

RUNNING HEAD: Spirituality, AA and Gender

Spiritual Recovery in Alcoholics Anonymous II: Exploring Gender Differences

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The Spiritual Recovery Process in Alcoholics Anonymous (AA): The Empirical Evidence

While philosophical, theological, phenomenological, and clinical experience – described in a related article by this author in this journal issue – point directly to what seems to be a clear relationship between AA recovery and spirituality, it is important to document this relationship empirically. Happily, there is consistent and replicated quantitative evidence that positive measures of spirituality predict recovery from addiction. Several of these studies are discussed below. In addition, this author's current research interest in cultural differences prompted an investigation into gender differences in AA spiritual recovery. The results of her preliminary research findings are presented in this article.

Generally speaking, spirituality and religious practices have been linked positively to involvement and sustained sobriety in AA (see Carroll, 1993; Kaskutas, Turk, & Weisner, 2003; Oakes, 2008; Oakes, Allen & Ciarrocchi, 2000; Poage, Ketzenberger, & Olson, 2004). More specifically, there is definitive evidence that involvement in AA is a causative agent in sustained sobriety (Kaskutas, Ammon, Delucci, Room, Bond & Weisner, 2005; McKellar, Stewart, & Humphreys, 2003).

AA Involvement. A significant factor in understanding spiritual recovery in AA is in the extent of AA involvement. Montgomery, Miller, & Tonigan (1995) were interested in the relationship of AA involvement and treatment outcome. While they included religious behaviors in the study they conducted, emphasis was placed on the need to clarify the relative importance of AA attendance compared to AA involvement with the Twelve Steps in predicting positive drinking outcomes. Sixty-six volunteers from a 28-day inpatient alcohol program participated in

the four phase assessment study which included a baseline assessment phase and three follow-up assessments. The baseline assessment collected data on alcohol dependency, meaning in life, religious beliefs and practice, and prior AA participation. The subjects participated in a structured interview to collect information on drinking history. The subjects also gave permission to the researchers to interview family and friends in order to corroborate self-reports. The follow-up assessments occurred at 30 day, 90 day, and six-month intervals when another structured interview was given and another assessment was made of meaning in life. In addition, AA involvement using the Twelve Steps was assessed along with a count of meeting attendance. Results suggested that AA involvement, particularly Twelve Step practice, is more predictive than AA attendance of favorable drinking outcomes (i.e. higher abstinence rates) after treatment. Limitations to the generalizability of the study's results included: the prior exposure of subjects to AA and the Twelve Step philosophy; lack of a control group; the use of only one treatment agency as source for subjects; and the use of a new, un-normed instrument to assess the major predictor variable of AA involvement.

Evidence of causality in AA recovery has been documented by the linear relationship substantially defined between length of sobriety and AA involvement (McKellar et al., 2003; Oakes, 2008). This linear relationship was initially defined in earlier, groundbreaking AA research, particularly concerning AA affiliation and AA engagement (Montgomery et al., 1995; Tonigan, Connors, & Miller, 1996). AA involvement requires, by definition, an investment of time: time to identify into the AA fellowship and adopt AA anonymity; time to find an AA sponsor and to become one; time to work the Twelve Steps; and time to be of service to other alcoholics (Brown, 1993; Brundage, 1985; Emrick, Tonigan, Montgomery & Little, 1993; Gallo-

Treacy, 1993). It follows that the longer one has been in AA, the more involved one becomes, and by extension, the longer one remains abstinent from alcohol.

Tonigan et al. (1996) critically examined the existing research on AA affiliation and involvement and concluded that the construct of AA involvement must be measured by a composite of meeting attendance, AA fellowship, and Twelve Step practice. Similarly, McKellar et al. (2003) defined what they called an “involvement latent variable” which itself was made up of four indicator variables including meeting attendance, reading AA literature, using a sponsor, and having a network of AA friends. Seen as both mediator and independent predictor of successful recovery, involvement in AA is a critical variable to include in any investigation of the practices and processes of recovery in AA (see also Kaskutas et al., 2003).

Length of Sobriety. Recovery or sustained sobriety is generally understood to be a process of "recovering" from an addiction of any type. Sustained sobriety is *specifically* understood in the field of alcoholism treatment as the process of gaining continuing control and/or abstinence over abusive or dependent drinking. A distinguished panel of experts in alcoholism research concluded that the relationship between spirituality and the course of recovery is an important part of the research domain for spirituality and substance use/abuse interventions (Larson, Swyers, & McCullough, 1998). The panel made specific research recommendations to the field. One of the panel's recommendations directed new research efforts to explore " . . . which aspects of spirituality contribute to recovery and predict the establishment and maintenance of favorable treatment outcomes" (p. 76 of 152).

