approach does not fit all in addiction recovery. However, considering the themes of body talk and self-protection, it makes sense that by integrating polyvagal theory, and heart rate variability to nervous system

regulation, counsellors can support clients in building a connection between their mind and body in a way the evokes self-empowerment and an internal locus of control.

Supporting clients in building a routine that is congruent to their values and identity as a person in addiction recovery could further deepen their innate connection. My research themes could inform counsellors of where clients may be in regard to spiritual development by the sequential stages: identifying with collective knowledge, finding a translator, body talk, let love in, nourishing a healing perspective, and elevated consciousness and manifestation. For example, if a client does not hear their story, or feel connected to messages in AA, there could be underlying trauma/experiences preventing this connection at theme three (body talk). In this case, if they are honest, open, and willing to show up for themselves, I would suggest this client obtain support on finding collective knowledge that does resonate. Alternatively, they could commit to attending AA consistently, with the support of a translator (sponsor) in the program. Additionally, a translator may ensure moving forward is possible with a trusting relationship based on honesty and acceptance.

My research uncovered the process of utilizing structure and behavioural intervention for physiological and psychological benefit, which mirrors the progress of neurogenesis/nervous system regulation that takes place within the first 18 months to two years of sobriety. For example, REM sleep and consolidating experience each day might be one of the most important first steps to support living life without substances. I argue that substance use was a means of self-regulation which can be replaced by tools from a neurobiological perspective. My results support a potential connection between neurobiology and brain stimulation from substances. Consequently, I speculate there must be a part of the brain stimulated by spiritual activity.

A therapeutic method and framework would begin with a diagnostic process that included an examination of physiology and tension. In this sense, we aren't duplicating the work of other professions, but use the physical level of experience as a map to move towards the emotional experience. A model of counselling that includes these six themes I discovered could work in a both a linear and circular fashion, which when repeated, an individual in addiction recovery can access deeper layers of self-discovery. For example, counselling could be informed by these themes as markers of healing along the path of recovery. The counsellor could observe how these themes emerge for an individual and use them as treatment milestones. Lastly, these themes could be used within a counsellor's preferred theoretical orientation, providing flexibility based on resonance between client and counsellor.

Limitations

Limitations of Heuristic Inquiry

There are limitations to be mindful of in qualitative research. As heuristic research aims to explore the meaning of phenomenon, it could potentially be triggering for coresearchers to recall personal experiences of addiction and addiction recovery (Nicholl et al., 2020). Heuristic inquiry provides tremendous flexibility for the researcher that could lead to irresponsible conduct if the rigorous guidelines are not followed (Djuraskovic & Arthur, 2010; Mihalache, 2019). One option at this stage is conducting a peer review (Peat et al., 2019). Trustworthiness of the study is increased by involving a peer to provide feedback on each stage of the research process (i.e., transparency and interpretation). During this process I consulted with my supervisor. Additionally, conducting a member check in the data analysis phase can improve creditability of the study by allowing participants to comment on the researcher's interpretation of the data (Shinebourne, 2011). As the primary researcher, I made judgements on the trustworthiness of the

study and adherence to heuristic guidelines (Djuraskovic & Arthur, 2010; Etherington, 2004). For example, the synthesis of the meaning and the essence of the phenomenon in heuristic methodology are solely based on the primary researchers' interpretation and highlights the importance of a reflexive practice (Djuraskovic & Arthur, 2010; Mihalache, 2019; Moustakas, 1990). A reflexive practice also prevents recall bias (Clark & Vealé, 2018). The researcher is a participant of the study therefore balancing what is shared and omitted from the final report will be an issue of confidentiality. Furthermore, Etherington (2004) reported that heuristic research can appear to lack a heightened awareness of culture, gender, and history (Etherington, 2004). However, situating heuristic inquiry within the transformative framework could bridge internal and external worlds including sociocultural contexts and provide direction for a beginner researcher. I found this synthesis to be true for my work. Lastly, as this is a qualitative study, the issue of generalizability is of less concern than that of resonance. In this case, the transcript approval of participants acts as a point of resonance. Further, my own connection to the themes that emerged serves as a second point of resonance. Throughout this process I note that I moved from viewing coresearchers as separate from me and my experience and as the interviews developed, I found myself/ my story reflected in their words. For example, when Bee affirmed her spiritual journey has led to "becoming [her] own person" (Bee, Nov 2019), I felt a significant resonance with her. While it may not be possible to generalize these results to the population at large (Djuraskovic & Arthur, 2010), it is possible to note that resonance, in the form of "this rings true" serves to confirm the trustworthiness of the results for those in addiction recovery.

Limitations of this Research

This study focused on spirituality in addiction and followed one of several major treatment modality results may have been different for harm reduction approach versus abstinence based. Limitations to my study include a small sample size comprised of individuals who primary engage in 12 step programming. Though a small sample size, the trustworthiness of my data resides in the resonance of people's experience and was confirmed during the approval of the raw data transcripts. However, I would have been curious to hear the story of a participant who found their spiritual connection through a secular program.

Qualitative research with vulnerable populations requires an extensive inclusion/exclusion criterion. My inclusion criteria required participants to have at least one year of sobriety and have explicitly identified spirituality as being an important component of their recovery. The nature of this criteria could have attracted participants who were more comfortable with the language of AA. Notably, one participant identified as grappling with aspects of spiritual development. During the interview process this participant disclosed their indecisiveness was due to concurrent issues arising related to addiction but not alcohol specifically. My research did not focus on concurrent mental health or addictions outside of alcohol.

My focus resided on a population that experienced addiction treatment in a private residential treatment center. Therefore, this demographic may not reflect means and support available to those experiencing treatment through publicity funded programs including those which endorse a harm reduction model. People who attended the program in my study either paid out of pocket for treatment or were employed and had third party support. As a result, my study did not include the voice of those why may be limited in their ability to access treatment.

