

To Thine Own Self Be True: Alcoholics Anonymous, Recovery and Care of the Self

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I used to go out Friday nights and think, I'm the only one, I'm the only young person that can't drink or do drugs, look, look at them, they're all going out and having a good time, but slowly I found people like myself and you know that's the power of the meetings, relating to people. (Robert, an AA participant, 28 years old)

Over the past two decades there has been a growing examination of the role of spirituality in mental health, addiction recovery, and wellbeing. Research has linked spirituality to positive outcomes in psychological functioning, such as a greater sense of social support and belonging, recovery from mental distress, healthier lifestyles, and a more meaningful life (Diener and Biswas-Diener 2008; Koenig 2015; Moreira-Almeida et al. 2016). Spirituality generally refers to the meanings, values and practices which enable a greater appreciation of ourselves, our world, and our relationships with both, encompassing our philosophy of life or worldview. For instance, Robert Solomon (2002) suggests that spirituality, secular or religious, concerns the great many ways of experiencing life as *human beings*, and therefore, it is involved in all aspects of psychological transformation and healing. For most of the twentieth century, spirituality received little attention in psychological literature, with the exception of the humanistic and existential perspectives (for example, Viktor Frankl, Abraham Maslow, Carl Rogers among others), which predominantly considered spirituality as ways towards living a more meaningful life. Carl Jung (1876–1961) believed that spiritual experiences were important for developing our potential and fulfilling our innate longing for wholeness; similarly, Abraham Maslow (1908–1970) stated the importance of peak experiences (moments of ecstasy, harmony and fulfilment) and self-transcendence¹ (going *beyond* one's self) in order for people to develop and maximize their abilities and resources

in service of humanity, nature and the cosmos. More recently, positive psychology, which studies what people do to live a more fulfilling and a happier life, has advocated a greater focus on spirituality as a key element of enhancing our wellbeing (Ahluwalia and Shaka 2018; Culpepper 2016; Peterson and Seligman 2004). Another prominent aspect of spirituality is its meaning-making function, and how this provides one's life with a sense of coherence (Antonovsky 1987). Ultimately, spirituality concerns our personal journey contemplating the ultimate questions about life (death, illness, suffering), about our search for meaning and about our place in the world, including our relationships with the sacred or transcendent.

Spirituality is central to the addiction recovery programme of Alcoholics Anonymous (AA) and Twelve Step fellowships (e.g., Narcotics Anonymous, Cocaine Anonymous). Originating in the United States, Twelve Step fellowships define addiction as a spiritual illness which only a spiritual experience can heal. These fellowships are now an important part of recovery policy and clinical guidelines for addiction treatment in the United Kingdom (Gossop, Stewart, and Mardsen 2008; NICE 2013). AA group meetings have been taking place in the UK since 1947. More recently, group meetings have been developed solely for young adults (18–30 years old), with a growing number of young people attending and seeking help for problematic substance use. This has prompted AA to appoint a Young Person's Liaison Officer and to provide more online services for young people (Alcoholics Anonymous, accessed May 5, 2017). Whilst participation is encouraged, little investigation or documentation has been carried out regarding young adults' experience of Twelve Step spiritual recovery in the UK. What is it that young adults find in these spiritual fellowships? What impact does this experience of spiritual recovery have upon their developing adult selfhood? Studies have reported high rates of recovery for young people participating in the fellowships but have so far appeared to overlook the actual practices which enabled young

adults to recover successfully. This chapter presents some key findings from a study² with young adult men (22 to 35 years old) who were recovering from problematic substance use in the UK, illustrating how AA's spiritual recovery unfolded in the participants' lives. The aim of the study was to examine participants' identity and psychological transformation whilst transitioning to a life-world without substance use. One-to-one interviews and autobiographical stories of their recovery were collected and analysed from a qualitative-experiential approach (Smith, Flowers, and Larkin 2009). Two research questions guided the inquiry:

How do young adults experience and make sense of their recovery?

What are the processes of change embedded in their recovery?

