BAHÁ'Í FAITH MEMBERS' EXPERIENCES CONTRIBUTING TO

LONG-TERM SUBSTANCE ABUSE RECOVERY

by

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Abstract

The purpose of this research was to further elucidate two related factors about recovery from addiction to alcohol and/or other drugs. The lived experiences of participants gave texture to this qualitative phenomenological study and focused on gaining an appreciation of the characteristics of long-term sobriety. There has been a gap in the literature regarding what transpires over time for those who remain sober/clean for five years or more. One particular aspect was the role that spirituality played in long-term recovery. While spirituality has been studied, it has not often been addressed from a different perspective than that offered through the prevalent 12-Step model. For this study, members of the Bahá'í Faith from across the United States were recruited through a Bahá'í listserve to obtain the broadest possible demographics within this target group. The significance of spirituality and/or aspects of their faith were an integral part of the participants' lives and provided a framework that encouraged them to be of service to others and help others in community-building initiatives. Key themes were identified as education, self-determination, spirituality, and transformation. The length of sobriety of the participants ranged from five to 40 years and participants were between 25 and 73 years of age. A shift has gradually taken place in substance abuse treatment from a paradigm of relapse prevention into a process of community recovery and "wellbriety." This most recent approach is in keeping with the Bahá'í principles leading to the acquisition and practice of virtues or strengths of character. Character strengths in turn helped the participants effectively navigate the challenges of "living life on life's terms." Living by these principles led participants to develop a new sense of self brought about through self-determination and self-efficacy. Together, self-determination and self-

efficacy also formed the research's theoretical framework. Insights shared by the participants can inform and help those with less time in recovery, in addition to those who may still struggle with active addiction, early recovery, and new understanding of "spirituality" in this context. As such, implications from this research address recommended improvements in education, research, and practice, as well as potential policy changes.

Dedication

I owe a great deal of gratitude to the countless women and men I have encountered over the years who continually set the example of living with equanimity and grace. Without my personal journey in sobriety and subsequently with the Bahá'í Faith, I would not be where I am today. I would particularly like to thank teachers, mentors and other guides that have enriched my life along the way. In particular Liselotte Gorlin and Max Beaufort who engaged and challenged my mind from early on and pushed me to expand my thinking and reach for the stars. In addition I would like to thank my friends in the Bahá'í communities of Montgomery County, OH, as well as in NC, and TN, and members of One Human Family Workshops who encouraged and supported me every step of the way. Participating in the Bahá'í Network on AIDS, Sexuality, Addictions, and Abuse (BNASAA) conferences over the years allowed me to share insights from both my personal and professional life not to mention learn from others. The path I have been on through my personal recovery, counseling training, the Bahá'í Faith, and this doctoral journey has "illumined my powers" so that I may better serve my neighborhood, as well as Bahá'í groups and local spiritual assemblies struggling with how to offer help with these issues as well as serving the larger communities in which these are found.

> O compassionate God! Thanks be to Thee for Thou hast awakened and made me conscious. Thou hast given me a seeing eye and favored me with a hearing ear, hast led me to Thy kingdom and guided me to Thy path. Thou hast shown me the right way and caused me to enter the ark of deliverance. O God! Keep me steadfast and make me firm and staunch. Protect me from violent tests and preserve and shelter me in the strongly fortified fortress of Thy Covenant and Testament. Thou art the Powerful. Thou art the Seeing. Thou art the Hearing. O Thou the Compassionate God. Bestow upon me a heart which, like unto a glass,

may be illumined with the light of Thy love, and confer upon me thoughts which may change this world into a rose garden through the outpourings of heavenly grace. Thou art the Compassionate, the Merciful. Thou art the Great Beneficent God.

<div align="right">-- 'Abdu'l-Bahá, Bahá'í Faith</div>

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I would never have been able to accomplish this journey without the support and guidance of the three members of my dissertation committee – Dr Joan Durante, Dr Ayn O'Reilly, and Dr Kit Johnson. All three encouraged me to embark on, and stick with, this doctoral journey. I was fortunate to take courses with each of them at different stages of this process and have said all along that I had the "Dream Team" to work with. I have benefitted greatly from courses with each as well as collectively at colloquia along the way. They challenged me as well as encouraged me in those moments where I had doubts. To members of my extended Bahá'í family–Barb Hite, Laura Ware, Helen Kenniston Oney, Sarah Seagraves, Marsha Brooks and Cara Williams–thank you for being there to commiserate or celebrate with me when either was indicated, and for pushing me to stick with it. Additional special thanks go to Barb Hancock and Nancy Sayeedi not only for their friendship but for giving me valuable feedback in earlier stages of the writing process. Also Dr Jason Combs who among others served as a reviewer in the preparation of my interview guide. Many thanks also to the many members of my "extended" Bahá'í community in Montgomery County, OH. You have all supported and encouraged me throughout this arduous yet exciting journey. You especially made it possible for me to have the time and space necessary to complete this facet of my journey. I would be remiss if I didn't also acknowledge the insights gained from a number of books written by Bahá'ís–especially Dr. A. H. Ghadarian, Justice Saint Rain, Pat Romano McGraw, Phyllis Petersen, and Robert Atkinson who gave me insights and much food for thought, as well as some of these and countless others who shared their own journeys and insights based on their experiences with the Bahá'í Writings leading

toward mental and emotional wellness. Those members of the Bahá'í communities across the country who wanted to share their experiences have provided invaluable insights that will no doubt help others find a more lasting and joyful recovery. They have also provided a wealth of information that will no doubt also strengthen the ability of Bahá'í Communities to more proactively support those struggling with learning how to lead the kind of life that supports greater well-being and serenity.

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CHAPTER 1. INTRODUCTION

Introduction to the Problem

According to a national survey by the Substance Abuse and Mental Health

Services Administration (SAMHSA, 2011a), an estimated 22.6 million Americans, aged

12 or older, or 8.9% of the population, used illicit drugs in the month prior to the survey.

This report went on to state that, in 2010, (a) an estimated 22.1 million persons (8.7% of

the population aged 12 or older) were classified with substance dependence or abuse in

the previous year; (b) an additional 2.9 million were classified with dependence or abuse

of both alcohol and illicit drugs; (c) 4.2 million had dependence or abuse of illicit drugs

but not alcohol; and (d) 15.0 million had dependence or abuse of alcohol but not illicit

drugs. Furthermore, 20.5 million persons aged 12 or older in 2010 who were classified as

needing substance use treatment did not receive treatment at a specialty facility in the

past year, and almost one fourth of all adult stays in U.S. community hospitals involved

mental or substance use disorders. Of the 1.0 million persons (5.0 %) who felt they

needed treatment for their illicit drug or alcohol use problem, only 341,000 (33.3 %)

reported that they made an effort to get treatment (SAMHSA, 2011b). This, according to

the same SAMHSA report, left a significant number of people either not seeking any

form of treatment, or perhaps finding other means to curtail or stop their substance abuse

if they recognized it as a problem. On the opposite end of the spectrum were those with

lasting sobriety/recovery–that is to say being substance free for over five years. Whether

these individuals seek treatment or not, understanding how other individuals achieved

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long-term recovery may be helpful to those who still struggle with becoming and remaining substance free (Laudet, 2008; White, 2007b).

Laudet (2008) stated that understanding "recovery" is complicated by the number of different definitions and understandings of the term. She suggested that research, as an objective science, has been lacking in its ability to come to consensus on what the term means. Rather, she went on to suggest, it is important in shaping a workable definition of the concept to ask those who experience this phenomenon to define it from their subjective perspective. This becomes doubly important as the reality that treatment is of increasingly shorter durations (Laudet, 2008). Primary care (detox and/or in-patient rehab) is at best only a few days to a week or so and according to Laudet outpatient may at best generally last only a maximum of one to three months. Furthermore, "aftercare" has also been greatly curtailed, leaving many individuals to rely on 12-Step fellowships and other types of resources for lasting support (Cook, 2004). Because of this, one aspect that more recently has gained the interest of researchers, as highlighted by both Cook (2004) and Laudet (2008), is the role that spirituality plays in the recovery process (Dara, Charney, Zikos & Gill, 2010; Galanter, 2007; Gorski, 1989; Hagedorn & Moorehead, 2010). Graham et al (2008b) highlighted what multifaceted issues both addiction and recovery can be. Therefore the exact nature of the relationship between sobriety and spirituality, while readily acknowledged by these researchers and others, remains to be more fully researched.

Background of the Study

While the general literature on addictions recovery has been fairly extensive (Dara, Charney, Zikos & Gill, 2010; Dickens, 2011; Hammond & Gorski, 2005; Kelly,

Magill & Stout, 2009; Moos, 2007; Paterson, 2012; Yaffe, 2001), the areas of primary interest have focused on addiction and relapse triggers (Borg & Davidson, 2008; Hibbert & Best, 2011; Sterling et al, 2007; Witbrodt et al, 2012) and/or addiction treatment service delivery effectiveness. This last aspect of addiction recovery was most recently explored by Hartzler, Witkiewitz, Villarroel, and Donovan (2011). Outcome studies such as those cited above have generally looked at only the first few months to potentially the first two years after treatment – which is still classified as "early recovery" (Chapman, 1991; White, 2007b). Another area that received some attention was "readiness to change" (Dara et al, 2010; Dickens, 2012; Ghadarian, 2007; Prochaska, DiClemente, & Norcross, 1992). Bandura (1999) also suggested that it was necessary to move from the predominantly reactive risk model to a model focused on proactive mastery, or one of "wellbriety" (Bliss, 2009; Laudet, Savage & Mahmood, 2002; White, 2007a; 2007b). Additionally, Kennedy and Gregoire (2009) explored the motivations that led a person to seek addiction treatment in the first place. While this was valuable information, little was explored about the specific factors that helped individuals achieve and maintain longer-term sobriety. This has been defined as over five years of abstinence accompanied by gaining proactive skills in all life domains (Betty Ford Consensus Panel, 2007; Center for Substance Abuse Treatment, 2005).

Although there has been some attempt to study long-term substance abuse recovery within the 12-Step programs framework, the anonymity of individuals within these programs has precluded easy access. Because of this, little research has been done, specifically with those who recover through means other than a formal treatment program (Doukas & Cullen, 2009; Faces and Voices of Recovery, 2011; Hammond & Gorski,

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2005), and as previously noted, treatment in whatever form it took was generally of limited duration. One study in particular (McKellar, Ilgen, Moos & Moos, 2008), although predominantly 12-Step focused, was able to garner information from participants over time (up to 16 years from their initial treatment). These researchers stated that the challenge had been to understand "post-treatment self-efficacy" and what, if anything, could predict long-term stable recovery (p. 149). It was important to acknowledge that while the study was a longitudinal one it did not measure a continuum of sobriety over the aggregate of the time periods, but rather focused only on whether the participants had used within that previous six months to each point of contact with them.

Paterson (2012), through a comprehensive review of the literature, suggested that there may be a number of different pathways to achieving and sustaining a "state of recovery" – or what some characterize as "sobriety." With no clear pathways into and out of addictive behaviors, the somewhat elusive term "recovery" – stemming from the medical field – was considered a phenomenon worthy of further research and clearer definition (Betty Ford institute, 2007; White, 2007a). The addictions and relapse prevention literature (Moos & Moos, 2006; White, 2009) affirmed that recovery from substance abuse, although a struggle for many, was also ultimately achievable by many as well. That said, as previously cited, a predominant focus of a number of studies to date had concentrated on either treatment modalities, relatively short-term outcomes of up to two years post treatment, and/or on relapse triggers and prevention–such as more recent ones by Hartzler, Witkiewitz, Villarroel, & Donovan (2011) as well as Hibbert and Best (2011).

Long-term Recovery/Sobriety

More recently, there has been a growing interest on what constitutes long term recovery–that is, as stated above, over five years substance free (Jacobsen, 2010; McKellar, Ilgen, Moos, & Moos, 2008; Paterson, 2012; Witbrodt et al, 2012). The "stability" of a recovery maintenance stage (Prochaska, DiClemente, & Norcross, 1992) was considered something that could help inform treatment and aftercare protocols and positively impact the lives of those still struggling in earlier stages of this process. The idea of stages of recovery is not new–as evidenced in addition by Chapman (1991), Gorski, (1989), and Twerski (1997), who had already suggested that three to five years constitutes "mid-range" recovery, and that "long-term recovery"–that is to say a period of both total abstinence and reintegration into a healthy, productive, and satisfying life–as generally being on the way to being established by the five year mark. This was a far cry from earlier work that suggested that "maintenance" was potentially achieved between six months and one year of recovery (Prochaska, DiClemente, and Norcross, 1992). The more recent work of both the Betty Ford Consensus Panel (2007) and Laudet (2008) support both Gorski's and Twerski's earlier work on the stages of recovery. Despite the seminal work on stage theory developed by Prochaska, DiClemente, and Norcross (1992) where long-term recovery would be the quintessence of the "maintenance" stage, little was known about what processes continued to take place and motivated individuals to maintain their sobriety, or exactly what that term means. Both "recovery" and "sobriety" have as yet to be more fully defined. It is noteworthy that various aspects and dimensions of spirituality have been cited by all of the researchers cited above as a key component in these processes.