Furthermore, my methodology of heuristic inquiry is strongly centered around the researcher's internal frame of reference of spirituality, addiction recovery, and process of self-discovery. Therefore, my lens and perspective shaped theme development. I observed my tendency to gravitate towards two participants experiences during my data analysis process (Courtney and Sylvia). This observation required me to go back and re-read exerts to ensure the themes and examples accurately reflected the bigger picture of the data.

Conclusion

Addictions cause severe disconnection between the mind, body, and spirit, impairing an individual's ability to process emotion and function. Addiction recovery has a spiritual component. The treatment of addiction is best served as a holistic process and effects all areas of the Biopsychosocial Spiritual Model (Saad et al., 2017). Addiction recovery and spirituality are subjective in nature and embedded in the greater sociopolitical and cultural context (Matthews et al., 2017). Treatment provides the opportunity to safely restore and re-program some of the oldest processes of functioning in the human system. My study explored the role of spirituality in addiction recovery. I interviewed six people who identified spirituality as a necessary component to their recovery and self-development. The results demonstrated six themes that encompassed their experience of spirituality: identifying with collective knowledge, finding a translator, body talk, let love in, nourishing a healing perspective, and elevated consciousness and manifestation. The results indicated that emotional sobriety and consciousness were linked to physiological and psychological connection. Counsellors could utilize these results as inclusive markers of successful recovery.

References

Alcoholics Anonymous. (2001). *Alcoholics anonymous* (4th ed.). New York. Alcoholics Anonymous world services.

Amram, Y., & Benbenishty, R. (2014). The impact of therapeutic factors on focus of control of addicts in therapeutic communities. *Journal of Groups in Addiction and Recovery*. *9*(4), 313-325. https://doi.org/10.1080/1556035X.2014.967576

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

American Society of Addiction Medicine (2019). Definition of addiction. https://www.asam.org/quality-practice/definition-of-addiction

Baldwin, N., Gray, R., Goel, A., Wood, E., Buxton, J. A., & Rieb, L. M. (2018). Fentanyl and heroin contained in seized illicit drugs and overdose-related deaths in British Columbia, Canada: An observational analysis. *Drug & Alcohol Dependence*, *185*, 322-327. https://.doi.org/10.1016/j.drugalcdep.2017.12.032

Barry, C. L., McGinty, E. E., Pescosolido, B. A., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness, and policy: Public views about drug addiction and mental illness. *Psychiatric Services*, *65*(10), 1269-1272. https://doi.org/10.1176/appi.ps.201400140

Bartram, M. (2020). 'It's really about wellbeing': a Canadian investigation of harm reduction as a bridge between mental health and addiction recovery. *International Journal of Mental Health and Addiction*, 1-14. https://doi.org/10.1007/s11469-020-00239-7

Bateson, G. (1971). The cybernetics of "self": A theory of alcoholism. *Psychiatry*, *34*(1), 1-18. https://doi.org/10.1080/00332747.1971.11023653

Best, D., Beckwith, M., Haslam, C., Alexander Haslam, S., Jetten, J., Mawson, E., & Lubman, D. I. (2016). Overcoming alcohol and other drug addiction as a process of social identity transition: The social identity model of recovery (SIMOR). *Addiction Research & Theory*, *24*(2), 111-123. https://doi.org/10.3109/16066359.2015.1075980

Blagojevic-Damasek, N., Frencl, M., Perekovic, V., Cavajda, Z., & Kovacek, M. (2012). Locus of control, social support and alcoholism. *Alcoholism & Psychiatry Research*, *48*(1), 5-12. https://search.proquest.com/docview/1438189865?pq-origsite=gscholar&fromopenview=true

Blair, L. J. (2015). The influence of therapists' spirituality on their practice: A grounded theory exploration. *Counselling & Psychotherapy Research*, *15*(3), 161–170. https://onlinelibrary.wiley.com/journal/17461405

Bliss, D. L. (2015). Spirituality-enhanced addiction treatment protocol: Conceptual and operational development. *Alcoholism Treatment Quarterly*, *33*(4), 385-394. https://doi.org/10.1080/07347324.2015.1077640

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://www.tandfonline.com/doi/ref/10.1191/1478088706qp063oa?scroll=top

Bray, P. (2016). Mental health therapists consider the relevance of spirituality in their work with addiction and trauma. *New Zealand Journal of Counselling*, *36*(1), 21-46. https://www.nzac.org.nz/assets/Uploads/Journals/Vol36_-Bray.pdf

Brown, R. A., Abrantes, A. M., Minami, H., Read, J. P., Marcus, B. H., Jakicic, J. M., . . . Stuart, G. L. (2014). A preliminary, randomized trial of aerobic exercise for alcohol dependence. *Journal of Substance Abuse Treatment, 47*(1), 1-9. https://doi.org/10.1016/j.jsat.2014.02.004

Callary & Young (2015). Insights on the process of using interpretive phenomenological analysis in a sport coaching research project. *Qualitative Report*, *20*(2), 63-75. http://www.nova.edu/ssss/QR/QR20/2/callary1.pdf

Canadian Mental Health Association. (2020). *Life in recovery from addiction in Canada*. https://ontario.cmha.ca/harm-reduction/

Canadian Centre on Substance Use and Addiction. (2017). *Life in recovery from addiction in Canada*. https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Life-in-Recovery-from-Addiction-Report-at-a-Glance-2017-en.pdf

Canadian Centre on Substance Use and Addiction (2019). *Alcohol*. https://www.ccsa.ca/sites/default/files/2020-10/CCSA-Canadian-Drug-Summary-Alcohol-2019-en.pdf

Canadian Centre on Substance Use and Addiction (2020). 25% of Canadians (aged 35-54) are drinking more while at home due to COVID-19 pandemic; cite lack of regular schedule, stress and boredom as main factors. https://www.ccsa.ca/sites/default/files/2020-04/CCSA-NANOS-Alcohol-Consumption-During-COVID-19-Report-2020-en.pdf