In a longitudinal study conducted by Blakeney, Blakeney, and Reich (2005), an attempt was made to identify the spiritual and religious mediating factors that contribute to recovering

personal integrity in AA. Their research findings pointed to 5 successive steps necessary for sustained sobriety: engaging treatment; experiencing a spiritual awakening; recognizing the “split” (as defined by William James’ (1936) concept of the divided self); establishing spiritual support; and recovering integrity.

Spirituality and Religious Coping in Recovery. Generally speaking, both spiritual and religious practice have been the most frequently identified predictors of successful recovery from addiction, with mixed results explaining the distinctive contributions between the two (Avants, Marcotte, Arnold & Margolin, 2003; Pardini, Plante, Sherman, & Stump, 2000; Sloan, 1999). This lack of clear distinction between religion and spirituality provided evidence of mediating influences for some researchers and suggested a mediation hypothesis in alcoholism recovery (Oakes, 2008; Oakes et al., 2000; Small, 2001). More specifically, Pardini et al. (2000) have reported that spirituality seems to mediate between religious faith and positive life outcomes.

Operationally defining spirituality has surfaced the need to clearly distinguish between spirituality and religiousness. For the most part, the emergent definitions have focused on spiritual and religious coping as two distinct processes that contribute or detract from recovery. Pargament (1997) acknowledged that all forms of religious coping are not helpful and in some cases and situations can be harmful. Addressing the question concerning what forms of religious coping may be helpful, harmful, or irrelevant, research has generally indicated spiritual support and collaborative religious coping as helpful forms.

Spiritual Support. Similar to Genia's (1997) spiritual support construct as discussed below, Pargament defined spiritual support to include, " . . . emotional reassurance ('trusted that God would not let anything terrible happen to me'), a close spiritual relationship ('sought God's

love and care') and guidance in problem-solving ('God showed me how to deal with the situation')" (p. 289). Pargament (1997) distinguishes spiritual support as a spiritually-based form of religious coping. He stated, "People who reported more spiritually-based coping also reported better adjustment to life crises. In fact, of all the methods of coping, spiritually-based coping emerged as the strongest predictor of outcomes " (p. 289). Additionally, Tix and Frazier (1998) concluded that religious coping may be more apt to promote positive, meaning-based psychological outcomes than prevent negative symptom-based outcomes.

Much of the research on spirituality and addiction recovery has been primarily limited to outcome variables that have a relationship with spirituality, eg. the outcome variable length of sobriety as it is predicted by spiritual coping. This is, in part, due to the very real difficulty encountered by researchers in settling upon a cohesive and empirically validated construct definition of spirituality (Cook, 2004). Most studies define spirituality within the context of clarifying the distinction between religion and spirituality (see Connors, Tonigan, & Miller, 1996; Gallagher, Wadsworth, & Stratton, 2002; Pardini et al., 2000; and Piedmont, 2004).

Cook (2004) identified three specific aspects of spirituality that addictions research has been most concerned with: (a) authentic relationship with self, others, and God or Ultimate Reality; (b) transcendence; and (c) meaning in life. In Cook's review of the literature, "relationship" or "relatedness" was the most frequently identified spiritual aspect as is consistent with the spiritual themes discussed previously and identified by Hopson (1996), Thiele (1992) and Siaghail (1992).

After validating a spirituality measure that she developed, Genia (1997) defined spiritual support as measuring the quality of one's faith that provides an anchor for the personality.

Originally, Genia (1990 & 1991) developed a general measure of spirituality – the Spiritual Experience Index (SEI) – reportedly to expand the psychological study of faith to include a variety of spiritual journeys by individuals. At that time, the intent of the SEI was to minimize theological content so that the measure could be more responsive to the religious experience and practice of people from diverse religious traditions. In actuality, however, SEI items tended to thematically reflect a Western orientation where faith is understood in terms of personal relatedness to an ultimate being (Genia, 1991).

Genia (1997) later revised and reformatted the SEI based on the results of a subsequent exploratory study undertaken to test the validity of the measure with a larger sample. Two subscales emerged that appeared to measure very distinct spirituality traits: spiritual openness and spiritual support. According to Genia, "Spiritual openness predicted greater open-mindedness and tolerance for uncertainty, and was also associated with existential and religious well-being" (p. 15). Spiritual support, on the other hand, was significantly associated with a satisfying relationship with God as compared to other validated spirituality measures. Spiritual support seems to assess a dimension of faith that provides an anchor for the personality while spiritual openness appears to characterize an open and inclusive approach to faith.