The Role of Spirituality

According to Borras et al (2010), gaining a more positive sense of self and being able to adapt to the vicissitudes of life was what "recovery" was all about. They went on to explain that dedication to abstinence coupled with a mindfulness which built on this initial success led to greater coping abilities. The clarity with which one moved forward offered what was deemed a "practical application of spirituality." This stemmed from the new-found abilities to navigate complex feelings and situations which were previously "mitigated" by substance abuse as a "coping mechanism" albeit an ultimately ineffective and destructive one. Therefore, a primary interest in conducting this research was to gain insights into the possible on-going role of spirituality and/or religion in shaping experiences of long-term (over five years) sobriety. Of particular interest were the spiritual practices and experiences of members of the Bahá'í Faith who identified themselves as being in recovery from substance (alcohol and/or drugs) use/abuse and how their approach and understanding of the spiritual component could potentially help inform future directions in treatment and aftercare. One reason for the selection of this sub-group of recovering individuals was that access was believed to be more readily accessible to the researcher. A second reason was that, as will be explained later, the Bahá'í Faith is considered by many to be "non-Christian" and most of the research to date has been couched within the guidance of Christian approaches to spirituality. A review of the literature found that in fact the predominant perspectives offered in much of the literature stemmed from a Christian and/or 12-Step perspective (Dickens, 2012; Galanter, 2007; Kelly, Magill & Stout, 2009; McKellar et al, 2008; Paterson, 2012; Witbrodt et al, 2012). In addition much of the existing research on the role of spirituality

in recovery has concentrated on its effectiveness during treatment and/or as part of immediate aftercare treatment (Bliss, 2009; Borras et al, 2010; Cook, 2004; Kelly, Magill & Stout, 2009). While other religions have offered adaptations of the latter based on their own Holy Writings, as well as offering other perspectives on recovery (Moore, & Coyhis, 2010; White & Kurtz, 2006; White and Whiters, 2005; Marlatt &Witkiewitz , 2005; Yashinsky, 2007) the number of research studies of this type was found to be extremely limited.

The Bahá'í Faith has been no exception to the paucity of spiritual perspectives on, and experience with addictions recovery, with the notable exception of Ghadarian (1998; 2007). There had, however, been some elucidation of mental health and wellness practices from a Bahá'í perspective (Danesh, 1997; Herzog, 1998; Maloney, 2006; McGraw, 2004, 2007; Saint Rain, 2003, 2012, 2013), which was readily applicable to the mental/emotional long-term addiction recovery practices. In this regard, insights offered by members of the Bahá'í Faith actively living sober lives were thought to be able to provide many important insights that could be applied to substance abuse recovery. In particular, the Bahá'í Faith is inherently humanistic in its stance and takes a strengths-based approach (Herzog, 1998). It therefore focuses proactively on the acquisition of virtues – that is, intrapsychic (character; intuitive), interpersonal (relational), and transpersonal (spiritual) strengths – which promote development of a positive attitude and resilience (Bausani, 1988; Ghadarian, 2009; Savi, 1994; Saint Rain, 2012, 2013).

Recent research explored the importance of the concept of "resilience" (Harris, Smock & Wilkes, 2011; Landau, 2007) and "recovery capital" (Laudet & White, 2008) in order to better inform earlier stages of recovery and enhance relapse prevention.

Whereas some religions address recovery from a perspective, as in 12-Step programs, of removing "character defects" and "shortcomings" (Alcoholics Anonymous, 1997) the Bahá'í Faith rests squarely on a strengths-based and virtues acquisition positive orientation (Popov, Popov & Kavelin, 1995).   Such a proactive stance has most recently been taken up by those espousing the "wellbriety" perspective cited above. It was believed that a paradigm shift to this newer perspective offers the potential of greater stability and can inhibit the currently prevalent high relapse rate (White, 2007b; White & Cloud, 2008; Witbrodt et al, 2012).

Overview of the Bahá'í Faith and its Teachings

The Bahá'í Faith, which began in 1863 in Persia (Iran), is considered the newest of the world's major religions. The prophet-founder of the Bahá'í Faith, Bahá-u'lláh (1817 - 1897) (pronounced Bah-HA-oh-lah) is believed by adherents to provide a continuation and greater understanding of the tenets of the Abrahamic Faiths of Judaism, Christianity, and Islam. Bahá'ís believe that the Revelation of God's message is continuous and progressive (Bahá'í Faith, 2012a). Bahá'u'lláh (meaning "the Glory of God") is understood by Bahá'ís to be the promised return in this day of Abraham, Christ and Mohammad, as well as earlier Manifestations such as Krishna and Buddha (Bahá'í Faith, 2012a)**,** and the fulfillment of all the prophecies regarding the return of God's Manifestation on earth. As such, each "Prophet," or Manifestation of God, is sent by God at the time when humanity as a whole matures to a new stage of development and understanding – thereby necessitating a deeper elucidation of the previous Messenger's teachings. Perhaps unique to the Bahá'í Faith, adherents are enjoined to study the Holy Writings of all previous Manifestations – not only those of Bahá-u'lláh or His appointed

successors and interpreters. The fact that there is also a clear and firmly delineated line of succession established by Baha'u'lláh through His will and testament is something that is unique to this dispensation and protects it from schisms.

Rather than the earlier prevailing view of man inherently as a "sinner," Bahá'u'lláh taught that man is to be regarded "*as a mine rich in gems of inestimable value.*" "Sin" is considered in terms of the absence of faith and not living life in accordance with spiritual teachings and the practice of virtues rather than in terms of the ego-driven detrimental actions that affect self and/or others. Furthermore, Bahá'u'lláh stated that "*education, can, alone cause it to reveal its treasures and enable mankind to benefit therefrom*" (Bahá'u'lláh, 1853/1988, pp. 259 – 260). Education, as used here, is any process that allows the individual to gain a better/deeper understanding of him- or herself in relation to the reality or his or her world. As such, an exploration of how these principles have influenced the life choices made by Bahá'ís undertaking the journey of sobriety could potentially serve to help others who are searching for a viable means to address those life challenges that they had heretofore unsuccessfully attempted to meet through the abuse of alcohol and/or drugs. Bahá'ís believe that humanity as a whole is collectively moving out of the period of "adolescence" defined in terms of experiencing the existential angst that is brought about by the struggles encountered in that tumultuous period of existence (Ghadirian, 1985, 2009).

Bahá'u'lláh (1857) affirmed "*Noble have I created thee ... Rise then unto that for which thou wast created…. I created thee rich …*". In other words, based on the acquisition of virtues (see Appendix C) and acknowledgements of (inherent) character strengths, living a Bahá'í life is an on-going commitment to a process of growth and

awareness in relation to self, family, and community. Therefore there is also an expectation that these practices radiate out in broader applications to all facets and aspects of the individual's life in society. The common usage of "Bahá'í Faith" rather than "Bahá'í Religion" further highlights its characterization as a deeply rooted personal relationship between God and the individual. This stems from that person's objective study of the teachings presented in published works of Bahá'u'lláh and His appointed interpreters and/or successors as well as the subjective feelings study of these works provokes.

The primary source of these teachings comes from the Writings of two of the "Central Figures" of the Faith: Bahá'u'lláh, and his son and appointed successor 'Abdu'l-Bahá. Additionally, the writings of the "Herald of the Faith" – the Báb (or "gate'), who was also considered a prophet in His own right–although stating that he had come to prepare the minds and hearts of humanity for "He whom God shall make manifest" (Bahá'u'lláh), are considered as important to the development of the individual's ability to live life as God intended. These three –The Báb, Bahá'u'lláh, and 'Abdu'l-Bahá–are considered the only authoritative sources, while Shoghi Effendi and more recently the Universal House of Justice are the only recognized interpreters of the Writings of the first three. Indeed Shoghi Effendi, 'Abdu'l-Bahá's grandson and appointed interpreter, offered a further degree of clarity into the primary Writings of both his grandfather and great-grandfather. In addition, application of the Writings as discussed in relation to principles of well-being and mental health, while not considered "authoritative" still supply valuable insights and interpretations with regard to human comportment (Danesh, 1997; Fotos, 1994; Herzog, 1998; Maloney, 2006; McGraw, 2004, 2007; St Rain, 2012, 2013).

As such, it was believed that the Bahá'í Writings may offer insightful and clear directives by which to attain a high degree of self-actualization and satisfaction with life. This is accomplished by aligning the person's "soul" or "spirit" with positive conduct as implemented throughout one's lifetime through the agency of a person's free will and what has been described as an intrinsic desire to "do good" (Hagedorn & Moorehead, 2010). Furthermore the Writings state that mankind's primary purpose "is to effect a transformation in the moral and material conditions of human existence" (Bahá'í Faith, 2012a). Every individual whether raised in a Bahá'í family or coming to the Faith from a different background must make the decision for him- or herself from the age of 15 and older as to whether he or she believes that Bahá'u'lláh is the Manifestation of God for this day and that he or she agrees to live life following as best as possible the principles of the Faith, acquiring virtues and leading a productive life, and being of service to others in any way possible. Danesh (1997) described how these Bahá'í principles helped individuals move "from a divided to an integrated self"–helping to answer questions such as the nature of human reality and the purpose of life. Saint Rain (2012, 2013) more recently presented his interpretation of Bahá'í principles as the secret of emotional healing and achieving happiness. A study of the Bahá'í Writings further elucidates the means by which the Bahá'í Faith may be able to contribute to an understanding of, and support to, the process of recovery.

Statement of the Problem

Addicted individuals have often returned time and again to the maladaptive use of substances as a coping mechanism despite frequent detrimental outcomes. According to Humphreys and McLellan (2010: 278), environmental, behavioral, and genetic factors

have led certain individuals to give more importance to substance use (in this case

alcohol and/or drugs–whether prescribed or illicit) over other priorities and needs. The

challenges of achieving, let alone maintaining a lasting sobriety have plagued the

recovery community both conceptually and linguistically as they have proved elusive to

understand and describe (White, 2007a). Despite a long history of research on the topic,

there is still little agreement as to what certain terms commonly used by those in recovery

and those in the treatment or research fields mean (Center for Substance Abuse

Treatment, 2005; National Summit on Recovery from Substance Use Disorders, 2010).

In addition, while it has become widely accepted that spirituality is an integral component

of the recovery process (Bliss, 2009; Chitwood, Weiss, & Leukefield, 2008; White &

Kurtz, 2006; White & Whiters, 2005), still little was understood about the pathways,

practices, and constructs that were used in its pursuit or application. That said, for many

individuals, there appeared to be an incompatibility between a personal spiritual practice

and understanding, and what was believed of the overarching belief system–that is,

"spirituality" in terms of religious dogma rather than in terms of emotional support or

sustenance (Bliss, 2009).

As previously stated, recovery outcomes have most often been tied to treatment

and some form of aftercare in which spirituality was commonly introduced by way of 12-

Step meeting attendance (Borg & Davidson, 2008; Dara et al, 2010; Galanter, 2007;

Hammond & Gorski, 2005; Kelly, Magill & Stout, 2009). Because of this, it has been

difficult to develop a clear understanding of the role religion and/or a more formally

defined spirituality has and can play. This has been especially true over extended periods

of time. An increasing desire to gain insights into the experiences of those who have

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achieved and maintained long-term sobriety and the means by which this has been

sustained has been a more recent desire and focus of research (Paterson, 2012;

Shinebourne & Smith, 2009, 2011; Walt, Stevens, Jason, & Ferrari, 2012; Witbrodt,

Mertens, Kaskutas, Bond, Chi, & Weisner, 2012).

  Recovery from addiction was often thought of as a private matter resulting in a

formerly affected individual now–in sobriety–blending in with other average citizens

(Humphreys & McLellan, 2010). It was therefore likely, these researchers stated, that the

"reality of sobriety" was rarely acknowledged or incorporated in the public's (or

policymakers') understanding. As such the concept of sobriety did not figure greatly in

most of the research on recovery. Humphreys and McLellan went on to highlight the

realities of life as a sober individual. They suggested that celebrating and making

recovery from addiction more visible would provide hope to families facing addiction,

and appropriately acknowledge this impressive achievement of millions of Americans

rather than focusing on negative outcomes leading to relapse. A fairly new research

group which encourages public participation with an extensive internet presence–Faces

and Voices of Recovery (2013)–has started to make these *"Anonymous People"* with

longer term sobriety much more visible.