Alcoholics Anonymous and Recovery Spirituality

If when you honestly want to, you find you cannot quit entirely, or if when drinking, you have little control over the amount you take, you are probably alcoholic. If that be the case, you may be suffering from an illness which only a spiritual experience will conquer. (Alcoholics Anonymous 1986, 44)

The concept of recovery from alcoholism was for some time almost exclusively promoted by AA and the Twelve Step fellowships, after Bill Wilson and Dr. Bob Smith, both recovering from alcoholism themselves, formed the program in the 1930s. The rest of the fellowships were inaugurated in the 1950s, 1960s and 1970s. It has been established that William James's *Varieties of Religious Experience* ([1902] 1982) was a major influence on the formation of the steps, especially when concerning the concepts of 'Higher Power'³ and self-surrender experiences (Finlay 2000). Carl Jung⁴ has been recognised as another significant contributor to the formation of AA, with his views on religious experience as an important source of healing and transformation influencing AA since its inception. The organization of AA meetings was in many ways inspired by the Oxford Group⁵, which

advocated self-examination, acknowledgement of one's character defects, restitution for harm done, and sharing with others (Alcoholic Anonymous 1986). The Oxford Group also stressed the importance of moral standards, guidance with a mentor, and surrender; as well as the idea that God had a plan for each person's life (Kurtz 1991). These fellowships have influenced the idea that recovery requires total abstinence from all mood-altering substances, generally excluding nicotine and caffeine. AA has been described as a scheme of beliefs and an interactional system where members use the term recovery to imply a holistic turnaround of lifestyle (Mäkelä 1991). Its main recovery processes are: admitting that one alone cannot control one's addiction; developing an understanding of a 'Higher Power' that can give strength; examining past errors with the help of a sponsor (an experienced Twelve Step member); making amends for these errors; learning to live a new life with a new code of behaviour; and helping others who suffer from the same addictions or compulsions. AA defines itself as:

... a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. (Alcoholics Anonymous 1986: 1)

There are no fees for membership and all fellowships are supported through their members' contributions. AA views alcoholism as a 'four-fold' disease, composed of physical, emotional, spiritual and psychological features (Kassel and Wagner 1993). Its fundamental organizing principles are the group meetings, the Twelve Steps (see Figure 1) and the Twelve Traditions (see Figure 2). Whilst the Twelve Steps are the actual practice for each participant, The Twelve Traditions provide guidance for group governance. A sponsor is someone with experience in the fellowship to whom members can turn for guidance; members' relationships with him or her are an important element of the programme as the sponsor will support them in their engagement with the fellowship's recovery programme and help to

facilitate socialization with the others in the group (Kassel and Wagner 1993). Meetings take place in both urban and rural areas, and are thus to a great extent dependent on resource and member availability. Meetings may also vary in accessibility, as some are open to family members and those interested in supporting recovery (health professionals), whereas other meetings are ‘members only’; and in content, between discussions of the steps, general topic discussions, or recent personal experiences.

Figure 1. The Twelve Steps of Alcoholics Anonymous

Figure 2. Twelve AA traditions

Leighton (2008) addresses a well permeated academic perception of the philosophy and dynamics of Twelve Step programmes, stating that their reference to both the ‘disease concept’ and to ‘spirituality’ forges beliefs in the participants of an external locus of control. Some studies have found, however, that this is not the case. Christo and Franey (1995) found in their study of English participants of Narcotics Anonymous that their spiritual beliefs were not related to an external locus of control over their drug use; indeed, participants presented various interpretations of the disease concept and of ‘God’. Spiritual beliefs and understanding of addiction as a disease were not prerequisites for attendance, thus their study signalled the multi-layered and complex nature of Twelve Step philosophy and practice, and demonstrated that attendees make sense of such ‘higher’ concepts in their own infinitely personal way. In the UK, the *Higher Power Project* has explored a variety of definitions and understandings of ‘a Power greater than ourselves’, illustrating a wide range of non-religious and non-theistic definitions of such from those who have participated in Twelve Step recovery programmes in the UK (Dossett 2013). More recently, Dossett (2017) has pointed

out that the troubled interface between professional addiction treatments and Twelve Step fellowships lies partly in the failure of professional treatment bodies to work with the ‘spiritual’ language of AA. Such terminology, however, is found to be more ‘experience-near’ (Geertz 1974) to people’s day-to-day involvement in recovery than the language of academic and professionalized recovery programmes (e.g., self-efficacy, recovery capital, relapse).