Clark, K. R., & Vealé, B. L. (2018). Strategies to enhance data collection and analysis in qualitative research. *Radiologic Technology*, *89*(5), 482CT-485CT. http://www.radiologictechnology.org/content/89/5/482CT.extract

Connors, G. J., Walitzer, K. S., & Tonigan, J. S. (2008). Spiritual change in recovery. In *Recent Developments in Alcoholism* (pp. 209-227). Springer, New York, NY. https://doi.org/10.1007/978-0-387-77725-2_12

Daniels, C., & Fitzpatrick, M. (2013). Integrating spirituality in counselling and psychotherapy: Theoretical and clinical perspectives. *Canadian Journal of Counselling & Psychotherapy*, *47*(3), 315-341. https://dev.journalhosting.ucalgary.ca/index.php/rcc/index

Delaney, H. D., Forcehimes, A. A., Campbell, W. P., & Smith, B. W. (2009). Integrating spirituality into alcohol treatment. *Journal of Clinical Psychology*, *65*(2), 185-198. https://doi.org/10.1002/jclp.20566

Dermatis, H., & Galanter, M. (2016). The role of twelve-step-related spirituality in addiction recovery. *Journal of Religion & Health*, *55*(2), 510-521. https://doi.org/10.1007/s10943-015-0019-4

Dingle, G. A., Cruwys, T., & Frings, D. (2015). Social identities as pathways into and out of addiction. *Frontiers in Psychology*, *6*, 1795. https://doi.org/10.3389/fpsyg.2015.01795

Djuraskovic, I., & Arthur, N. (2010). Heuristic inquiry: A personal journey of acculturation and identity reconstruction. *Qualitative Report, 15,* 1569 –1593. www.nova.edu/ssss/QR/QR15-6/djuraskovic.pdf

Dossett, W. (2013). Addiction, spirituality and 12-step programmes. *International Social Work*, *56*(3), 369-383. https://doi.org/10.1177/0020872813475689

Doukas, N., & Cullen, J. (2009). Recovered, in recovery or recovering from substance abuse? A question of identity. *Journal of Psychoactive Drugs*, *41*(4), 391-394. https://doi.org/10.1080/02791072.2009.10399778

Elbers, J., & McCraty, R. (2020). HeartMath approach to self-regulation and psychosocial well-being. *Journal of Psychology in Africa*, *30*(1), 69-79. https://doi.org/10.1080/14330237.2020.1712797

Ersche, K. D., Turton, A. J., Croudace, T., & Štochl, J. (2012). Who do you think is in control in addiction? A pilot study on drug-related locus of control beliefs. *Addictive Disorders & their Treatment*, *11*(4), 173-223. https://doi.org/10.1097/ADT.0b013e31823da151

Etherington, K. (2004). Heuristic research as a vehicle for personal and professional development. *Counselling & Psychotherapy Research, 4,* 48 –63. https://doi.org/10.1080/14733140412331383973

Fenner, R. M., & Gifford, M. H. (2012). Women for sobriety: 35 years of challenges, changes, and continuity. *Journal of Groups in Addiction & Recovery*, *7*(2-4), 142-170. https://doi.org/10.1080/1556035X.2012.705662

Flaherty, M. T., Kurtz, E., White, W. L., & Larson, A. (2014). An interpretive phenomenological analysis of secular, spiritual, and religious pathways of long-term addiction recovery. *Alcoholism Treatment Quarterly*, *32*(4), 337-356. https://doi.org/10.1080/07347324.2014.949098

Frencl, M., Perekovik, V., & Kova, D. (2012). Locus of control, social support and alcoholism. *Alcoholism: Journal on Alcoholism & Related Addictions*, *48*(1), 5-12. https://www.longdom.org/alcoholism-and-drug-dependence.html

Galanter, M., Dermatis, H., & Sampson, C. (2014). Spiritual awakening in alcoholics anonymous: Empirical findings. *Alcoholism Treatment Quarterly*, *32*(2-3), 319-334. https://doi.org/10.1080/07347324.2014.907058

Galanter, M., Dermatis, H., & Santucci, C. (2012). Young people in Alcoholics Anonymous: The role of spiritual orientation and AA member affiliation. *Journal of Addictive Diseases*, *31*(2), 173-182. https://doi.org/10.1080/10550887.2012.665693

Giordano, A., Prosek, E., & Hastings, T. (2016a). Examining college counselors' integration of religion and spirituality into substance abuse counseling. *Journal of Addictions & Offender Counseling*, *37*(2), 102-115. https://doi.org/10.1002/jaoc.12019

Giordano, A. L., Prosek, E. A., Loseu, S., Bevly, C. M., Stamman, J., Molina, C. E., Callahan, M. M., & Calzada, R. M. (2016b). Self-efficacy among adults in substance abuse treatment: The role of religious coping. *Journal of Addictions & Offender Counseling*, *37*(1), 35-48. https://doi.org/10.1002/jaoc.12014

Grim, B. J., & Grim, M. E. (2019). Belief, behavior, and belonging: How faith is indispensable in preventing and recovering from substance abuse. *Journal of Religion & Health*, *58*(5), 1713-1750. https://doi.org/10.1007/s10943-019-00898-4

Gubi, P. M., & Marsden-Hughes, H. (2013). Exploring the processes involved in long-term recovery from chronic alcohol addiction within an abstinence-based model: Implications for practice. *Counselling and Psychotherapy Research*, *13*(3), 201-209. https://doi.org/10.1080/14733145.2012.733716

Hai, A. H., Franklin, C., Park, S., Dinitto, D. M., & Aurelio, N. (2019). The efficacy of spiritual/religious interventions for substance use problems: A systematic review and meta-analysis of randomized controlled trials. *Drug & Alcohol Dependence*, *202(*1), 134-148. https://doi.org/10.1016/j.drugalcdep.2019.04.045