  A specific focus of this current research was on successful self-direction and self-

efficacy although not necessarily couched in those specific terms (Danesh, 1997,

McGraw, 2004, 2007) and what the teachings of the Bahá'í Faith and the ideas embodied

in 'living a Bahá'í Life'(Bausani, 1988; Ghadirian, 1985; 2007) contributed to sobriety

(Hibbert and Best,2011; White, 2007a). In this regard, it was believed that the lived

experiences of members of the Bahá'í Faith who had been in recovery for five years or

more would be able to provide many personal insights into both the processes of self-determination and the outcomes of self-efficacy. This was thought to be especially with regard to what it took to develop a positive lifestyle and move away from prior addictive thinking and behaviors (Ghadarian, 2007).

Two additional sources of information on Bahá'í approaches to sobriety have been explored by Bahá'ís and others interested in a "different" spiritual approach. These encompassed the work initiated by the Bahá'ís in Recovery Fellowship (BIRF, 1988) which adapted the 12 Steps (Alcoholics Anonymous, 1997) in terms of the Bahá'í Writings (see Appendix B), and the Bahá'í Network on AIDS, Sexuality, Addictions and Abuse (BNASAA, 2012) which holds four annual conferences across the country for those interested in Bahá'í teachings and practices with regard to recovery and well-being and who feel that they remain ostracized by society. The latter organization also makes available one-on-one connections between people who are searching for answers and those who have had appreciable successes in the past and are willing to readily share their experiences. It was believed that personal interpretations of the Bahá'í Writings, through the tenet of "independent investigation of truth" have helped to provide a number of tools which have promoted greater self-efficacy (Bandura, 1999) and positive self-determination (Ryan and Deci, 2008).

Among the challenges that have in large part been overlooked was the idea of "recovery" as a process rather than an end onto itself. As the latter, it became a means of recognizing negative self-determination (Deci & Ryan, 2008a, 2008b) in terms of "self-defeating learned behaviors" (Larsen, 1985) associated with abusing alcohol and/or other drugs. At the other end of the spectrum were the positive self-determination processes

involved in developing the self-efficacy to live a thriving life of sobriety. In keeping with existing research, "recovery" here is considered as the process, while the end result–a lasting and prolonged period of time free from the use of alcohol and other drugs–labeled as "sobriety."

While the Faces and Voices of Recovery website (2011) made a significant dent in learning about successful recovery and sobriety, there is still much to learn regarding the numbers and characteristics of individuals who are in long-term recovery. Therefore a need for more research on their characteristics and the insights they can share appeared to be in order (Hammond & Gorski, 2005). Perhaps best understood in terms of extended "maintenance" (Prochaska, DiClemente, & Norcross, 1992), this was not meant to be considered in any way as a benchmark or static process. On the contrary, living life on life's terms was believed to be a never-ending journey of self-discovery (Hammond & Gorski, 2005; Larsen, 1985; Gorski, 1985), self-determination (Deci & Ryan, 1987), personal growth, and self-efficacy (Bandura, 1999; Hartzler et al, 2011; McKellar et al, 2008). Gaining a clearer understanding of what was experienced and perceived by the participants as "sobriety" may be able to help inform treatment and community resource development that supports individuals' recovery efforts (Faces and Voices of Recovery, 2011). Furthermore, in keeping with the assertions presented by Dickens (2011), not only have the viewpoints of those in recovery largely been unheard, the individuals have been almost impossible to find. Additionally, according to White and Cloud (2008), "[t]he governing concepts of the addictions field are rapidly shifting from a focus on pathology and professional treatment to the lived experience of long-term recovery."

Purpose of the Study

The purpose of this research was to explore those aspects of spirituality–specifically what has helped members of the Bahá'í Faith–achieve and maintain sobriety. The wellness paradigm espoused by Bahá'ís was believed to offer support for the current paradigmatic shift toward the concept of "wellbriety" (Moore & Coyhis, 2010) as a significant departure from the pathology/relapse prevention-based approaches of treatment and aftercare. Research into recovery has generally looked at only the first two to three years after treatment at best (Betty Ford Consensus Panel, 2007; Dara et al, 2010; Graham et al, 2008b; Lawson, Lambert, & Gressard, 2011), during which relapse was often a recurring feature and a primary focus in the literature (Hermon & Hazler, 1999; Hibbert & Best, 2011).

While gaining increasing interest in the research community, the wellness model of substance abuse recovery cited above has yet to be more fully explored–especially in terms of the role that spirituality plays within this conceptual framework and approach. There is a gap in the literature with regard to long-term sobriety as reported by Moos and Moos (2007), perhaps due in part to the challenges inherent in finding people who are now living sober lifestyles. Moos and Moos (2007), along with McKellar et al (2008), and White (2007b) have reported that there is still a lack of understanding of the applicable practices associated with both middle and late stage recovery. These researchers strongly advocated for future research to examine those "protective factors" predictive of long-term maintenance of sobriety. While there has been recognition that spirituality can, and frequently may, play a significant role in the recovery process (White 2007a, 2007b), it was significant that there has been little research on the varieties of

spiritual pathways available for this to take place (Moore, & Coyhis, 2010; White &

Kurtz, 2006; White and Whiters, 2005; Witkiewitz &Marlatt, 2005; Yashinsky, 2007)

Exploration of the principles and practices of the Bahá'í Faith as experienced by research

participants offered a heretofore little explored process toward a wellness paradigm. This

"new approach" has seemingly become a viable alternative to the medical model so

prevalent in addictions treatment (Moore & Coyhis, 2010; Hermon & Hazler, 1999;

Laudet & White, 2008; White, 2007b).

There had been a dearth of publications examining Bahá'í perspectives since

those advanced by Bausani (1988), Ghadarian (1985, 2007) and Savi (1994). More

recently, Ghadarian (2007; 2009), Maloney (2006), McGraw (2004, 2007) and Penn

(2012) have added to these earlier perspectives with regard to wellness and mental health.

That said, how these concepts can–and are–being used among those recovering from

substance abuse remains absent from the literature. Furthermore, Hibbert and Best

(2010) highlighted the importance of gaining a better understanding from those who have

achieved a sustained abstinence, and how this links to a "state of well-being." In

addition, these authors went on to stress that these insights may prove invaluable in

working with those in earlier stages of substance abuse and/or recovery.

Illness and Recovery Paradigms

Treatment and aftercare outcomes continue to reflect tendencies toward the

acceptance of relapse as part and parcel of the overall process toward sobriety, hence an

emphasis on relapse prevention (Center for Substance Abuse Treatment, 2005; Dara et al,

2010; Elliott, 2006; Harris, Smock & Wilkes, 2011; Laudet, 2008; Moos & Moos, 2006).

Because of that prevalence it was all the more important to explore the pathways which

supported that goal. Capturing the essence of the experiences of those with long-term recovery remained in large part elusive. By exploring the routines and beliefs of members of the Bahá'í Faith who have been able to remain sober five years or more, new insights and practices could be offered to those still struggling with recovery and relapse issues. Furthermore, understanding why and how these may be different from the religious dogma or beliefs and practices of other religions, the principles and practices offered by the Bahá'í Faith may make them more attractive or palatable to those struggling with the spiritual aspects of a recovery process that has been difficult for them to adopt. It was believed that this approach also furthered the paradigm shift from a deficit to a wellness model (Hazel & Mohatt, 2001; Moore & Coyhis, 2010; White, 2007b).

The recovery literature to date has focused, as previously described above, in large part on relapse prevention concerns and seemingly has not as yet been able to fully elucidate any underlying causes and conditions which perpetuate this phenomenon (Jacobsen, 2010; Moos & Moos, 2006; Prochaska, DiClemente & Norcross, 1992; Sterling et al, 2007). The focus of the literature has remained in large part on psychopathology and failure to triumph over substance abuse. How the recovery processes become more aligned with positive self-determination (Deci & Ryan, 1987; Kennedy & Gregoire, 2009; Milyavskaya & Koestner, 2011; Ryan & Deci, 2008) and are more effectively brought into play was considered an important addition to the current literature. The stages of change explicated by Prochaska, DiClemente and Norcross (1992) partially provided the initial foundation for the current research, in terms of expansion and exploration of the maintenance stage. In their work this generally began

between six months and a year–something which has been challenged as being too early in the process of recovery to effect lasting change (labeled "maintenance"). A question remained what happens beyond that point and how does the concept of maintenance change over time. Rather than focusing on the likelihood of relapse so prevalent in much of the treatment literature, it was important to focus more on "what worked." Understanding the processes involved can only benefit from further elucidation (Borg & Davidson, 2008; Dara et al, 2010; Hammond & Gorski, 2005; Harris, Smock & Wilkes, 2011; Hibbert & Best, 2011; Kjell, 2011; Laudet, 2008; Laudet & White, 2008; Lawson, Lambert, & Gressard, 2011; Neff & MacMaster, 2005; Walt, Stevens, Jason, & Ferrari, 2012). Furthermore, how this comes about in terms of greater levels of self-efficacy (Bandura, 1999; Bandura et al, 2003; McKellar et al, 2008) and better understanding of self-determination processes (Deci & Ryan, 1987; Ryan & Deci, 2000, 2008) are called for as these are applied to substance abuse recovery.

This process of change can best be described in terms of the processes of self-determination and self-efficacy–particularly in terms of self-reevaluation and decisions to change thinking and behaviors. It was believed that the shift to a wellness perspective and long-term substance abuse recovery stemmed in large part from positive self-determination (Schlimme, 2010) and was best supported by a strong spiritual foundation. Ryan and Deci (2008) highlighted the value of self-determination theory in developing self-regulation as this supported substance abuse recovery in terms of more positive life goals, motivation, affect, behavior, and overall well-being generated by a positive sense of self. The intrinsic motivation and internalization processes embodied in self-determination theory helped create a pathway by which psychological needs were

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satisfied, thereby leading to effective (sober) functioning and psychological health.

In addition, changes in self-regulatory factors, coping challenges, behaviors, and decision-making were embodied through the constructs defined by self-efficacy theory (Bandura, 1977, 1999; DiClemente, 1986). Self-efficacy, according to DiClemente, predicted more positive outcomes and reflected integration of positive coping during recovery maintenance. This became an internalized process and was supported by constructs of self-determination that helped support behavioral and attitudinal change – especially when capitalizing on a strengths-based approach. In promoting a focus on positive action, individuals gained confidence in their ability to move forward in life. This self-determination, according to Ryan and Deci (2000), was best ascertained in terms of motivational constructs and "positive developmental tendencies" which helped in the development of conditions under which people could flourish (p. 69). The sense of well-being derived through the processes of self-determination was, therefore, essential to successful substance abuse recovery and long-term sobriety.

Rationale

Social meaning and implications were important considerations in moving from relapse prevention to wellness (Bryman, 2001; Glicken, 2003; Hibbert & Best, 2010; Ragin, 2011) as "treatment" increasingly has become of shorter and shorter duration. Sobriety has only rarely been examined in the literature from the perspective of the lived experiences of those in continuous recovery for over five years despite the general agreement in the addictions research community that this approach, resting on personal experiences of the research participants, provides the most significant insights into what worked (Laudet, 2007, 2008; White, 2007a). The engagement of participants in this

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research, as well as the present analysis of these first-hand accounts, offered a different

perspective in terms of living a sober life according to spiritual teachings and practices

highlighted by those adherents of the Bahá'í Faith (Ghadirian, 2007; Maloney, 2006;

McGraw, 2007; Savi, 1994). The primary focus was also in keeping with Paterson's

(2012) and Schlimme's (2010) psychological approaches to the study of the phenomenon

of sobriety.

Research Questions

RQ1. How have Bahá'ís in recovery from substance abuse experienced long-term
sobriety?

The interest is in gaining first-hand accounts of the participants' lived experiences of

their journey in recovery/sobriety. In addition, attention was paid to any specific turning

points they were able to identify, as well as any particular Bahá'í principles and Writings

they turned to for support and guidance along the way.

Additional Research Questions:

RQ2. What have been some major "turning points" for participants and how were
these experienced in terms of being a Bahá'í?

RQ3. What has been the impact of the Bahá'í Teachings in terms of self-
determination, feelings of autonomy, and self-efficacy with regard to sobriety?

The research questions led to the development of the Interview Guide which was

reviewed/field tested by a panel of experts:

1. How have you, as a Bahá'í, experienced your path of recovery and long-term
sobriety?

A specific focus for this research was how and what the teachings of the Bahá'í

Faith and 'living a Bahá'í Life' contributed to sobriety (Bausani, 1988; Ghadirian, 1985,

2007) for successful self-direction and self-efficacy (Danesh, 1997, McGraw, 2007; Savi, 1994).

2. What is your personal definition of successful recovery and sobriety? / What role has spirituality or religion played in your recovery process?

As there are many definitions and understandings of these concepts, it has been recommended (White, 2007a; 2007b; 2009), that the definitions offered by those who have personal experience will help to better define and understand these concepts.