According to Genia (1997), the SEI can discriminate between the spiritually mature and individuals with less evolved forms of faith. Genia cited the research of Gordon Allport, William James and Erich Fromm as the theoretical basis for the SEI's content. Accordingly, the SEI was used as the principal measure of spiritual support in the study described below.

The Current Study: Are There Gender Differences in AA Spirituality?

Research Aim of Study. The research question posed in this study examined to what extent length of sobriety (LOS), AA involvement (AAI), spiritual openness (SO) and spiritual support (SS) are positively correlated. Further, given positive associations, will there be differences in the magnitude of these associations between men and women?

Procedures. This study used an existing database of measurement scores collected from members of AA clubs located in California, Kansas, Maryland, Missouri, New York, and South Carolina. A total of 41 men and 37 women were included in the study. Participant diversity reflected the current normative indices for race, gender, marital status, and socioeconomic status provided by an annual survey of AA members conducted by AA World Services (2005) organization. This project was approved by the researcher's institutional human subjects review committee.

Measures. The database scores for the measure of the drinking status represented data collected on the number of days the participants drank alcohol over various intervals during the past 12 months at that time. This measure collected data on drinking frequency rather than drinking quantity because measures of drinking frequency do not appear to be influenced by sociobiological differences in drinking between genders. With respect to gender, differences in drinking frequency between men and women have been found to be insignificant when compared with gender differences on drinking quantity (Fertig, Allen & Cross, 1993). Notably, men tend to drink more than women, but tend to drink no more frequently than women.

The database scores for the measure of the drinking consequences were collected from the Drinker Inventory of Consequences (DrInC) (Miller, Tonigan & Longabaugh, 1995). The

DrInC is a 50-item, self-administered questionnaire that is divided into five scales designed to measure the adverse consequences of alcohol abuse in the areas of interpersonal behavior, physical health, social skills, impulsivity, and intrapersonal feelings and attitudes. The questionnaire is divided into two time periods: (a) lifetime consequences, and (b) consequences incurred in the past three months. The DrInC has been used in both inpatient and outpatient alcohol treatment facilities as well as with a variety of other populations, including the homeless and college students. Normative data is available and psychometric studies have been conducted for reliability (test-retest, internal consistency) and validity (criterion and construct).

The database scores for the measure of the length of sobriety were drawn from a single item on the original demographic survey which requested the respondent to self-report the number of years in recovery. This response was then compared with a second item that requested the date of last drink.

The database scores for involvement in AA were drawn from the Alcoholics Anonymous Involvement Scale (AAI; Tonigan et al., 1996). The AAI is a 13-item, self-report inventory that measures both AA attendance and AA involvement. Normed on a national sample of 1,625 alcoholic subjects in treatment, Tonigan and colleagues see the AAI as a reliable and useful instrument for assessing AA involvement. Because of its relevance to the research question, the AAI scores were used as the measure of AA involvement in this study.

The database scores for spirituality were drawn from the revised Spiritual Experience Index (SEI; Genia, 1997). Described previously, the SEI is a 23-item measure which includes the two subscales measures for spiritual openness and spiritual support.

Results. The results of the correlation analyses are presented in the table below. As anticipated, given previous empirical findings, the correlations between LOS, AAI, drinking status and drinking consequences are significant and in the direction expected. The correlation between LOS and drinking consequences yielded a significant coefficient in the direction expected for men and women together, but not separately, indicating a cumulative effect rather than a gender effect.

Correlation Variable Sets	Men (n=41)	Women (n=37)	Men & Women Combined (N=78)
Drinking Status and Drinking Consequences	.38**	.77**	.59**
Length of Sobriety and Drinking Consequences	-.14	-.16	-.28**
Length of Sobriety and Drinking Status	-.40**	-.33**	-.52**
AA Involvement and Drinking Status	-.50**	-.33**	-.41*
AA Involvement and Length of Sobriety	.58**	.24	.43*
Spiritual Support and Drinking Status	-.29*	.28*	.01
Spiritual Support and Length of Sobriety	.34*	-.49*	-.01
Spiritual Openness and Length of Sobriety	.37*	-.11	.12
Spiritual Openness and Drinking Status	ns	ns	ns
Note: *p>.05; **p>.01; ns=nonsignificant			

There is, however, a striking pattern of significant opposite correlations observed for women, separate from men, on the spirituality measures, drinking status, and LOS. In contrast, when AA involvement, drinking status and LOS are considered, the direction of the correlation coefficients are the same for both men and women. On the other hand, even when the direction

of the coefficients are the same, there are still a few observable differences between men and women. These differences are largely reflected in the magnitude of the coefficients. Lastly, spiritual support had a significant positive correlational relationship with spiritual openness, but exhibited a nonsignificant association with AA involvement.