Ham, C. C., LeMasson, K. D. S., & Hayes, J. A. (2013). The use of self-disclosure: Lived experiences of recovering substance abuse counselors. *Alcoholism Treatment Quarterly*, *31*(3), 348-374. https://doi.org/10.1080/07347324.2013.800399

Harrison, R., Van Hout, M. C., Cochrane, M., Eckley, L., Noonan, R., Timpson, H., & Sumnall, H. (2020). Experiences of sustainable abstinence-based recovery: An exploratory study of three recovery communities (RC) in England. *International Journal of Mental Health & Addiction*, *18*(3), 640-657. https://link.springer.com/article/10.1007/s11469-018-9967-8

Heintzman, P. (2009). Nature-based recreation and spirituality: A complex relationship. *Leisure Sciences*, *32*(1), 72-89. https://doi.org/10.1080/01490400903430897

Helm, P. (2019). Sobriety versus abstinence. How 12-steppers negotiate long-term recovery across groups. *Addiction Research & Theory*, *27*(1), 29-36. https://doi.org/10.1080/16066359.2018.1530348

Hill, J.V., & Leeming, D. (2014). Reconstructing 'the alcoholic': Recovering from alcohol addiction and the stigma this entails. *International Journal of Mental Health and Addiction, 12*(6), 759–771. https://doi.org/10.1007/s11469-014-9508-z

Horvath, A. T., & Yeterian, J. (2012). SMART recovery: Self-empowering, science-based addiction recovery support. *Journal of Groups in Addiction & Recovery*, *7*(2-4), 102-117. https://doi.org/10.1080/1556035x.2012.705651

Jarusiewicz, B. (2008). Spirituality and addiction: Relationship to recovery and relapse. *Alcoholism Treatment Quarterly*, *18*(4), 99-109. https://doi.org/10.1300/J020v18n04_08

Kelly, J. F. (2017). Is Alcoholics Anonymous religious, spiritual, neither? Findings from 25 years of mechanisms of behavior change research. *Addiction*, *112*(6), 929-936. https://doi.org/10.1111/add.13590

Kelly, P. J., Deane, F. P., & Baker, A. L. (2015). Group cohesion and between session homework activities predict self-reported cognitive–behavioral skill use amongst participants of SMART recovery groups. *Journal of Substance Abuse Treatment*, *51*, 53-58. https://doi.org/10.1016/j.jsat.2014.10.008

Kemp, R., & Butler, A. (2014). Love, hate and the emergence of self in addiction recovery. *Existential Analysis: Journal of the Society for Existential Analysis*, *25*(2), 257-268. https://existentialanalysis.org.uk/publications/journal/

Kenny, G. (2012). An introduction to Moustakas's heuristic method. *Nurse Researcher*, *19*(3), 6-11. https://journals.rcni.com/nurse-researcher/an-introduction-to-moustakass-heuristic-method-nr2012.04.19.3.6.c9052

Khanna, S., & Greeson, J. M. (2013). A narrative review of yoga and mindfulness as complementary therapies for addiction. *Complementary Therapies in Medicine*, *21*(3), 244-252. https://doi.org/10.1016/j.ctim.2013.01.008

Kime, K. G. (2018). Interpretive phenomenological analysis of the spiritual characteristics of recovery experiences in the context of the brain disease model of addiction. *Pastoral Psychology*, *67*(4), 357-372. https://doi.org/10.1007/s11089-018-0816-2

Krentzman, A. R., Strobbe, S., Harris, J. I., Jester, J. M., & Robinson, E. A. (2017). Decreased drinking and Alcoholics Anonymous are associated with different dimensions of spirituality. *Psychology of Religion & Spirituality*, *9*(1), S40-S48. https://doi.org/10.1037/rel0000121

Kurtz, E., & White, W. (2015). Recovery spirituality. *Religions, 6*(1), 58-81. https://doi.org/10.3390/rel6010058

Landale, S., & Roderick, M. (2013). Recovery from addiction and the potential role of sport: Using a life-course theory to study change. *International Review for the Sociology of Sport, 49*(3-4). 468-484. https://doi.org/10.1177/1012690213507273

Li, E. C., Feifer, C., & Strohm, M. (2000). A pilot study: Locus of control and spiritual beliefs in Alcoholics Anonymous and SMART Recovery members. *Addictive Behaviors*, *25*(4), 633-640. https://doi.org/10.1016/S0306-4603(99)00052-0

Logan, D. E., & Marlatt, G. A. (2010). Harm reduction therapy: a practice-friendly review of research. *Journal of Clinical Psychology*, *66*(2), 201-214. https://doi.org/10.1002/jclp.20669

Marefat, M., Peymanzad, H., & Alikhajeh, Y. (2011). The study of the effects of yoga exercises on addicts' depression and anxiety in rehabilitation period. *Procedia-Social & Behavioral Sciences*, *30*, 1494-1498. https://doi.org/10.1016/j.sbspro.2011.10.289

Matthews, S., Dwyer, R., & Snoek, A. (2017). Stigma and self-stigma in addiction. *Journal of Bioethical Inquiry*, *14*(2), 275-286. https://doi.org/10.1007/s11673-017-9784-y

Marsh, T. N., Coholic, D., Cote-Meek, S., & Najavits, L. M. (2015). Blending Aboriginal and Western healing methods to treat intergenerational trauma with substance use disorder in Aboriginal peoples who live in Northeastern Ontario, Canada. *Harm Reduction Journal*, *12*(1), 1-12. https://doi.org/10.1186/s12954-015-0046-1

Mihalache, G. (2019). Heuristic inquiry: Differentiated from descriptive phenomenology and aligned with transpersonal research methods. *The Humanistic Psychologist*, *47*(2), 136. https://doi.org/10.1037/hum0000125

Mertens, D. M. (2007). Transformative paradigm: Mixed methods and social justice. *Journal of Mixed Methods Research*, *1*(3), 212-225. https://doi.org/10.1177/1558689807302811

Mertens, D. M. (2015). An introduction to research. In D. M. Mertens (Ed.). *Research and evaluation in education and psychology* (4th ed., pp. 1-45). Thousand Oaks, CA: Sage.