3. What have been some major "turning points" for participants and how were these experienced in terms of being a Bahá'í?

According to Hibbert and Best (2010) there are significant events and/or changes in beliefs and practices that help delineate "early", "middle", and "late" stage recovery. As the participants have successfully negotiated these transitions, they are a source of direct information on what works and what doesn't in the quest for sobriety.

4. What impact have the Baha'i Teachings had on the way you view your own personal role and journey in sobriety?

It was important to explore whether the Bahá'í Writings were able to provide a number of tools for greater self-determination, self-awareness, authenticity, and the ability to develop a positive lifestyle (Danesh, 1997; Radpour, 2011).

Significance of this Research

In advocating direct in-depth engagement of what he termed "recoverers" Paterson (2012) suggested that their lived experiences were the best source of information, especially as it pertained to long-term abstinence coupled with new patterns of behavior. He suggested that using a phenomenological lens was believed to be well suited to research on those qualities which bring about sustainable recovery. Paterson's research

became all the more noteworthy as it reflected the development of a "new sense of self."

Brought about through movement beyond "mere abstinence," this became more

concretized in what has been defined as "middle" or "Stage II recovery" as a further

movement out of the chaos of a substance abusing past. This stage generally took place

after (at least) two years of abstinence (Chapman, 1989; Hammond & Gorski, 2005;

Larsen, 1985; White, 2007a; White & Kurtz, 2006). This second stage of recovery

helped bring about a greater experience of self-efficacy by specifically addressing the

needs of substance abuse recovery (Bandura, 1977; Bandura et al, 2003; DiClemente,

1986; Mc Kellar et al, 2008).

How this "new sense of self" developed and was maintained was thought to have the

potential of being of great benefit to those still struggling with their addiction, and/or

with the addiction of a loved one. While sobriety stemmed from adopting a means of

changing attitudes and behaviors (Kelly, Magill, & Stout, 2009), a spiritual approach in

attaining this was certainly not embraced by all who sought to stop using or abusing

alcohol and other drugs. One thing which makes a "Bahá'í approach" all the more

intriguing is its accessibility to those wishing a more "scientific" than "religions"

approach. The Bahá'í Faith rests in part on the premise that there must be an essential

harmony (or agreement) between scientific assessment, or "discovered truths," and

religious/spiritual beliefs, or "revealed truths"–the wings of faith and reason–that together

allow humanity to soar to new heights as they act in perfect harmony and coordination

(ʿAbdu'l-Bahá, 1922/1982, 1969). Because of this, it was believed that its precepts could

be more accessible and palatable to all who seek to understand what may help them

become and remain sober – whether they want to follow an approach built on logic, or

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are willing to embrace a perspective with a spiritual focus.

As previously presented, the Bahá'í Faith espouses and promotes a decidedly positive and empowering message based on the fact that all are "created noble" and are intrinsically like "gems of inestimable value." These qualities and strengths of character are to be "mined" and polished through education in terms of intrapsychic (or internalized) constructs and putting more effective interpersonal communication practices into daily life (Bahá'u'lláh, 1857/1985). Its message, while stemming from a specific faith tradition, is inherently universal and humanistic in its psychological stance (Fotos, 1994/1996; Maloney, 2006; Savi, 1994). As such, it was believed that these principles can readily be embraced by a much wider, not to mention a secular audience (Bahá'í Faith, 2012a, 2012b). An important addition to existing research would be to demonstrate or understand how the strengths gained through living a life dedicated to the acquisition and demonstration of virtues promotes general well-being and could therefore also greatly enhance a sober lifestyle (Herzog, 1998; Ghadirian, 1985, 2007; Saint Rain, 2012, 2013).

For the purpose of this research, the concept undergirding this study was that the Bahá'í Faith may assist individuals to develop a path toward "wholeness" (Bahá'í Faith, 2012a). It was believed that this approach could be extended to the arena of addictions recovery and prolonged sobriety given its focus on well-being through acquisition and practice of virtues. What was absent from the existing literature was an understanding of what happens to people in recovery beyond the on-going day-to-day practices associated with abstinence of "early" recovery. In fact, what happens to a person beyond this initial stage has only rarely been explored. The added dimensions of middle and late stage

recovery–which includes a stronger component of "spirituality"–have been greatly overlooked. It has been posited that without a measure of spirituality lasting recovery – and sobriety – could not be achieved or maintained (Bliss, 2009; Danesh, 1997; Ghadarian, 2007, 2009; Moos & Moos, 2007; Paterson, 2012; White, 2009).

<div align="center">**Definition of Terms**</div>

12-Step Program(s). Since 1935, when Alcoholics Anonymous (AA) was founded, the 12-Step approach has been foundational and largely positive as a driving force in helping many individuals recover from the abuse of alcohol and/or drugs. AA stated that alcoholism is a three-fold disease – of body, mind, and spirit, and therefore needs to be addressed on physical, psychological, and spiritual levels. The actual 12 steps were derived from the tenets of the Oxford Group – a Protestant Christian movement where the founders of AA – "Bill W." and "Dr Bob" first found sobriety (Alcoholics Anonymous, 1997).

Abstinence. According to White and Kurtz (2006), abstinence was initially considered a primary treatment (and 12-Step) goal in the United States. Defined as "complete and sustained cessation of one's primary drug(s) and the non-medical use of other psychoactive drugs" (p. 16), however, it was also noted that this may not be the only primary goal of recovery. Total abstinence is generally recommended for those suffering from severe patterns of alcohol and/or drug dependence/abuse. For the purpose of this research, the importance of that goal was considered relevant in serving as the "gateway" into sobriety.

Addiction. Larkin and Griffiths (2002), while making a case for a subjective definition of this term, also postulated that a core experience of addiction is a lack of self-

esteem and identity issues due to the use of alcohol and/or drugs despite the person's knowledge of the deleterious effects. They assert that taking a "biopsychosocial approach" (which now generally includes a spiritual aspect as well) is necessary in addressing the challenges an addicted person encounters in his or her life while abusing a substance. In this research no distinction was made as to the severity of the substance use/abuse and relied solely on the participants' self-identification as an "addict/alcoholic."

Bahá'í "Way of Life." For Bahá'ís and their families, this has both spiritual and practical aspects. According to the Bahá'í Teachings, man's "true nature" is said to be spiritual. The basic purpose of life is to develop its capacities through personal exploration and development of virtues/character strengths, and qualities which help establish a new – or better – way of life over time. This is brought about as members of the Bahá'í Faith's outlook on life and inner, core sense of self, and purpose in working with others are continually explored. In this regard, and with a view to maintaining a sense of well-being, Bahá'ís are encouraged to refrain from the recreational use of alcohol and/or narcotic drugs which would blunt their ability to navigate the challenges of life (Bahá'í Faith, 2012a).

Recovery. As defined by White (2007a, p. 236), recovery consists of both process and end result with regard to cessation of substance abuse. Gaining and using intrapsychic, interpersonal, and transpersonal resources (Hudgins, 2002) help these individuals (and their families) work toward putting an end to the challenges they experience with regard to substance use/abuse. It opens the door to the possibility of

healing the rifts and disruptions caused by the problem use of alcohol and or drugs. The goal is to develop a healthy, constructive, and "significant" life.

Recovery Capital. According to Laudet and White (2008), recovery capital refers to both characteristics and capacity derived from both self-generating/self-contained and outwardly visible sources of strength utilized in sustained abstinence from alcohol and/or drug abuse coupled with a greater quality of life. Recovery capital is not solely on the shoulders of the "addict" to develop, but rather rests on a community approach which engages those individuals, groups, and community/social services that bring about lasting change.

Sobriety. For the purpose of this research, as defined by the Betty Ford Institute (2007), sobriety can perhaps best be seen as the "end result" of the recovery process – that is to say, a state of being that encompasses many more concepts, behaviors, and practices than simply focusing on abstinence.

Spirituality. Despite the many challenges and controversies related to understanding this concept, spirituality and spiritual development were seen to be a major factor in addressing addiction recovery and maintaining sobriety (Cook, 2004). Spirituality, here, represented a sense of connection with, and support from, something "larger than self" to turn to for guidance as defined by each individual in his or her own recovery. It further represents "a movement from an external resource to an internalized process" (White, Wampler & Fischer, 2001).

Wellbriety. A concept borrowed from Native American tradition, wellbriety represents a shift in focus from the "disease model of addiction" to the "wellness model of recovery." It is predominantly based on taking a holistic approach through the

implementation of cultural and spiritual practices leading to positive coping strategies in addressing the needs and challenges of everyday life (Moore & Coyhis, 2010). As such, wellbriety becomes a community rather than individual affair.

Theoretical/Conceptual Framework

According to Dara, et al (2010), the addiction treatment literature generally highlighted the focus on patient characteristics that were associated in large part with relapse and other indicators of poor outcomes. The theoretical perspective used for this research was based on acquiring skills in self-determination and self-efficacy. In this way, participants gained a better understanding of what he or she experienced over time, and how each identified the characteristics necessary for his or her sobriety to be maintained. The role of spirituality, couched in terms of the specific religious beliefs and practices (within the Bahá'í Faith) have played, was of particular interest in this research.

Moos and Moos (2006) presented findings demonstrating that predictors of better outcomes include greater self-efficacy, less avoidant coping style, religiosity, and readiness to change. As addicts struggle with first a desire to stop or curtail their use, described early on by Prochaska, DiClemente and Norcross (1992), they may encounter what has been described phenomenologically more recently by Schlimme (2010) in terms of self-determination. Pre-reflective and reflective levels of personal experiences for both the active addict, and the person in early recovery, have been identified as a major challenge – particularly in terms of healthy life choices. Self-determination, defined by Schlimme in terms of addictive behaviors, can represent a shift of "locus of control" away from internalized societal or cultural norms and others' beliefs about addictive behaviors. This became particularly salient when explored in the context of "capacity

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building" that stems from a spiritual framework, such as that offered in the teachings of the Bahá'í Faith toward the acquisition and demonstration of virtues/character strengths (Maloney, 2006; Popov, Popov, & Kavelin, 1995).

In addition to examining addictions recovery and sobriety through the lens of self-determination, the theoretical framework advanced by Bandura in terms of Self-Efficacy Theory (1977), which was fundamental to McKellar et al's (2008) study, offers a means of understanding the processes that helped motivate individuals to work toward a lasting recovery from substance abuse/chemical dependency. In later articles (Bandura, 1999; Bandura et al; 2003), some of these self-regulatory factors were addressed in greater detail thereby demonstrating the importance of those factors.

Self-Determination Theory

As stated by its authors (Ryan & Deci, 2008) in a very brief overview article, self-determination theory (SDT) was defined as a macro-theory which addresses a range of processes used by individuals to tackle personal challenges. As such, it offers a logical and comprehensive theoretical framework through which the phenomenon of long-term sobriety can be explored and has been comprehensively developed through SDT research over the years (Bremer, Kachgal, & Schoeller, 2003; Deci &Ryan, 1987; Patterson & Joseph, 2007; Ryan & Deci, 2000). Supported, as these authors point out, with rigorous empirical testing, this contextual model assists individuals to assess and potentially make changes in their experience of everyday situations in more positive and productive ways. These needs were such that many people had, albeit maladaptively, turned to alcohol and/or drugs to perhaps counteract feelings of inadequacy. A large part of lasting recovery, therefore, was believed to need to focus on establishment and maintenance of

self-efficacy (Bandura, 1999) – the second theoretical framework proposed for use in this new research.

Self-Efficacy Theory

Bandura (1977), elucidating this concept, directly stated that it was essential to the recovery process that a person feel empowered to change. This is accomplished through greater awareness and understanding, leading to a heightened sense of perceived self-efficacy, which was designed to help highlight and better manage "areas of vulnerability" which otherwise could lead to relapse (Bandura, 1999). Furthermore, McKellar et al (2008) went on to categorically state that "self-efficacy is a robust predictor of short- and long-term remission after treatment" (p. 148). They additionally went on to explore what characteristics, and under what conditions, relapse could be anticipated. Their approach looked, in part, at alcohol and other drug recovery from a deficit model perspective although it also took on a decidedly more strengths-based approach focus in which the determinants of self-efficacy would be seen as predictors of success at one and 15 years post-treatment. Furthermore, Elliott (2006) suggested a model that helped individuals in recovery negate the voice of their "inner critic" as a life-long positive introject leading to increased self-efficacy. The paradigm shift implied here was highly compatible with the tenets of the Bahá'í Faith (BNASAA, 2012; Maloney, 2006) in which the acquisition of virtues is inherent to the development of self-efficacy. This was all the more important as formal treatment and aftercare have become increasingly time limited (SAMHSA, 2010; White, 2009).