Young adults have the highest rates of substance use disorder in the general population and represent a significant proportion of treatment admissions (Kelly et al. 2014; Knight et al. 2016). Aftercare support is deemed critical to the enhancement of positive outcomes for young people with severe alcohol and other drug problems. A number of studies have reported positive outcomes for young adults participating in the Twelve Step fellowships (Kelly et al. 2014; Kingston et al. 2015; Labbe, Slaymaker and Kelly 2014). Similarly, findings from research in the UK suggest that young adult men derive benefits from engaging with the Twelve Step recovery philosophy, with the installation of hope and development of social networks supportive of their recovery being key features of their successful rehabilitation (Rodriguez-Morales 2017; Rodriguez and Smith 2014). More so, the spiritual aspects of recovery provided participants with a life-structure (or in AA’s terms, ‘a design for living’) that facilitated an existential reorientation of their worldview and of their self-understanding. Through engagement with AA’s spirituality and relationships with fellow recovering members, as well as Twelve Step’s recovery practices such as journalling, meditation and prayer, participants were introduced to a healthier life-structure⁶, free from their addictive substance use behaviour.

Young Men’s Recovery in Twelve Step Fellowships

Successful recovery, as observed in this study, encompassed the transformation of a life-world centred on drinking or drug using (or usually, both); this intoxicating world had become so fundamental to participants' selfhoods as young men, that its transition involved paradigmatic shifts in their experience of life. Their experience of daily activities and social relations had to be actively employed and managed by each individual. All participants in this study needed to distance themselves from their former life-structure of a drink and drugs infused self and socialization and begin new daily relationships and activities (e.g., leisure time, getting work qualifications, life skills and newfound spiritual practices) to both replace their previous life-world and reinforce and sustain their new recovery identities. All of these activities imparted a sense of normality and progress in the young men and helped to reinforce their faith in both the desirability and the probability of their successful recovery.

A key conceptual issue that emerged regarding AA's spiritual worldview is *recovery as care of the self*. Participants presented their drug and alcohol abuse as by-products of or indeed as secondary to their problems in self-regulation: capacities for managing feelings, self-esteem, relationships and self-care were in perilous dearth. Drugs and alcohol were used to compensate for deficits in regulating their affective life, enabling the achievement and maintenance of states of feeling, such as soothing and calming themselves, that they could not access on their own; this naturally developed into an unhealthy dependence on such substances. Successful recovery arises as the result of a functioning care of the self, as a worldview. The participants' accounts regularly detailed how their self-care was the salient aspect of their recovery:

I take better care of myself, I care about my surroundings, simple things like I have a shower every day, I brush my teeth twice a day, I make sure that I eat three meals a day, I pay my bills, yeah I'm paying my bills, I'm not just letting all the letters pile up. I actually open them now and read them ... I feel a lot more alive and healthy and I listen to my body more as well, when I'm tired I think right okay I'm going to sleep before I fight it. (James)

Care of the self here included being concerned with their health, becoming aware of their relational patterns and emotional expressions, and becoming more concerned with revisiting their expectations. Care of the self, as a worldview and life-structure, developed further into participants' recovery, where a focus on maintaining abstinence became less necessary and concern towards their relationships with others came to the fore, as illustrated in the following quotes:

I want to keep knowing myself and have good relationships. I now really value my relationships. They are the most important thing in my life. (Sean)

I started to re-evaluate my relationships with people in a lot of ways and look at the reasons, not necessarily with family but the reasons why I might be friends with such person. (James)

[Recovery] makes me think about people. (Eric)

Participants experienced their new selfhood as being caring and compassionate towards others, and by expressing a healthy relatedness. They have taken on board commitment and responsibility in their relational roles, evidencing a growing psychological maturation. This also illustrates that having achieved a successful recovery and built a secure and satisfying life structure, participants were ready to assume a mentoring role for others, to share their skills and life experiences, for the greater good:

Being around recovery and combining this with therapy has given me a deep faith in the power of being positive, loving and useful to other people. (Mark)

I would like to see myself as useful to others. (Danny)

As participants engaged with the Twelve Steps and their recovery activities, such as keeping a journal and praying, they were introduced to practices of self-care. Dan and Tom used writing to gain insight into their drug use:

Being able to talk about powerlessness and the manageability was very helpful at the start ... I sat with my sponsor, I've read it out and it's like God that's not make believe, this is real. (Dan)

To write questions like, in what ways have you tried to control your addiction ... what you understand about manageable, how do you know your life is manageable. Like even in step two like it's just not nice to admit those sort of things, it's helpful in terms of working the program but it's not, it's not very pleasant to have to write it down ... But in saying that you know I'd not be feeling free if I hadn't have done it. (Tom)