Mitchell, K. M., & Clark, A. M. (2018). Five steps to writing more engaging qualitative research. *International Journal of Qualitative Methods*, 17(1), 1-3. https://doi.org/10.1177/1609406918757613

McQuaid, R. J., Malik, A., Moussouni, K., Baydack, N., Stargardter, M., & Morrisey, M. (2017). Life in recovery from addiction in Canada. *Ottawa, Canada: Canadian Centre on Substance Use & Addiction*, 84. http://albertaaddictionserviceproviders.org/CCSA-Life-in-Recovery-from-Addiction-Report-2017-en.pdf

McKeganey, N., Morris, Z., Neale, J., & Robertson, M. (2004). What are drug users looking for when they contact drug services: Abstinence or harm reduction? *Drugs: Education, Prevention & Policy*, *11*(5), 423-435. https://doi.org/10.1080/09687630410001723229

Morgen, K., Morgan, O. J., Cashwell, C., & Miller, G. (2010). Strategies for the competent integration of spirituality into addictions counseling training and supervision 1-10. https://libres.uncg.edu/ir/uncg/f/C_Cashwell_Strategies_2010.pdf

Morris, D. N., Johnson, A., Losier, A., Pierce, M., & Sridhar, V. (2013). Spirituality and substance abuse recovery. *Occupational Therapy in Mental Health*, *29*(1), 78-84. https://doi.org/10.1080/0164212X.2013.761112

Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications*. Sage Publications.

Munro, Z. A. (2020). Introducing the non-religious in alcoholics anonymous. *Implicit Religion*, *22*(2), 194-214. https://doi.org/10.1558/imre.37683

Murray, T. S., Malcarne, V. L., & Goggin, K. (2003). Alcohol-related God/higher power control beliefs, locus of control, and recovery within the alcoholics anonymous paradigm. *Alcoholism Treatment Quarterly*, *21*(3), 23-39. https://doi.org/10.1300/J020v21n03_02

Nicholl, E., Loewenthal, D., & Davies, J. (2020). Finding my voice: Telling stories with heuristic self-search inquiry. *European Journal of Psychotherapy & Counselling*, *22*(1-2), 61-79. https://doi.org/10.1080/13642537.2020.1766528

Nvivo (202). QSR International Pty Ltd. https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home

Otter.ai (2021) Otter for individuals. San Francisco, CA: Otter.ai. [software]

Peat, G, Rodriguez, A., & Smith J. (2019). Interpretive phenomenological analysis applied to healthcare research. *Evidence-Based Nursing*, *22,* 7-9. http://dx.doi.org/10.1136/ebnurs-2018-103017

Pietkiewicz, I., & Smith, J. (2014). A practical guide to using interpretative phenomenological Analysis in qualitative research psychology. *Psychological Journal, 20*(1), 7-14. https://doi.org/10.14691/CPPJ.20.1.7

Ploeg, J. (1999). Identifying the best research design to fit the question. Part 2: Qualitative designs. *Evidence-Based Nursing*, *2*(2), 36-37. http://doi.org/10.1136/ebn.2.2.36

Plumb, A. M. (2011). Spirituality and counselling: Are counsellors prepared to integrate religion and spirituality into therapeutic work with clients? *Canadian Journal of Counselling & Psychotherapy*, *45*(1), 1–16. https://cjc-rcc.ucalgary.ca/article/view/59300

Polanyi, M. (1964). *Science, faith, and society*. University of Chicago Press.

Powers, E. (2017). Clinician experience with addiction treatment: Implications for body psychotherapy in relapse prevention. *International Body Psychotherapy Journal*, *16*(1) 60-72. https://www.ibpj.org/issues/IBPJ%20Student%20Supplement%202017.pdf#page=60

Prest, L. A., Russel, R., & D'Souza, H. (1999). Spirituality and religion in training, practice and personal development. *Journal of Family Therapy*, *21*(1), 60-77. https://doi.org/10.1111/1467-6427.00104

Puffer, E. S., Skalski, L. M., & Meade, C. S. (2012). Changes in religious coping and relapse to drug use among opioid-dependent patients following inpatient detoxification. *Journal of Religion & Health*, *51*(4), 1226-1238. https://doi.org/10.1007/s10943-010-9418-8

Radha, S. (1991). Kundalini yoga. Dehli: Motilal Banarsidass.

Rich, M. L. (2012). Integrating shamanic methodology into the spirituality of addictions recovery work. *International Journal of Mental Health & Addiction*, *10*(3), 330-353. https://doi.org/10.1007/s11469-011-9341-6

Roberts, T. (2013). Understanding the research methodology of interpretative phenomenological analysis. *British Journal of Midwifery*, *21*(3), 215-218. https://doi.org/10.12968/bjom.2013.21.3.215

Rossi, E. (2002). The psychobiology of gene expression: Neuroscience and neurogenesis in hypnosis and the healing arts. New York: Norton.

Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs: General & Applied*, *80*(1), 1-28. https://doi.org/10.1037/h0092976

Saad, M., De Medeiros, R., & Mosini, A. C. (2017). Are we ready for a true biopsychosocial–spiritual model? The many meanings of "spiritual". *Medicines*, *4*(4), 1-6. https://doi.org/10.3390/medicines4040079

Satre, D. D., Chi, F. W., Mertens, J. R., & Weisner, C. M. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol& Drugs*, *73*(3), 459-468. https://doi.org/10.15288/jsad.2012.73.459

Shinebourne, P., & Smith, J. A. (2011). 'It is just habitual': An interpretative phenomenological analysis of the experience of long-term recovery from addiction. *International Journal of Mental Health & Addiction*, *9*(3), 282-295. https://link.springer.com/article/10.1007/s11469-010-9286-1

Shinebourne, P. (2011). The theoretical underpinnings of interpretative phenomenological analysis (IPA). *Existential Analysis: Journal of the Society for Existential Analysis*, *22*(1), 16-31. https://existentialanalysis.org.uk/publications/journal/

Shipway, R., & Holloway, I. (2010). Running free: Embracing a healthy lifestyle through distance running. *Perspectives in Public Health*, *130*(6), 270-276 https://doi.org/10.1177/1757913910379191

Smith, J. A., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M Murray K. Chamberlain (Eds.) *Qualitative health Psychology: Theories and methods*, (pp. 218-240). Sage.