Research Design

Methodology Overview

The goal of qualitative research is to highlight specific aspects of social phenomena. In addition, it focuses on asking such questions as to *how* an incident or process takes place, and *why* this occurs. Purpose, intended audience, and format are key factors which will determine what type of research approach will best serve the needs of any given study (Creswell, 2009). Use of a case study was briefly considered as it can serve to "illustrate the complexity of the issue" (Creswell, 2007: 93), although generally based on one or only a few perspectives. According to Ragin (2011, p. 55), social research engagement requires the intersecting of ideas and evidence, in addition to breaking down the phenomenon or entity of interest into its component factors, and scrutinizing each of these within a greater contextual whole.

The circularity of qualitative processes moving from data collection to theory development and to further levels of data collection in a potentially extended cycle is not necessarily readily apparent, especially to those who are not qualitatively oriented. Deady (2011) also underscored prospective challenges of bias in qualitative approaches which, while perhaps not readily apparent, have caused some to discredit qualitative research designs. He went on to suggest the importance of refraining from criticism and suspending judgment throughout the reading this type of research report as essential in fully comprehending its dénouement. In that regard, Hays and Wood (2011) further highlighted the importance of purposefully intertwining theoretical frameworks into the research process, as well as into outcomes and research presentation.

Giorgi (2009), offered additional depictions of the strengths and meaningful contributions to be derived from interpretive approaches that are in line with the current research interests. Glicken (2003), suggested that while the inductive and inferential practices of qualitative approaches may be regarded as "less scientific" by some, are actually a key strength for other researchers (Creswell, 2007; Gelo, Braackmann, & Benetka, 2008; Lester, 2005). This is because qualitative research takes place in real life settings and, as such, can offer greater insights into the personal practices and rationales of the participants for any specific behaviors of interest (such as addiction recovery and sobriety). Qualitative research involves discovery and therefore is subjective in nature and built on inductive reasoning and sensory perceptions (Williams, 2007, p. 67). Qualitative studies importantly provide what has been described as "thick" or "rich" descriptions (Newman & Hitchcock, 2011; Williams, 2007). This combining of various components, each rich in imagery, into a coherent whole is at the heart of qualitative research and what makes it important to the development of social theory (Ragin, 2011).

Selected Methodological Approach

Creswell et al (2007), Leedy and Ormrod (2005), and Williams (2007) all highlighted the applications and scope of qualitative designs. This helped bring into focus how those ideas and behaviors that are shaped by and, in turn, influence the dynamic interplay between the individual and the community in which he or she lives become a phenomenon worthy of research (Ragin, 2011). Lester (2005) explained that the main value in considering a phenomenological research design is that it seeks to describe *how* participants experience a particular facet of their life-space. Research undertaken from a phenomenological perspective consists of highly descriptive narratives

reflecting the lived experiences, insights, and the perceptions of participants with regard to the event or trend under scrutiny. Furthermore, these are presented and developed from an insider perspective, thereby helping the focus to become clearer/more refined over time as more data is collected. Lester further asserted that "phenomenological approaches are good at surfacing deep issues and making voices heard" (p. 4).

One of the pioneers of the use of phenomenology in the field of psychological research, Giorgi (2009) highlighted the ways in which the methods employed were geared to gain a better understanding of the experiences of the research subjects about a particular aspect of their lives. One of the benefits of phenomenology is its intentionality as an "essential feature of consciousness." This is an important element of the addictions recovery process as an awareness of what has to be changed and a willingness to do so must come before change can be effected. In an earlier article, Giorgi (2006: 302) suggested the "foundational role that phenomenological philosophy can play for the discipline of psychology." This made it eminently suitable as a means of exploring experiences connected with a long-term goal of sobriety.

Measures/Instruments

The primary instrument was an in-depth semi-structured interview as outlined in the Interview Guide developed specifically for this research and validated through field testing with a panel of experts in qualitative research and/or counseling . A model of particular interest with regard to the study of spirituality was proposed and extensively tested by Fowler (1995). This model helped bring into clearer focus the research interests that were addressed here. Potential respondents were contacted through a national Bahá'í listserve and screened for eligibility based on the criteria of being in long-term

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continuous recovery for five years or more (whether there were relapses prior to this or not), and their present affiliation with the Bahá'í Faith. There was the possibility that some exclusions, based on current mental status and/or psychiatric diagnoses, might come into consideration, although this would be determined on a case-by-case basis through peer review. Prior to being interviewed, potential respondents were asked to review the informed consent document emailed to them and sign a consent form which included their right to refuse to answer any questions as well as any other further participation. All interviews were recorded and transcribed, reviewed several times for consistency of content, and lastly participants were offered the opportunity to review the transcripts as well as the researcher's analysis and the final report of overall findings.

The primary question which guided this research was meant to address the recovery and long-term sobriety experiences of each participant in light of his or her affiliation with the Bahá'í Faith. This semi-structured interview format was believed to be best suited to elicit the broadest possible descriptions from the participants as he or she reflected on the very personal journey of recovery, spirituality, and sobriety that they experienced. The open-ended method of inquiry was designed to bring out both rich and thick descriptions of the participants' personal experiences. Of particular interest was how this (sobriety) came about and continued to be maintained, particularly in terms of the Bahá'í understanding and teachings about self-determination. In addition, their own assessment of personal self-efficacy with regard to day-to-day activities and decision-making was an important consideration. It is important to reiterate here that, in keeping with phenomenological research protocols, each interview was re-read a number of times in order to ascertain and properly code thematic content (Giorgi, 2009). Each theme was

analyzed in light of the theoretical frameworks of self-determination theory (Deci &

Ryan, 2008; Ryan & Deci, 2000; Weinstein, Deci, & Ryan, 2011a), and self-efficacy

theory (Bandura, 1999; Bandura et al, 2003). This will be more fully discussed in

Chapter 3.

Ethical Considerations

In keeping with the American Counseling Association's *Code of Ethics* (ACA,

2005) regarding research, it was important to contribute to the knowledge base in order to

help develop "a healthy and more just society" (p. 16). ACA standards as well as the

training provided in the CITI modules, distinct standards must be adhered to when

conducting research with human subjects, including "stringent safeguards to protect the

rights of research participants" (p. 16). First and foremost are the injunctions of informed

consent. The ACA standards go on to describe in some detail issues such as deception,

confidentiality, explanations after data collection and disposal of research documents and

records. As the Bahá'í community as a whole in the United States is relatively small, it is

possible that the researcher may know of some potential participants. Efforts to ensure

that bias does not enter into the interviewing and analysis of the data collected are

described in further detail in Chapter 3.

Any risk to participants, according to CITI modules regarding research within the

social and behavioral sciences, or with regard to confidentiality, privacy, and informed

consent is considered minimal through IRB review. All of the participants were adults,

and the fact that the ones in question here all had over five years successful sobriety

minimized potential vulnerability to relapse. While some issues of past vulnerability due

to addictive behaviors could have come up, the primary intent and focus of this research

was on *the recovery process* and *sobriety experiences* – generally examined from a strengths-based, spiritual perspective – as explored through the lens of Bahá'í principles and practices.

Bandura (1999) had previously shed some light on the challenges of triumphing over substance abuse and the inherent psychopathology which goes along with addiction. A search of the literature (Bliss, 2009; Betty Ford Consensus Panel, 2007; Dara et al, 2010; Dickens 2012; Doukas & Cullen, 2009; Gorski, 1989; Hibbert & Best, 2011; Paterson, 2012; Schlimme, 2010; Twerski, 1997), and highlighted by Laudet (2008) and White (2007a) demonstrated that the underlying causes and conditions which perpetuate the phenomena of both relapse and recovery have not as yet been fully or adequately elucidated. How the processes involved were aligned with self-determination practices (Deci & Ryan, 1987; Kennedy & Gregoire, 2009; Milyavskaya & Koestner, 2011; Ryan & Deci, 2008) more effectively brought into play represent a gap in the current literature, and will be an important addition to the literature cited above. The stages of change explicated by Prochaska, DiClemente and Norcross (1992), and explored in terms of spiritual growth by Fowler (1995) provided the initial basis on which the current research was designed, especially in terms of the final stage of maintenance. It was further been suggested by Kennedy and Gregoire (2009), Lawson, Lambert and Gressard (2011), Neff and McMaster (2005), and Walt (2012) that the stage processes of recovery proposed by Prochaska, DiClemente, and Norcross (1992) needed further elucidation in terms of both understanding and practical implementation within the currently accepted recovery framework. How this was brought about in terms of greater levels of self-efficacy (Bandura, 1999; Bandura et al, 2003; McKellar et al, 2008) and better understanding of

self-determination processes (Deci & Ryan, 1987; Ryan & Deci, 2000, 2008) promotes greater awareness of the needs of substance abuse recovery. Rather than focusing on the dynamics of relapse and its prevention so prevalent in much of the treatment literature (Borg & Davidson, 2008; Dara et al, 2010; Dickens, 2012; Elliott, 2006; Hammond & Gorski, 2005; Hartzler et al, 2011; Hibbert & Best, 2011; Laudet, 2007, 2008; Moos, 2007; Moos & Moos, 2007; Neff & MacMaster, 2005; Paterson, 2012; Sterling et al, 2007; Twerski, 1997; White, 2009; Witbrodt et al, 2012; Yaffe, 2001), it was important to focus on what worked, what was sustainable, and how this came about (Laudet, 2007; White, 2007a). This process of change can best be described in terms of the processes of self-determination and self-efficacy – particularly in terms of self-reevaluation and decisions to change thinking and behaviors. Based on a review of the literature, it was postulated that the shift to a wellness perspective and long-term substance abuse recovery stemmed in large part from self-determination (Schlimme, 2010) and was best supported by a strong spiritual foundation. Ryan & Deci (2008) highlighted the value of self-determination theory in developing self-regulation as this supported substance abuse recovery in terms of more positive life goals, motivation, affect, behavior, and overall well-being as a positive sense of self. The intrinsic motivation and internalization processes embodied in self-determination theory helped create a pathway by which psychological needs were satisfied, thereby leading to effective (sober) functioning and psychological health. In addition, changes in self-regulatory factors, coping challenges, behaviors, and decision-making were embodied through the constructs defined by self-efficacy theory (Bandura, 1977, 1999; DiClemente, 1986).

According to DiClemente, "[s]elf-efficacy evaluations not only predict successful abstinence, but are also related to coping activities during maintenance" (p. 302). This becomes an internalized process and is supported by constructs of self-determination which help support behavioral and attitudinal change–especially when capitalizing on a strengths-based approach in promoting positive action as individuals gain confidence in their ability to positively move forward in life. This self-determination, according to Ryan and Deci (2000), was best ascertained in terms of motivational constructs and "positive developmental tendencies" which help in the expansion of conditions under which people can flourish (p. 69). The sense of well-being derived through the processes of self-determination is, therefore, essential to successful substance abuse recovery and long-term sobriety (Borg & Davidson, 2008; Bremer, Kachgal, & Schoeller, 2003; Dickens, 2012; Elliott, 2006; Harris, Smock & Wilkes, 2011; Jacobsen, 2010; Laudet, 2007; Laudet & White, 2008; Moos, 2007; Ryan & Deci, 2000, 2008).

Assumptions and Limitations

Topical Assumptions

The focus of this research stems from a profound personal experience with both long-term substance abuse recovery (over 30 years) and having discovered and practiced the Bahá'í Faith for over 20 years. In conjunction with this, curiosity as to how these factors might intersect in the lives of others was the subject of this exploration. It was based on the subjective experiences of those Bahá'ís in recovery who elected to share their own personal journeys and understandings. It was of particular importance that the research be conducted with the greatest amount of detachment from comparisons

between the researcher's personal experiences. The intent was to fully concentrate on and appreciate the experiences of other Bahá'ís with long-term sobriety.

The treatment outcomes literature to date has focused largely on early recovery and relapse prevention and was frequently based on the "disease concept" (Bandura, 1999; Dara, Charney, Zikos & Gill, 2010; Elliott, 2006; Kelly, Magill & Stout, 2009; Moos & Moos, 2006). There has, however, been an increasing interest and focus on those elements which help achieve, and especially maintain, stable recovery (Jacobsen, 2010; McKellar et al, 2008; White, 2009; Witbrodt et al, 2012). This has been suggested by these researchers to be, at least in part, due to the relative ease of tracking people–especially those who have participated in formal addictions treatment and aftercare–over the first two to three years of their recovery process. Yet the question, as suggested by others (Laudet, 2007; White, 2007 a, 2007b), remains: what happens to them after that? It therefore became especially important to find out how those who do not relapse have been able to achieve and maintain a stable recovery beyond the two to three year mark (Hibbert & Best, 2011; Jacobsen, 2010; Kjell, 2011; Lawson, Lambert, & Gressard, 2011; McKellar et al, 2008; Moos & Moos, 2007; Patterson, 2012; Walt et al, 2012; White, 2009; White & Kurtz, 2006; Witbrodt et al 2012), that is to say "sobriety."