Keeping a journal and writing facilitates an appraisal of AA's concepts, such as a powerlessness in light of their life story, and works towards the participants' assimilation of the discourse on addiction as a spiritual illness. Writing also facilitates insight into the consequences of their drug use, and the sense of acknowledgement that may be necessary to self-disclose their personal stories. Writing facilitates self-examination (Pennebaker 1990), ameliorating negative feelings of shame and guilt. The importance of gaining self-knowledge and the true worth of disclosing their drug use and drinking stories are both reinforced. The participants recognized the value of going through this challenging but beneficial experience as part of their healing process. Similarly, participants' accounts illustrated how praying has become part of their daily routine:

The prayer really helps me because it sets me up for the day ... I remember you know [that] I'd taken step three, I made that decision to turn my life over before I've even come in contact with anyone else you know ... it gets me in contact with God. (Mike)

It depends on specific prayers that you use, that you could use in your fellowship, it depends on what the day's been like ... I went to a cathedral, in fact I got on my knees and I just said a prayer of gratitude and a prayer of thanks and I just said please protect the ones I love from harm and pain ... it's a weird thing I don't know I used to shudder when I heard other people use a prayer, it's the experience of that, it's a beautiful thing really. It's just getting in touch with a higher conscience ... It's trying to sort of hear the words, speaking out loud the words that are personal and getting them out there, I can't put it into words really, it's, it carries a power. (Dan)

Praying enabled the participants to develop a positive mindset towards the world based on AA's recovery values. It gave them a sense of wellbeing and a feeling of gratitude, whilst at the same time relaxing feelings of anxiety through articulation and expression of their suffering. Through prayer, participants also *transact a relationship* with their 'Higher Power'⁷. That is, they enact a dialogue with what they themselves recognized or conceived of as their 'Higher Power' and the principles that come with it.

Some participants defined recovery in terms of an evolving sense of spirituality, often including reference to a 'Higher Power'; participants described developing a more genuine and meaningful spirituality. For instance, in the next quote from Danny, he asserts that the recovery journey has gifted him the opportunity to recover his spirituality and the possibility of revisiting his own preconceptions of religious notions:

Recovery is the means by which I have re-gained spirituality when I had firmly closed any doors to any possible religiosity. (Danny)

Similarly, participants' accounts illustrate how spirituality is clearly embedded in an ethical stance of care and authenticity, as shown in the following quotes:

I think spirituality for me is more about sitting down and relaxing you know, and taking that time and thinking about my day and what I could have done better the way I treated people, could I have treated people differently, would I have liked to be treated the way I treat other people and I think that's for me you know a big part of, a big part of the way I want to live my life. (James)

Sometimes I just need to give myself some time and just hold on. Sometimes I can go deeper and sometimes I back off for a bit. I pray to a God of my own understanding, which I sometimes don't understand. I just feel it and it's alright and it works. (Sean)

As spirituality is a key concept in AA's recovery process, it seems that participants are gradually developing an understanding of recovery as an ethical project; the development of their spirituality is becoming guided and measured by their care towards others, and their concern for a higher ethical conduct. This is sustained by an evolving self-understanding of what it is to be spiritual, which was needed to overcome previous negative experiences around religion.

Participants in this study gave up on their life-world of addiction whilst internalizing new ways of living in recovery which became foundational to their transition into the adult world. Such new ways of being included knowing how to be intimate with others, developing healthy emotional expressions, and authenticity - all demanding fundamental changes in their sense of self and the development of new coping skills. Participants illustrated that greater feelings of authenticity were at the core of their recovery with expressions such as 'recovery above all else it just means being true to yourself', 'my experience now is being me', and 'recovery is like finding your own place in the world'. AA's recovery encourages authentic self-disclosure in the Twelve Step meetings through the sharing of members' stories of recovery. This is also exemplified in AA's one-year anniversary coin, 'To thine own self be true'. Likewise, developing an AA alcoholic identity allowed them entry into a social space that facilitated a new life without substance use. Once they had established a more-or-less stable early recovery, being supported by recovering fellows and community, they were able to address or at least ponder questions concerning their personal development and growth as

young adult men; for some, love and intimacy became spoken matters of concern as their recovery progressed.

AA's alcoholic identity continues to be used, however, even when sober or abstinent for years, as it facilitates membership to the group and puts forth the addict identity as a way to frame and explain their addictive behaviours. Most participants referred to an initial conflict around the acceptance of the alcoholic or addict identity; such an acceptance, however, is a foundational element of acknowledging that their addictive behaviour and their selfhood makes up the root of their problem (as opposed to the substance). Some upheld a critical stance about its acceptance, indicating that this identity need only be used when asked about their recovery or when they are attending meetings, but that it need not be their principal identity. Participants more established in long-term recovery (eight years or more) showed that the AA recovery identity does not remain indefinitely meaningful to each individual, who may decide to employ it to a greater or lesser extent. That is, the AA and Twelve Step 'recovery identity' also works through transformations according to participants' normative biographical development (Rodriguez-Morales forthcoming).