Smith, J. A., & Shinebourne, P. (2012). *Interpretative phenomenological analysis*. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbooks in psychology®. APA handbook of research methods in psychology, Vol. 2.*

Research designs: Quantitative, qualitative, neuropsychological, and biological (pp. 73–82). American Psychological Association. https://doi.org/10.1037/13620-005

Soravia, L. M., Schläfli, K., Stutz, S., Rösner, S., & Moggi, F. (2015). Resistance to temptation: The interaction of external and internal control on alcohol use during residential treatment for alcohol use disorder. *Alcoholism: Clinical & Experimental Research*, *39*(11), 2209-2214. https://doi.org/10.1111/acer.12880

Strobbe, S., Cranford, J. A., Wojnar, M., & Brower, K. J. (2013). Spiritual awakening predicts improved drinking outcomes in a Polish treatment sample. *Journal of Addictions Nursing*, *24*(4), 209-216. https://doi.org/10.1097/JAN.0000000000000002

Stoutenberg, M., Warne, J., Vidot, D., Jimenez, E., & Read, J. P. (2015). Attitudes and preferences towards exercise training in individuals with alcohol use disorders in a residential treatment setting. *Journal of Substance Abuse Treatment, 49*, 42-49. https://doi.org/10.1016/j.jsat.2014.08.008

Stone, D. A., Conteh, J. A., & Francis, J. D. (2017). Therapeutic factors and psychological concepts in alcoholics anonymous. *Journal of Counselor Practice*, *8*(2), 120-135. https://doi.org/10.22229/nav074629

Sultan, N. (2018). Locating heuristic inquiry within contemporary qualitative research. *Heuristic inquiry: Researching human experience holistically* (pp. 1-22). SAGE Publications. https://www.researchgate.net/publication/325273864_Heuristic_Inquiry_Researching_Human_Experience_Holistically

Sussman, S., Milam, J., Arpawong, T. E., Tsai, J., Black, D. S., & Wills, T. A. (2013). Spirituality in addictions treatment: Wisdom to know… what it is. *Substance Use & Misuse*, *48*(12), 1203-1217. https://doi.org/10.3109/10826084.2013.800343

Taylor, P. J., Playle, R., Robling, M., Bezeczky, Z., John-Evans, H., Dimitropoulou, P., McNamara, R., Moriatry, Yvonne., Summers, Zelda., & Bagshaw, R. (2020). A randomized controlled trial of a group psychological intervention to increase locus of control for alcohol consumption among Alcohol-Misusing Short-term (male) Prisoners (GASP). *Addiction, 115*(10*),* 1844-1854. https://doi.org/10.1111/add.15006

Thatcher, M. S. (2011). Negotiating the tension between the discourses of Christianity and spiritual pluralism in Alcoholics Anonymous. *Journal of Applied Communication Research*, *39*(4), 389-405. https://doi.org/10.1080/00909882.2011.608694

Tonigan, J. S., Rynes, K. N., & McCrady, B. S. (2013). Spirituality as a change mechanism in 12-step programs: A replication, extension, and refinement. *Substance Use & Misuse*, *48*(12), 1161-1173.https://doi.org/10.3109/10826084.2013.808540

Tyndall, M. (2018). An emergency response to the opioid overdose crisis in Canada: A regulated opioid distribution program. *Canadian Medical Association Journal*, *190*(2), E35-E36. https://doi.org/10.1503/cmaj.171060

von Greiff, N., & Skogens, L. (2020). Abstinence or controlled drinking–a five-year follow-up on Swedish clients reporting positive change after treatment for substance use disorders. *Drugs & Alcohol Today 20(2),* 147-156. https://www.emerald.com/insight/content/doi/10.1108/DAT-12-2019-0051/full/html s

Wagstaff, C., & Williams, B. (2014). Specific design features of an interpretative phenomenological analysis study. *Nurse Researcher*, *21*(3), 8-12. https://journals.rcni.com/nurse-researcher/specific-design-features-of-an-interpretative-phenomenological-analysis-study-nr2014.01.21.3.8.e1226

Weegmann, M., & Piwowoz-Hjort, E. (2009). 'Naught but a story': Narratives of successful AA recovery. *Health Sociology Review*, *18*(3), 273-283. https://doi.org/10.5172/hesr.2009.18.3.273

West, W. (2013). Making methodological choice in qualitative counselling research. *Counselling Psychology Review*, *28*(3), 52-58. https://www.bps.org.uk/publications/counselling-psychology-review

Westermeyer, J. (2014). Alcoholics anonymous and spiritual recovery: A cultural perspective. *Alcoholism Treatment Quarterly*, *32*(2-3), 157-172. https://doi.org/10.1080/07347324.2014.907049

Wood, E. (2018). Strategies for reducing opioid-overdose deaths—lessons from Canada. *New England Journal of Medicine*, *378*(17), 1565-1567. https://doi.org/10.1056/NEJMp1800216

Zemore, S. E., Subbaraman, M., & Tonigan, J. S. (2013). Involvement in 12-step activities and treatment outcomes. *Substance Abuse*, *34*(1), 60-69. https://doi.org/10.1080/08897077.2012.691452

Appendix A: Certification of Ethical Approval

Athabasca University
RESEARCH CENTRE

CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: **24206**

Principal Investigator:
Miss. Shelbi Snodgrass, Graduate Student
Faculty of Health Disciplines\Master of Counselling

Supervisor:
Dr. Paul Jerry (Supervisor)

Project Title:
The Role of Spirituality in Addiction Recovery

Effective Date: February 01, 2021 **Expiry Date**: January 31, 2022

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete *(i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.