Although there has been increasing awareness of the importance of self-determination and self-efficacy as viable constructs essential to the attainment and maintenance of "sobriety," how these can be brought to bear still remains somewhat elusive. This said, promising yet seemingly underutilized contributions in this vein have been made (DiClemente, 1986; Gorski, 1989; Hibbert & Best, 2010; Schlimme, 2010). Graham et al (2008) asserted that factors related to addiction and recovery cannot be

examined in isolation. Rather, the context of a person's life increasingly comes into play and must be taken into account. This positive approach becomes the counterpoint to those other elements which were seen to contribute to their addictive behaviors and relapse in the past. Therefore, a paradigm shift from a deficit to a strengths model has not as yet been well articulated or followed.

In terms of the concept of "recovery," it is important to understand the personal transformation and ability to make a significant shift in behaviors and thinking from those associated with active substance abuse (Dickens, 2012: 120). It is equally essential, Dickens continues, to accept that this is a process, and therefore cannot happen overnight. One area of particular interest in existing research has focused on the role that spirituality has and can play in this process. Models of behavior change which rest on spiritual foundations need to be better understood so that they can be effectively incorporated into the action frameworks of both religious and more secular recovery models (McGovern & McMahon, 2006; Neff & McMaster, 2005; Sterling et al, 2007). Based on prior research (Looney, 2011; Patterson, 2010; Sterling et al, 2007; White, 2009), the role of an individual's religious beliefs in addictions recovery has been determined to for the most part play a positive role. With some exceptions (Moore & Coyhis, 2010; Witkiewitz, Marlatt, & Walker, 2005; Yashinsky, 2007), little research to date has explored how specific faith/religious traditions and/or cultures–other than what is associated with 12-Step (or traditionally more Christian) recovery. These other spiritual/religious pathways may demonstrate similarities and/or differences from those contributions previously cited. These can inform other perspectives and lead to a better understanding of recovery initiatives. The supposition here was that many different sources of religious tenets and

practices can have substantial positive effects on a variety of detrimental behaviors. Notable among these under-researched faith practices were those of the Bahá'í Faith (Bausani, 1988; Ghadirian, 1985; Herzog, 1998; Maloney, 2006; McGraw, 2007) which was of particular interest. It was believed to present a broader-based approach which could be both attractive and meaningful to those who were struggling to attain and maintain lasting sobriety – whether through spiritual or secular means.

Methodological Assumptions

Phenomenological psychology has been shown to effectively assess and understand the processes and results of recovery from substance abuse (Schlimme, 2010). Within the arena of phenomenological research there have been a number of different approaches which have developed over time, and from different human science interests. Here, the primary thrust of inquiry was undertaken through the "psychological (counseling) lens" based on the researcher's professional training and interests. As such it was designed following the methodological steps outlined by Giorgi (2012; 2009; 2006).

As an empirical phenomenological researcher first and a psychologist second, the phenomenological research design explicated by Giorgi (2009) was in keeping with a scholar-practitioner model and allowed for greater "emotional distance" (greater level of epoché), or a more detached–versus embedded–subjectivity from the material as this was presented through the lived experiences of the research participants. Furthermore, according to Giorgi (2012, p. 5), a singular understanding stemmed from the double perspective which takes into account both the experiences of the participants themselves, as well as the researcher's interpretation of the participants' sharing of their personal

experiences of the phenomenon was offered as the result of the steps he laid out. Giorgi's approach appeared to offer a stronger focus on the descriptive tasks. As such it focused solely, and much more directly, on what is "factually" (empirically) presented by the research participants.

As he described the process, this approach appeared advantageous as it allowed movement back and forth between the "researcher" and the "counselor" objective selves rather than engaging the (subjective) person-self. In this way, the added layer of reflectivity brought about a greater depth of understanding to the analytical process. Central to all phenomenological research, is the removal of the researcher biases and preconceived notions in favor of developing a synthesis of the experiences of the participants ("co-researchers") derived from an understanding of *their* ways of expressing those experiences – essences important to them. How this is processed analyzed and described in terms of psychological constructs is best put forth in the aggregate body of work conducted by Giorgi (2009).

Some of the most effective ways to understand how something comes about stem directly from the comments of those who have experiences of the phenomenon in question. This was certainly thought to be true of addiction, the processes of recovery, and sobriety based on previous research (Chapman, 1991; Dickens, 2012; Laudet, 2007; Patterson, 2012; Schlimme, 2010; Sterling et al, 2007). As such, qualitative measures appeared to be beneficial in exploring the phenomenon of addiction recovery and sobriety. This was highlighted by Creswell (2007; 2009), as well as Leedy and Ormrod (2005). Furthermore, among qualitative designs those which appear to lend themselves best to this process would be either through case study or phenomenology. Whereas case

study examines in depth the *individuals* involved, a phenomenological approach focuses instead on their *experiences* (Creswell et al, 2007; Lester, 2005). Therefore it was deemed that phenomenology would best serve the current research interests–the phenomenon of lasting sobriety.

Limitations

Creswell et al (2007) stated that the primary objective of phenomenology is to "reduce the experiences of persons" with a specific phenomenon of interest to the researcher "to a description of the universal essence." Given that the North American Bahá'í population is quite small–current official figures report that the US Bahá'í population hovers around 170,000 adherents nationwide residing in over 8,000 cities, towns, and rural areas (Bahá'í Faith, 2012a; figures for Canada were not available), those in recovery from addictions might have been all the more difficult to find. It is important for qualitative research analysis not to have so large a sample size that data analysis becomes unwieldy. A number of avenues were potentially available through which to effectively recruit the 12–15 participants seen as the optimal number to be interviewed. The recruitment strategy initially planned to target Bahá'í communities which were familiar to the researcher. As this proved to be a more complex task than anticipated another approach was ultimately taken. A Bahá'í listserve (*"Bahá'í Announce"*) reaches a number of individual Bahá'ís throughout North America. This was ultimately used as the sole means by which participants were recruited. While it offered the broadest possible demographics for the sample, there were potentially other listserves that could have been used as well which might have reached a more targeted group of men and women in recovery. However these other listserves were international in nature and

therefore did not fit the parameters of the research that had been approved by the

university's IRB. The idea in qualitative research is to have an adequate number of

participants which yields both rich and thick data while not leading to redundancy

(Creswell, (2007). It was expected that a final sample of 12 to 15 participants – both men

and women over the age of 25 with at least five years of continuous alcohol and/or other

drug recovery – would provide saturation. This was in keeping with guidance provided

by Onwuegbuzie and Leech (2007) in conducting social research. It was anticipated that,

if needed, additional participants might be approached through use of a snowball

technique. Chapter 3 presents a more in-depth exposition of the methodology and

research design.

Organization of the Remainder of the Study

This chapter has served to outline the problem being researched and the rationale

behind the need to do so. The literature review which is to follow in Chapter 2 will

further explore the framework by which this study was undertaken. It was important to

examine the methods and findings others presented in the past in order to understand

where the field is in terms of substance abuse recovery in general. Not only was it

important to determine what has been done, it was all the more important to gain insights

into where there were significant gaps. While spirituality has been associated with

positive outcomes, the specific religious, and other spiritual practices have not been to

date fully detailed.

According to SAMHSA's National Recovery Summits (2005; 2010) recovery has

begun, and must continue to take on a more holistic quality over time and reflects the

shift from an "illness" to a "wellness" paradigm. Furthermore, it has been seen to be

increasingly important to garner information directly from those experiencing a phenomenon - in this case, long-term sobriety (White, 2006; 2009). Using open-ended questions in an interview format was determined to be the best approach to achieve this goal. Chapter 3 provides a more detailed exploration of the methodology used to conduct the current research. Previous research has demonstrated that the phenomenon of long-term substance abuse recovery, that is to say sobriety, can be more effectively understood through the lens offered by those who live it. Some of the most effective ways to understand how something comes about stem directly from the comments of those who have experiences of what is in question (White, 2007b). As such, qualitative measures in general and phenomenology in particular appeared to be indicated as highlighted by Creswell (2009; 2007) as well as Leedy and Ormrod (2005). This was likely to be true of addiction, the processes of recovery, and sobriety and was why the current research was conducted as a qualitative phenomenological study.

Lastly, in Chapters Four and Five, presentation of the data collected, as well as its analysis and implications, were examined in terms of both the process of substance abuse recovery and end result of sobriety as experienced by the participants. It was interesting to discover what exploring the experiences of the participants, each with five or more years of sobriety, contributed to the establishment of potential new avenues of recovery protocols. In addition, the recommendations derived from this research can serve as a factor in the amelioration of current treatment and aftercare protocols.

CHAPTER 2. LITERATURE REVIEW

Introduction to the Literature Review

The purpose of the literature review is to provide background information and to make a case as to the importance of the research currently being undertaken. Reviewing past research helps to frame the present study and identifies gaps in the existing literature (Onwuegbuzie, Leech, & Collins, 2012). As such, the literature review helps to hone in on particular theoretical frameworks as well as aspects of the issue which drive the current research questions.

As outlined in Chapter One, there has been a significant amount of literature on the addiction process, treatment, and relapse prevention (Borg & Davidson, 2008; Hibbert & Best, 2011; Hartzler et al 2011; Moos & Moos, 2007; Prochaska, DiClemente, & Norcross, 1992; Sterling et al, 2007; Witbrodt et al, 2012). It is, however, only more recently – within the past decade or two – that there has been an evolution in thinking by some, and a shift away from studying the pathology of addiction to the paradigm of wellness and "recovery" (Betty Ford Institute, 2007; Bliss, 2009; Dara et al, 2010; Dickens, 2012; Ghadarian, 2007; Laudet, 2007, 2008; Lawson, Lambert & Gressard, 2011; Shinebourne & Smith, 2011; White, 2007a, 2007b).   As presented in the previous chapter, there has been difficulty in achieving consensus on the exact meaning(s) and parameters of what is referred to as recovery. Understanding what the term "sobriety" means is another challenging issue – and a primary focus of this research. Increasingly it

has been posited that the perspectives of those actually experiencing this phenomenon may offer the best means of gaining understanding of what that entails (Bliss, 2009; Kennedy & Gregoire, 2009; Laudet, Savage & Mahmood, 2002; White, 2007a; 2007b). The next chapter will explore in greater detail how use of a qualitative phenomenological approach was best suited for eliciting the type of information being sought (Creswell et al, 2007; Lester, 2005).

An extensive review of the literature was conducted, initially through use of Google Scholar and subsequently through the EBSCOhost's Academic Search Premier, PsycARTICLES, PsycINFO, and SocINDEX with Full Text, as well as ProQuest Psychology Journals and Sage Journals Online databases. While the majority of the articles selected were published since 2005, some of these led back to older articles which were considered as seminal to the current research and therefore were also included. Initial search terms included: "addiction recovery," "long-term recovery," and "sobriety" – cross-referenced with "substance abuse" or "alcohol and/or drugs" and/or "spirituality." The resulting articles helped to expand the review through use of additional search terms mentioned in the articles initially selected such as "recovery capital" and "wellbriety." Later, and as a result of the literature review undertaken, additional terms such as "self-determination", "self-efficacy" – both in terms of a theoretical framework and as means to help a person address his or her recovery needs and process – and "theoretical constructs" were added.

Research conducted by Dickens (2012), Jacobsen (2010), and Paterson (2012) provided a wealth of information based on the subjective views of those experiencing recovery from substance (alcohol and/or drug) abuse. These three studies provided

additional sources of information and references to review and include. While the

importance of spirituality in this process has been noted, as previously discussed in

Chapter One, this was largely in relation to participation in 12-Step programs. In

contrast, the interest here was on the specific mechanisms offered through practice of the

Bahá'í Faith as experienced by its adherents who have achieved five or more years of

continuous sobriety. That length of time has been cited as the minimum starting point for

what is defined as "long-term" recovery by the Betty Ford Institute (2007) and White

(2009). From a theoretical perspective, and in order to better understand the role of

religion and spirituality in sobriety for these participants, the principles of self-

determination and self- efficacy drove this inquiry.

Ultimately remaining abstinent, in recovery, and/or sober is a personal choice

based on personal desires to improve one's quality of, and purpose in life – and taking

adequate steps to achieve and maintain these goals (Betty Ford Institute, 2007; Burman,

2003; Dickens, 2011; Faces & Voices of Recovery, 2011; Graham et al, 2008a, 2008b;

Hammond & Gorski, 2005; Hibbert & Best, 2011; Laudet, 2007; Lawson, Lambert &

Gressard, 2011; Moos & Moos, 2007; Waisberg, 1994; White, 2007a; White & Kurtz,

2006). White (2012a) provided a comprehensive exploration of relevant scientific studies

undertaken from 1868 to 2011 which generally support this theme. After exploring these

in regard to substance abuse recovery, the background leading to the specific research

questions is discussed.