The spiritual recovery of AA and Twelve Step fellowships seems to provide a tangible experience of connection that counteracts the existential isolation of the participants, particularly during their early days in recovery. AA's spirituality gives prominence to the development of recovery practices that effectively educate participants in their capacities of self-evaluation and self-regulation (i.e., writing, meditation, prayer). Spiritual practices are ways in which to facilitate a self-transformation - an exercise of self upon the self by which one attempts to develop and transform, in order to attain a certain mode of being and living. AA's recovery programme introduces participants into a new field of meanings and practices that are supportive of the participants' process of *transcending*⁸ negative and unhealthy behaviours related to their substance use dependence. The participants' recovery journeys

were deeply relational and social in nature, and facilitated by gaining a sense of belongingness, community and identity. Likewise, participants' engagement with AA's recovery facilitated care as a general orientation, and for some this enabled a greater sense of coherence and wellbeing in their lives. Care had become, as Antonovsky wrote, 'a generalized way of seeing the world and one's life in it' (1987, 22). Similarly, the pragmatic foundation and strong focus on care and the development of healthy habits stand out as perhaps AA's most valuable features. The focus on spiritual practices is consonant with both John Dewey's and William James's psychological conception of habit as the basis of health and wellbeing. The pragmatic conclusion, that we must change our habits if we seek to work on the self, responds to the very practical knowledge that the Twelve Step fellowships promote.

Conclusion

I have explored young adult men's experience of AA and the Twelve Step spiritual recovery in the UK; the study's findings illustrate how this recovery programme introduced the participants to practices of self-care that supported their recovering journey, and facilitated self-transcendence, which was contingent upon developing a new worldview based on values of authenticity, social belonging, and *care*, both of the self and of others. Participants' accounts were examined from a hermeneutical-phenomenological approach in order to understand the spirituality of AA in the context of participants' day-to-day, lived, meaning-making experiences.

Biographical Note

Lymarie Rodriguez-Morales is a mental health practitioner and Lecturer in Psychology based at University of Wales Trinity Saint David. Her research addresses the emotional experiences

that underpin recovery and wellbeing, the role of spirituality in mental health, and nature-based health interventions.

Notes

1. A rectified version of Maslow's hierarchy of needs has been proposed by Koltko-Rivera (2006) following a revision of the author's work, in which self-transcendence constitutes the next motivational level after self-actualization. In self-transcendence, a person 'seeks to further a cause beyond the self and to experience a communion beyond the boundaries of the self through peak experience' (303–304).
2. Some excerpts from participants' stories and analyses presented in the chapter first appeared in Rodriguez-Morales (2017), Rodriguez and Smith (2014) and Rodriguez-Morales (forthcoming).
3. Alcoholics Anonymous (1986) states that 'Most of us think this awareness of a Power greater than ourselves is the essence of spiritual experience. Our more religious members call it "God-consciousness" (568). Although the words 'God' and 'Him' appear frequently in the text of AA, members are invited to substitute the concepts of 'Higher Power', 'Power greater than themselves', 'God of their understanding' and to develop their own meaning of this power.
4. Jung (1961) wrote the following in a letter to Bill Wilson: 'I am strongly convinced that the evil principle prevailing in this world leads the unrecognized spiritual need into perdition, if it is not counteracted either by a real religious insight or by the protective wall of human community'.
5. Wilson (Alcoholic Anonymous 1976: 39) acknowledged that 'The early AA got its ideas of self-examination, acknowledgement of character defects, restitution for harm done, and working with others straight from the Oxford Group and directly from Sam Shoemaker, their former leader in America, and from nowhere else'.
6. Life-structure is defined by Levinson (1978, 41) as 'the underlying pattern or design of a person's life at a given time'.
7. William James (1982 [1902], 464) stated that prayer is the 'very movement of the soul, putting itself in a personal relation of contact with the mysterious power of which it feels the presence – it may be even before it has a name by which to call it'.
8. I am using the word 'transcending' as defined by Ruschmann (2011, 430): '... one could use *transcending* for the process of "stepping beyond the ego boundaries," in all of its aspects, horizontally and vertically, and "transcendence" simply as a term for a "higher reality," of different ontological forms and

relationships to the immanent'. Ruschmann also suggests that an alternative world could be 'self-transcendence'.

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