Approved by: **Date: February 01, 2021**

Jeff Chang, Chair
Faculty of Health Disciplines, Departmental Ethics Review Committee

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Athabasca University Research Ethics Board
University Research Services, Research Centre
1 University Drive, Athabasca AB Canada T9S 3A3
E-mail rebsec@athabascau.ca
Telephone: 780.213.2033

Appendix B: Informed Consent

LETTER OF INFORMATION / INFORMED CONSENT FORM

The Role and Meaning of Spiritualty in Addiction Recovery

November 29th, 2020

Principal Investigator (Researcher):
Shelbi Snodgrass snodshel@gmail.com

Supervisor:
Dr. Paul Jerry Paulj@athabascau.*ca*

You are invited to take part in a research project entitled 'The Role and Meaning of Spiritualty in Addiction Recovery'.

This form is part of the process of informed consent. The information presented should give you the basic idea of what this research is about and what your participation will involve, should you choose to participate. It also describes your right to withdraw from the project. In order to decide whether you wish to participate in this research project, you should understand enough about its risks, benefits and what it requires of you to be able to make an informed decision. This is the informed consent process. Take time to read this carefully as it is important that you understand the information given to you. Please contact the principal investigator, Shelbi Snodgrass if you have any questions about the project or would like more information before you consent to participate.

It is entirely up to you whether or not you take part in this research. If you choose not to take part, or if you decide to withdraw from the research once it has started, there will be no negative consequences for you now, or in the future.

Introduction
My name is Shelbi Snodgrass and I am a Master of Counselling Student at Athabasca University. As a requirement to complete my degree, I am conducting a research project about understanding the meaning of spirituality for people in addiction recovery. I am conducting this project under the supervision *of* Paul Jerry.

Why are you being asked to take part in this research project?
You are being invited to participate in this project because you are an adult with a substance use disorder (SUD) diagnosis and have experienced private treatment at Edgewood Health Network Canada.

What is the purpose of this research project?
The purpose of this research is to understand the meaning ascribed to spirituality that aids spiritual development and addiction recovery maintenance. I am hoping to understand how

spirituality is connected to self-worth and what keeps people in addiction recovery motivated for personal development.

What will you be asked to do? You will be asked to participate in a 1-2 hour in person/virtual interview, scheduled at your convenience. You will be invited to answer questions around the meaning of spirituality in your addiction recovery. I will be recording the interview on an audio recording device for transcription purposes. You will be invited to review the findings for accuracy prior to the dissemination.

No follow up interviews will be required but can be requested.

What are the risks and benefits?
Risks: There may be psychological risks involved in participating in this study. It could be difficult to discuss some aspects of your life and lived experiences. You may be triggered physically and emotionally by what you are discussing.

If you are feeling uncomfortable or triggered, the interview will be paused (or discontinued if you choose to do so). We will take the time to do some deep breathing and you will have a chance to contact the support person you have indicated at the beginning of the interview. The author will also provide an opportunity for defragging and provide available organizational supports to the participant. You many also choose to reschedule the interview for another time or withdraw from the study.
If you speak about criminal activity or I have reason to believe a vulnerable person is at risk I have a duty to report and I may have to break confidentiality.

Benefits: You are participating in developing inclusive, strength-based knowledge on way's spirituality is interpreted and expressed in the lives of people in addiction recovery. You will receive a $25 gift card to Starbucks at the end of the interview as a thank you for your participation.

Do you have to take part in this project?
As stated earlier in this letter, involvement in this project is entirely voluntary. You may stop at any time during the interview without any negative consequences. **Up until the point of data analysis**, you may choose whether or not your data will be included in the study. After this point, data may not be withdrawn because data will be anonymized and cannot be withdrawn.

You will have to inform the principal investigator if you wish to withdrawal.

How will your privacy and confidentiality be protected?
The ethical duty of confidentiality includes safeguarding participants' identities, personal information, and data from unauthorized access, use or disclosure.

Confidentiality and privacy will be protected by anonymity. Your name and anyone you name in the interview will be changed to protect privacy.

All information will be held confidential, except when legislation or a professional code of conduct requires that it be reported. For example, if you report to me that a child or vulnerable person is being abused, you report to me that you have a communicable disease or other threat to public safety, then I may need to report that to the appropriate authorities. Also, if you tell me that you are an immediate and grave risk to harming yourself or another person or an immediate and grave risk to public safety, then I will need to contact the appropriate authorities.

Note that the recorded data and transcripts may be court ordered by a judge.
The ethical duty of confidentiality includes safeguarding participants' identities, personal information, and data from unauthorized access, use or disclosure.

Your information will not be shared with anyone outside of the research team. Your identity will be protected by a chosen pseudonym. All identifiable information will be stored on a computer accessed by the primary researcher/supervisor with a password protected encryption.

How will my anonymity be protected?
Anonymity refers to protecting participants' identifying characteristics, such as name or description of physical appearance.

Each participant will have the opportunity to choose a pseudonym instead of their name. Your name and the name of anyone you mention will be changed. Only the researcher and supervisor will have the information regarding personal identifiers.

The only physical descriptions included will be your age and your ethnic background, or demographic information deemed important to your experience of phenomenon because of the requirements of participation in this study. Only the researcher and supervisor will have the information regarding personal identifiers.

Every reasonable effort will be made to ensure your anonymity; you will not be identified in publications.

How will the data collected be stored?
Data will be recorded on a password-protected audio recording device (cell phone) using an encrypted application on the principal investigator's device. Recordings will also be stored in a password-protected file on the principal investigator's computer. The computer is password protected and will be safely stored.

Data will be deleted after five year of storage, as per Athabasca University guidelines.
Any hard copies will be stored in a locked filing cabinet.