Theoretical Framework

While there can be a number of different psychological and sociological

approaches to the study of addiction and recovery, two approaches in particular gave

meaning and insights which helped focus this current research. Bandura (1977) first described self-efficacy in terms of both positive and negative behavioral change. As such, the negative aspects tend to drive addiction and a downward spiral. The positive aspects of self-efficacy proved essential to the concept of recovery. The ensuing "sobriety" is explored more in depth below. Another aspect which has been highlighted in the literature is the theory of self-determination as first discussed by Deci and Ryan (1987). According to this theory each individual ultimately must take the responsibility for his or her own actions. This theme was echoed early on in the recovery from substance abuse by Larsen and Hagerty (1991) not to mention many times since then. Therefore self-determination and personal responsibility are also essential to the recovery process. The framework found in both self-efficacy and self-determination theories have also been instrumental in shaping the research questions that comprise the Interview Guide developed for this current research. They also seemed to reflect the basic tenets and practices adhered to by members of the Bahá'í Faith in the guise of "independent investigation of truth."

Self-Efficacy Theory

Recovery experiences and avenues may differ in many ways. One element, however, appears to be present in each of these according to the preponderance of much of the research to date. The addict's ultimate decision and responsibility for taking charge of his or her life is essential for long-term recovery to be maintained. Learning new coping mechanisms that can effectively replace the "self-defeating learned behaviors" coined as such by Larsen (1989; 1991) as part of addictive processes, need to be confronted so that changes in thinking and behaviors can take place. The negative

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aspects of self-efficacy are often perpetuated in the form of relapse, or a return to the use

of one or more substances and/or behaviors that have a detrimental effect on a person's

life (whether the relapse is with the same substance/"drug of choice" or something

different from that used in the past. Unless an individual can begin to effectively replace

substance abuse with positive behaviors, recovery is more often than not thwarted (Moos,

2007). Moos went on to state that it is important for the person in recovery to continually

work to build both personal and social resources. This in turn leads to a more stable and

integrated way of thinking and acting over time.

Self-efficacy is characterized by, and achieved through, gaining the ability to

implement measures that lead to a better quality of life (Bandura, 2001). Bandura

suggested that self-efficacy is based on the ability to conscientiously reflect on "the

meaning and purpose of one's capabilities and life pursuits" (p. 1). The cognitive,

affective, motivational, and decisional factors which comprise self-efficacy are essential

to both thinking and behavioral changes. Self-regulation and the ensuing ability to

demonstrate "prosocial behaviors" are essential factors in substance abuse recovery

(Bandura et al, 2003; Moos, 2007). Furthermore, Bandura (1999) early on emphasized

the importance of human agency in the pursuit of sobriety. This was perhaps an early

harbinger of the current wellness approach rather than the concentration in treatment and

aftercare programs solely focused on risk factors and their management. As such, self-

efficacy becomes an essential factor in addressing the environmental challenges which

can threaten recovery.

According to Elliott (2006: 110) three key concerns – "negative emotional states,

interpersonal conflict, and social pressures" – are responsible for approximately three

quarters of the return to substance use and ultimately abuse. She and others went on to

highlight that feelings of being "defective" including shame, guilt, inferiority, and anxiety

are often at the core of alcohol and/or drug use/abuse. These negative personal

assessments were collectively referred to as the "Inner Critic." It is however possible to

offset this "core part of self" through a shift in beliefs and values which lead instead to an

"inner freedom." The newfound inner freedom which stems from efforts at self-efficacy

help individuals withstand triggers which, in the past, had ultimately led to substance

use/abuse. This concept was also put forth in terms of the "addict-self" described by

Fiorentine and Hillhouse (2006) and highlight how individuals move through various

stages of change toward sobriety (Prochaska, DiClemente, & Norcross, 1992).

Fundamental to the concept that self-awareness is an essential element in the

process of change put forth 30 years ago by Clifford (1983). At that time he stated that

the high rate of relapse could potentially be impeded by encouraging clients/patients to be

dynamically involved in taking an active role in their own recovery process. He believed

that within the protocol of the "medical model," patients more passively had treatment

done to them.   This seemingly perpetuated a state of "learned helplessness" (p. 112).

Self-efficacy on the other hand promotes the ability to make choices and in some

measure, while not helping individuals to control their drinking, may give the person in

recovery a sense of accomplishment.   Without this trait, it is likely that a high degree of

resistance and denial will be met. Therefore, recognition of the loss of control due to

excessive drinking and/or drug use, often with numerous attempts to control the amounts

used to minimize the damage, becomes the first step in improving self-efficacy and a

belief that change *is* possible. This is very much in keeping with the change model

suggested by Prochaska, DiClemente and Norcross (1992).

More recently, as awareness of the need for qualitative research to be undertaken, these insights gained additional recognition in the work presented by Laudet (2007) and White (2012a), as well as the earlier work of White and Kurtz (2006). All encouraged for more attention to be given to recovery, rather than the relapse processes. This would in turn promote greater self-efficacy and demonstrate how this is supported by the constructs of self-determination. In order for change to be initiated and to become the new norm, the addict-self needs to begin to accept that his or her negative outcomes may in fact stem from the abuse of alcohol and/or other drugs, rather than the notion that because of the negative aspects of his or her life the person believed that substance use/abuse was the only way he or she can cope with an otherwise unbearable existence.

The addict-self must first come to terms with the fact that living with substance abuse ultimately only leads to negative outcomes. This is often met with resistance as the addict convinces him- or herself that "having power" over these potential negative results can be controlled and even avoided (Fiorentine & Hillhouse, 2006). Because of this there is often a cycling through the early stages of change, that is to say, precontemplation, contemplation, and into the action stages during which physical, psychological, and social consequences are seemingly forgotten from one episode to the next (Prochaska, DiClemente, & Norcross, 1992). Once the cause-and-effect connection has been made there is a tenuous unfolding of new thoughts and behaviors which can lead to a change in self-concept. This newfound more positive "self" represents an achievement of abstinence especially when experienced over a protracted period of time. The exact amount of time this entails may however differ from individual to individual. Each

person must buy into the belief that he or she is "in recovery" and working toward the maintenance of sobriety through the implementation of improved coping skills (Clifford, 1983; Elliott, 2006; Fiorentine and Hillhouse, 2000). Fiorentine and Hillhouse's (2000) research supported the concept of the "addict-self" model of recovery which seeks to help clients understand their substance abuse behaviors through the use of a "social-cognitive approach" which included self-efficacy among other theoretical constructs (p. 498).

While self-efficacy may very well be essential to the initiation of recovery, it must also continue to play a role in the maintenance of sobriety. Much of the research, as previously discussed, has focused on the early stages of this process in terms of treatment outcomes and relapse prevention (Dara et al, 2010; Graham et al, 2008; Lawson, Lambert, & Gressard, 2011; Hermon & Hazler, 1999; Hibbert & Best, 2011). Hartzler et al (2011) explored how self-efficacy can become a predictor of positive (or negative) outcomes one year post-treatment. Likewise, Harris, Smock, and Wilkes (2011) explored "relapse resilience" based on the model of relapse prevention presented by DiClemente (1986), Marlatt and Gordon (1985; 2005) and Waisberg (1994) which advocated personal agency and mindfulness. DiClemente in particular explored how aspects of choice and modification of beliefs and behaviors were significant in each of the stages of the change process. This however must also be reinforced as a multifaceted and cumulative course of action over time.

The question of the long-term outcomes has been much more challenging to address. A longitudinal study conducted by McKellar et al (2008) as well as the work of Moos and Moos (2006, 2007) determined that self-efficacy is an essential element not only in the short term, but in the long run as well. These studies were among the few that

have been able to track recovery over significant periods of abstinence. As such, they shed invaluable light on the process of recovery, the pitfalls that one might encounter along the way, and the corrective measures that stem from the new-found sense of self-efficacy and its positive manifestation over time. Gaining a better understanding of those factors which aid individuals achieve and maintain sobriety provide insights which may serve effectively to inform earlier treatment and aftercare measures. These in turn may then serve to ensure that other achieve the same successes. It therefore becomes all the more important to determine what specific aspects of coping behaviors, and having a positive social support network, have proven to be helpful in this process (McKellar et al, 2008). However, it is only ultimately through a person's decision to make the necessary changes in thinking and behavior that achievement of this goal is encouraged and possible. This is where self-determination comes into play as well.

Self-Determination Theory

Described by Bremer, Kachgal, and Schoeller (2003), positive self-determination was characterized by intentionality as well as the willingness and capacity to set goals and successfully solve problems as they arise. The originators of self-determination theory (Deci & Ryan, 1985; Deci & Ryan, 1987; Ryan and Deci, 2000) posited that every individual possesses innate abilities to grow and thrive. At the same time, people can also be easily thwarted in this process – especially through the abuse of alcohol and/or drugs which serve to negatively impact a person's self-concept (Burman, 2003; Dickens, 2011; Finfgeld, 1999; Hammond & Gorski, 2005; Gorski, 1989; Schlimme, 2010).

Beginning with Gorski (1989) it has been important to differentiate between the abstinence stage(s) and a subsequent move to the restructuring of a person's values. He

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clearly stated that just as addiction is progressive in nature, so is recovery – however one does need to consciously work at it. This theme was taken up again by Hammond and Gorski (2005) in relation to using the steps outlined in 12-Step programs as a means of moving not only *out of* addiction, but then moving *toward* the development of a more fully actualized self. This same theme had also previously been taken up by Finfgeld, (1999). Her study was interesting in that it explored how individuals recover through self-determination without the benefit of treatment and/or 12-Step programs. Her central interest was on what motivated a person to change, and her findings indicated that becoming the person he or she "wanted to be" was the essential driving force for substance abuse recovery to take place (p. 214).

Schlimme (2010) in conducting a phenomenological study took a closer look at addiction from the view of addictive processes in terms of a loss of self-determination thereby focusing on the problem rather than the solution. On the other hand, Burman (2003, p. 24) explored the development of a greater awareness of cause-and-effect in the determination of turning points in the addiction-recovery cycle. She examined how cognitive processes (reflection, introspection, reasoning, assessing, and critical thinking) influenced motivation and determination as key elements for recovery to take place. She went on to highlight the importance of both cognitive and behavioral changes as necessary in the development and usage of new coping which were skills seen as necessary for maintenance of sobriety. Lastly, Dickens (2011) began her exploration with the belief that long-term recovery in not only possible, but likely. An important factor was the development/re-development of a "recovery value system" and self-awareness that principles such as humility are essential (p. 18). Although focusing on

early recovery, Dickens presented an in-depth exploration of subjective experiences in the recovery process.

A significant aspect of this process dealt with the complex social systems in which the individual must navigate his or her path to recovery. She went on to identify this in terms of a life-long process of self-exploration where one continually seeks self-improvement and the expansion of his or her core values. This, in turn, leads to a better understanding of maintenance and long-term sobriety based on a "higher order" and more expansive way of life. As self-determination represents a move toward the "regulation of behaviors" (Deci & Ryan, 1987, p. 1025), it supports positive moves toward maintenance of substance abuse recovery and then sobriety. For this to occur, there are often external factors which come into play that can have an effect on positive personal growth. These often relate to contextual and cultural factors that can either enhance or inhibit the processes involved (Ryan & Deci, 2000) – especially in addiction recovery (White, 2007b; White & Kurtz, 2006). Rather than moving away from self-defeating behaviors, the new paradigm is focused on self-determination and the ability to move toward a more positive and productive lifestyle.

At its core, self-determination refers to the desire to develop the best possible outcomes in moving out of addiction and into well-being. Deci and Ryan (2008) put forth the premise that the concept of self-determination is valid across all cultural and social sectors of society. As such, self-determination practices lend themselves effectively to the achievement and maintenance of sobriety. While it is true that a person may be both positively and negatively motivated, the former represents the wellness paradigm whereas the latter tends to more readily reflect the pathology of relapse.

Likewise, Milyavskaya and Koestner (2011, p. 387) suggested that fulfillment of psychological "needs" and "subjective well-being" are motivated and achieved by positive self-determination. They further highlighted and expanded on earlier research conducted by Deci and Ryan (2000) in which the intrinsic need for self-sufficiency, capability, and connectedness were assessed in greater detail.