Gender as a Moderator Variable. The inverse relationship found between spiritual support for LOS and drinking status when gender difference is considered points to gender as a likely moderator in spiritual recovery in AA. For purposes of definition, a moderator variable is described by Baron and Kenny (1986) as follows:

[A moderator is] a qualitative (e.g., sex, race, class) or quantitative (e.g., level of reward) variable that affects the direction and/or strength of the relation between an independent or predictor variable and a dependent or criterion variable.

Specifically, within a correlational analysis framework, a moderator is a third variable that affects the zero-order correlation between two other variables.

(p. 1174)

This definition can be used to understand the significant, but opposite correlation coefficients found for men compared to women on the measures of spiritual support and LOS. When gender was not controlled the correlation between the two variables was not significant. Further, a gender moderator effect was also indicated in the nonsignificant correlation found between LOS and spiritual openness.

Discussion. These results point to the importance of spiritual support and indicates confirmation of an earlier finding by Oakes, et al. (2000) where spiritual support and AA

involvement were significant predictors of long-term sobriety. These results also confirm the finding by Blakeney et al. (2005), where spiritual support is identified as 1 of 5 steps necessary for successful sustained alcoholism recovery.

In interpreting the significant and different relationships found between spiritual support and length of sobriety for men and women, it is important to note again that Genia (1997) found scoring high on spiritual support, by itself, as not necessarily a sign of spiritual maturity. It could also be a sign of religious dependency. Genia also offers that both dimensions of the SEI have distinct disadvantages for the individual. If spiritual support is the primary resource of the individual used to dispel doubts and to encourage elitism, it may serve as a crutch for the emotionally immature. Spiritual openness is equally undesirable when it is the primary spiritual resource having no firm convictions and no sustained sense of responsibility for self and others. Genia concluded that both spiritual support and spiritual openness seem crucial to optimal spiritual functioning and hypothesized that the spiritually mature would score high on both scales. In this study, the majority of the sample in this study scored in the ninth decile or better on the spiritual support measure. Similarly on spiritual support's companion scale, spiritual openness, the sample scored largely in the seventh decile or better.

General research results on gender differences in AA are mixed (Beckman, 1993). As Beckman points out, part of the problem with research and gender issues is that the assumption there are differences may be empirically flawed, since most measurable social and psychological differences between men and women are of small to moderate magnitude. Also, research in general has been influenced by a male bias, and particularly in AA research, where male behavior is the norm. In spite of the observed male bias, Beckman's review of the relevant literature had notable implications for the importance of gender differences in AA: (a) women

may more often recognize their drinking problem on their own while men more often require confrontations; (b) women may find it easier to accept their dependence on a "higher power" in order to achieve sobriety; and (c) women attend AA more than men after inpatient treatment. Beckman also reported that in the general literature on gender differences, women are found: to be more easily influenced under group pressure, more likely to seek help, more open and receptive to emotion, and show greater interest in affiliation and more positive feelings about social interactions.

In a similar review of the literature on gender differences and religious experience, Francis (1997) reported that, for the most part, psychology of religion research cites statistical evidence that unequivocally shows women to be more religious than men. To conceptually explain this difference, Francis observed that the differential process of socialization for men and women is the most likely causal factor. Women are socialized to emphasize conflict resolution, submission, gentleness, nurturance, and other expressive values that are consistent with religious values. Further, Francis cited the empirical conclusion that, ". . . being religious is a consonant experience for people (emphasis in original) with a feminine orientation, [and] men as well as women can have a feminine orientation" (p. 88).

Given these considerations, gender appears to have an important moderating, but paradoxical relationship with spiritual support and LOS, apart from AA involvement. Notably, in a post hoc analysis, spiritual support seems to increase in early to mid-term LOS in AA for both men and women. In late-term LOS, however, spiritual support appears to diminish for women, but continues to increase for men. The correlations between spiritual support, drinking status and LOS are perplexing for women and counterintuitive when compared with men. More research is needed to explicate the different correlational relationships.

Conclusions

Given the significant relationship spiritual support has with length of sobriety in the context of gender difference, it appears that in addition to AA involvement, the quality of an AA member's relationship with God and the member's related faith/beliefs are factors of note in predicting the member's continued sobriety. When the dimension of spiritual openness is included, the AA member would also most likely exhibit nonjudgmentalness and a faith in providence. Further, understanding the potential differences between men and women in relating to God will be important in assessing the role of spirituality in recovery for men and women in AA.

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