Only myself, _____, and my supervisor, Dr. Paul Jerry, will have access to the data collected.

Who will receive the results of the research project?
The existence of the research will be listed in an abstract posted online at the Athabasca University Library's Digital Thesis and Project Room and the final research paper will be publicly available.

- Given the descriptive nature of the study, direct quotations will be reported.
- The findings of this research project may be submitted for publication to a research journal (to be determined).
- The author may present the findings in a conference and poster presentations.
- Final research paper will be made available to participants who are interested in receiving the final paper.
- Participants will also be able to retrieve the paper from the Athabasca digital thesis room: https://dt.athabascau.ca/jspui/

Who can you contact for more information or to indicate your interest in participating in the research project?
Thank you for considering this invitation. If you have any questions or would like more information, please contact me, (the principal investigator) by e-mail snodshel@gmail.com or phone:4037015117 or my supervisor by paulj@athabascau.ca. If you are ready to participate in this project, please complete and sign the attached Consent Form and return it by _____to Shelbi Snodgrass by sending a signed electronic copy via email to snodshel@gmail.com

Thank you.

Shelbi Snodgrass

This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this project, please contact the Research Ethics Office by e-mail at rebsec@athabascau.ca or by telephone at 1-800-788-9041, ext. 6718.

Informed Consent:
Your signature on this form means that:

- You have read the information about the research project.
- You have been able to ask questions about this project.
- You are satisfied with the answers to any questions you may have had.

- You understand what the research project is about and what you will be asked to do.
- You understand that you are free to withdraw your participation in the research project without having to give a reason, and that doing so will not affect you now, or in the future.
- You understand that if you choose to end your participation **during** data collection, any data collected from you up to that point will be retained by the researcher.
- You understand that your data is being collected anonymously, and therefore cannot be removed once the data collection has ended.

	YES	**NO**
I agree to be audio-recorded	◯	◯
I agree to the use of direct quotations	◯	◯
I allow data collected from me to be archived in the Athabasca University Library's Digital Thesis and Project Room	◯	◯
I am willing to be contacted following the interview to verify that my comments are accurately reflected in the transcript.	◯	◯

Your signature confirms:

- You have read what this research project is about and understood the risks and benefits. You have had time to think about participating in the project and had the opportunity to ask questions and have those questions answered to your satisfaction.
- You understand that participating in the project is entirely voluntary and that you may end your participation at any time without any penalty or negative consequences.
- You have been given a copy of this Informed Consent form for your records; and
- You agree to participate in this research project.

_____ _____

Signature of Participant Date

Principal Investigator's Signature:

I have explained this project to the best of my ability. I invited questions and responded to any that were asked. I believe that the participant fully understands what is involved in participating in the research project, any potential risks and that he or she has freely chosen to participate.

_____ _____

Signature of Principal Investigator Date

Appendix C: Letter of Support EHN Canada

EDGEWOOD
EHN CANADA

December 2, 2020

Dear Shelbi Snodgrass,

On behalf of Edgewood Health Network Canada, I give primary investigator Shelbi Snodgrass permission to recruit and interview participants from the organization for their thesis research, following the appropriate protocols as set out by the Athabasca University ethics board.

After reviewing Shelbi Snodgrass's proposal and detailed informed consent, I believe the appropriate protocols are in place to successfully adhere to the ethical standards of Edgewood Health Network Canada.

Joel Hughes
Clinical Director
Edgewood Health Network

Appendix D: Semi Structured Interview

Demographic data:

1. **Name:**
2. **Age:**
3. **Employment status:**
4. **Relationship status:**
5. **Where they were born and where they live now?**
6. **Sobriety date:**

Questions:

1) When I mention the topic of the study and the overview provided, what is the first thing that comes to mind about your experience that you would like to share?
2) Tell me when you first experienced recovery as a spiritual process.
3) What can you tell me about your process of spiritual development?
4) At what point did you realize spirituality was a core piece to your addiction recovery?
5) Describe now your relationship with spirituality and what meaning do you make of this?

My notes: potential guiding questions

1. Briefly to your comfort level share how you identify with SUD?
2. What brought you into treatment?
3. What was your knowledge/experience of spirituality before treatment?
4. How was spirituality introduced to you in treatment? (was it helpful/unhelpful)
5. How did your spirituality develop in early addiction recovery?
6. What is the value of spirituality to you in addiction recovery?

7. What does spirituality mean to you? How would you define spirituality ?
8. What are key features of spirituality that provided a foundation for your recovery? How (if at all) has it changed over your sobriety?
9. What role does spirituality plan when approaching challenges and triggers?
10. How do you support people in early recovery with your experience of spirituality?

Research Question:

What meaning do people attribute to spirituality in addiction recovery?

Sub Questions:

- What are the common themes of spiritual development in addiction recovery that lead to the motivation and maintenance of personal development?
- What is the underlying structure of spirituality in addiction recovery?
- What is the phenomenon of spirituality in addiction recovery ?
- How can spirituality be identified during the onset and progression of someone's addiction recovery?
- What is the experience of spirituality for people in addiction recovery?
- How do people in addiction recovery make meaning of spirituality?
- How do people perceive and describe the experience of spirituality in addiction recovery?

Appendix E: 12 Steps of Alcoholics Anonymous

- Step one: We admitted we were powerless over alcohol—that our lives had become unmanageable.
- Step two: Came to believe that a Power greater than ourselves could restore us to sanity.
- Step three: Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
- Step four: Made a searching and fearless moral inventory of ourselves.
- Step five: Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
- [1]Step six: Were entirely ready to have God remove all these defects of character.
- [2]Step seven: Humbly asked Him to remove our shortcomings.
- Step eight: Made a list of all persons we had harmed and became willing to make amends to them all.
- Step nine: Made direct amends to such people wherever possible, except when to do so would injure them or others.
- Step ten: Continued to take personal inventory and when we were wrong promptly admitted it.
- Step eleven: Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
- Step twelve: Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affair