Understanding the role and impact of stressors in everyday life is undoubtedly a key element of the process (Weinstein & Ryan, 2011). However, from the perspective of achieving and maintaining sobriety, it has become all the more imperative to explore factors leading to resilience and coping, and how these may shape identity – moving from being an (active) "addict" toward being a person who sees him- or herself as either recovering, in recovery, or recovered (Doukas & Cullen, 2009). The sense of self that allows this process to take place and have meaning was further elucidated by Weinstein and Ryan (2011). Therefore gaining mastery, autonomy, and a greater sense of self become crucial elements of the recovery paradigm. Along the same lines, Moller, Deci, and Ryan (2006) advocated a strengths-based approach. Their findings (pp. 1025-1026) suggested that "autonomous regulation," or *core values*, are an essential aspect of self-determination. Other and potentially more harmful as well as perhaps less integrated constructs may on the other hand lead an individual to feel coerced or pressured to act in ways that may have more detrimental consequences. The resultant "ego-depletion" can greatly threaten or, at the very least, have adverse effects on self-regulation and self-control.

According to Bremer, Kachgal, and Schoeller (2003) self-determination lends itself to freedom of choice coupled with individual responsibility and personal agency.

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An important element of recovery and a lasting sobriety stemming from these concepts encourage a person to look at themselves in their totality – that is to say in terms of both positive and negative self-characteristics or identities (Weinstein, Deci & Ryan, 2011). The more integrated and accepted these aspects of self become, the greater the likelihood that the individual will be able to reshape his or her thinking and moderate negative self-harming behaviors. In relation to this and specific to substance abuse recovery, Kennedy and Gregoire (2009) provided a compelling look at how associations between self-determination theory and the transtheoretical model of change advanced by Prochaska, DiClemente, and Norcross (1992) come into play. Kennedy and Gregoire posit that a better understanding of what motivates the decision to both initiate and maintain behavioral and thinking changes may be instrumental in the achievement of sobriety.

Both self-efficacy and self-determination as discussed in the literature have significant roles in the process of recovery. White, Evans, and Lamb (2010) provided additional support for the focus on self-determination, however, from a more contextual perspective which involved the community and not just the individual "recoverer." In highlighting the use of a social systems/recovery capital approach, they explored the "woundedness" which stems from the ravages of addiction, while emphatically highlighting the importance of focusing on the aftermath – that is the healing that happens through recovery. Central to this theme was the need to more effectively define what that term (especially addiction/substance abuse and recovery/sobriety) mean and convey to the public at large. An essential element of the process was a pattern similar to that experienced by individuals as far as stages of recovery (Prochaska, DiClemente, & Norcross, 1992). White, Evans, and Lamb looked at both in terms of improving quality

of life. In many ways the process of recovery is addressed here in terms which echo Bronfenbrenner's ecological model (1979, 1981; Paquette & Ryan, 2001).

Bronfenbrenner's model depicted all the influences that stimulate a child's emotional and mental development over time as part of a maturation and educational process. Many of these same aspects are important factors in achieving and maintaining sobriety as well. Whether in terms of "re-learning" or perhaps learning these behaviors and attitudes and interactions for the first time, a person's maturation process has generally been interrupted by his or her substance abuse and benefits from the same structures to re-acclimate to community life. This conceptualization supports a multi-modal approach which in large part must stem from community and social services that support and enhance on-going growth and maturation. As White, Evans and Lamb also pointed out, this model for recovery was essential to the concept of "welbriety"–or the shift away from pathology to one of recovery and resilience within this nested systems approach (p. 15).

Boisvert et al (2008) explored similar sentiments in working with homeless individuals in their struggles with substance abuse recovery. The concepts proposed here were certainly not new. They however reflected the importance of the "group" or community in the process of recovery–a philosophy successfully propagated by Alcoholics Anonymous. Although their focus was essentially oriented toward relapse prevention and reduction of recidivism, the ultimate goal was one of recovery and resilience.   Based in part on Bandura's theory of social learning (2001; Bandura et al, 2003), they also proclaimed the importance of both self-efficacy and self-determination within the context of a supportive community as key elements in motivating change.

Laudet, Savage, and Mahmood (2002) noted that much of the recovery research literature was sill focused on treatment planning and relapse prevention. Highlighting that little was, at that point, known about the practices supporting lasting recovery and that finding ways to examine the characteristics of those who had achieved this state could greatly benefit the recovery literature. Using a five-page self-administered survey questionnaire with 90 participants, they found that most participants had made several attempts at recovery – both through treatment and 12-Step attendance. Motivating factors for seeking out treatment repeatedly had to do with a number of life stressors. Addressing some of these before they arise, they suggested, would go a long way toward improving treatment outcomes.

Relapse Prevention Versus Wellness

For over 75 years, even before Alcoholics Anonymous came into being, substance abuse recovery had begun to be a potentially workable alternative to the downward spiral to which addicts were once considered doomed (Ward, 2010). The bulk of the research which has been conducted, as previously discussed, has squarely focused on aspects of treatment and aftercare – especially with relapse prevention in mind. It is only within the past 10 – 15 years that there has been any significant shift from the treatment or so-called "medical model" which is pathology based. This primary area of interest and concern remains focused on addiction and relapse triggers (Borg & Davidson, 2008; Hibbert & Best, 2011; Witbrodt et al, 2012).

Dara et al (2010) approached the topic of recovery from the perspective of what worked in the early stages that could be further capitalized on over time. They went on to examine what personal characteristics had the potential to predict more favorable

outcomes. They pointed out that, while many struggle with abstinence–especially during the first month(s)–those who were able to pass this point were more likely to develop awareness of their triggers and different, more effective, coping mechanisms. Although Borg and Davidson (2008) focused on mental illness rather than addiction, they highlighted the need to explore recovery in a holistic context. It is not uncommon for addicts to also be diagnosed with anxiety or depression so the insights stemming from Borg and Davidson's research is all the more applicable in terms of recovery form substance abuse as well. The ability to live an "everyday life" on life's terms was seen as a highly desirable and attainable outcome. Key findings from their narrative inquiry process demonstrated that "normalcy" is highly prized and conveys the ability to make life less stressful which is definitely a goal of relapse prevention and wellbriety as well.

Rather than focusing, as many other studies do, on the early stages of recovery, Hibbert and Best (2011) wanted to examine quality of life issues at different stages in terms of self-esteem and self-efficacy. It was to be expected, as Hibbert and Best demonstrated, that these factors increased over time as individuals worked their way through challenging issues. Witbrodt et al (2012) conducted one of the few longitudinal studies–as those by McKellar et al (2008), as well as Moos and Moos (2006; 2007) and Kaskutas (2003)–that attempted to explore those characteristics that support abstinence over time assessed during, in this case,1-, 5-, 7-, and 9-year interviews where 12-Step attendance (and involvement) was assessed.

It was therefore perhaps all the more important to note that there has been an increasing awareness that taking a narrative qualitative approach provides a much richer lens on the process individuals go through in maintaining sobriety. Realization that much

is to be gained from obtaining firsthand accounts from those living a sober life has led a number of researchers to explore this phenomenon in greater detail. As previously noted, the road back from, and forward beyond, addiction reflects a challenging and complex journey (Mackintosh & Knight, 2012). The authors suggested that the formulation of a new self-identity was crucial to accomplishing this goal. This undertaking rested squarely on the achievement of certain developmental tasks, the impetus for which stemmed from a number of possible existential crises. Based on the analysis of semi-structured interviews, Mackintosh and Knight used a qualitative phenomenological methodological process, as described by Giorgi (1997), which became foundational to the methodology for the current research as described in the next chapter.

One of the recurring themes was the need expressed by each participant to undertake a self-appraisal leading to new conceptualizations of self. Taking responsibility for one's actions and self-determination were key elements in this process. There is a saying in 12-Step rooms that says "the person I was will always drink/use" (J. B., 2010, personal communication). In this research, finding a "new sense of self" and claiming that identity, while not denying the past one, was key to promoting lasting change.

Substance Abuse Recovery

While much has already been discussed relevant to this topic, there are still some aspects which would benefit from further elucidation. As presented in chapter one, those who have worked to address the issues surrounding alcohol and/or other drug recovery (Dara et al, 2010; Dickens, 2010; Jacobsen, 2010; Kelly, Magill & Stout, 2009; Moos, 2007; Paterson, 2012; Yaffe, 2001) have taken a more holistic approach that looked

beyond "mere abstinence" to quality of life and what has also been called "Stage II Recovery" (Hammond & Gorski, 2005; Larsen, 2008). In particular, the arguments presented by Jacobsen (2010) have provided greater understanding of the concepts such as "recovery capital" which included the development of skill sets and coping mechanisms – the resources – that a person can benefit from in maintaining long-term sobriety. One thing he made clear was that recovery is a process, not an event. He also clearly delineated early, middle, and late stage recovery characteristics based on both prior research as well as his own research. A singular aspect of this process, in his view, was tied to the importance that active participation in 12-Step programs played for many on an on-going basis. Outcomes demonstrated, among other things, the importance of self-efficacy in long-term sobriety. On the opposite end, the greatest challenges were tied to low self-esteem, boredom, and the inability to regulate emotions (p. 35). He concluded that more research was needed into the causes (and effects) of long-term sobriety.

As mentioned earlier, Dickens (2011) undertook a phenomenological study which led to findings around the themes of relation to self, relation to others, causality, and structure of time/time management. Spiritual development was found to be a key component although participants had somewhat different experiences of what that entailed and their reasons for staying sober were quite varied as well. Two of her four stages of recovery management – sustained maintenance and enhanced quality of life across multiple domains – were believed to be particularly relevant to the current research. Dickens also highlighted the paradigm shift in the last decade toward a wellness model and the importance of the community context which makes this possible.

Also using a phenomenological approach, Paterson (2012) explored those factors that participants felt were most effective in helping them maintain sobriety – and how the commonality of thematic conceptualizations informed treatment options. Faith-based recovery and spiritual transformation were of particular interest, although there were many different paths of faith that were employed by the different participants. Recovery, for Paterson, was defined in a much broader context well beyond "mere abstinence." As such, it centered on psychological well-being and positive social adaptations (p. 21), reflecting newfound meaning-making and a heightened sense of purpose (p. 50).   The personal stories of change and growth shared by participants provided a rich view of the salient characteristics of long-term recovery and sobriety. Once again, 12-Step attendance was seen to play a significant role.

Wellness and "Wellbriety"

The current trend away from the disease model has incorporated a decidedly more spiritual perspective (Bliss, 2009). She advocated use of a "person-in-environment perspective," as well as a stronger reliance on the transpersonal framework of a spiritual etiological model (p. 10). Her proposed model posited "a disruption of the person's spiritual evolution … [where] alcoholism was considered a disruption of the psyche or soul" (p. 15).   Hazel and Mohatt (2001) also provided an interesting perspective based on Alaskan aboriginal recovery needs and practices. In particular, a sense of consistency and constancy were essential for recovery to take place and be maintained. They suggested that exploration of different cultural perceptions and practices with regard to spirituality play an integral role in this process. They further proposed that the ensuing

sense of coherence and meaning-making which enhance cognitive functioning are requisite to prolonged sobriety (p. 542).

Perhaps the most significant research on the concept of "wellbriety" was conducted by Moore & Coyhis (2010). Stemming from Native American spiritual concepts and practices, and embodying four multi-tribal laws of change that reflect what was termed an "Eriksonian-Lakota" theory of self-identity development over time, the path of wellbriety ultimately reflects certain core principles that can be effectively implemented across many different cultures (White, 2007a). It is based on peer facilitation and social support that follows a well-defined strengths-based curriculum. It is worth noting again that this concept is certainly not new, nor is the implementation of the wellbriety movement with indigenous populations. Moore and Coyhis noted that this program has been in existence and conducted with success since 1988. It rests squarely on an evidence-based mentoring and coaching model which may well serve prevention initiatives as well as those addressing recovery and can serve effectively with those of other cultural backgrounds as well.

Spirituality and Religion in Recovery

Several relatively recent articles, (Ciarrocchi & Brelsford, 2009; Day, 2010; Hagedorn & Moorhead, 2010; Ivtzan et al, 2011; Ward, 2010), offered compelling insights into what Jung referred to in the AA "Big Book" had stated in his correspondence with "Bill W" noting the importance of "*spiritus conta spiritum*" – or the need for "spirituality to counter the need for (alcoholic) spirits" in the recovery from substance abuse (Wilson, 1961). In discussing the "God-shaped hole," and the search to fill this, Hagedorn & Moorhead cited reports that addiction represented a maladaptive

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way of filling a void, or soul-emptiness, and quest for fulfillment (p. 63). This, in many

ways, invokes Frankl's (1984) seminal work on the quest for meaning, echoed in relation

to addiction and recovery by Galanter (2006; 2007). The authors suggested that this

search for fulfillment cannot be met by worldly or mundane means. Instead it becomes

incumbent on the recovering person to seek spiritual means which were described in

terms of character strengths and virtues.

Hagedorn and Moorehead (2010) maintained that searching out a "spiritual" form

of fulfillment brings about the craved for sense of completeness. They saw this as a

counterpoint to the maladaptive struggle for perfectionism often sought through

substance use (p. 67). The despair that stemmed from this lack of fulfillment led to

increasingly detrimental consequences and often led to increased feelings of "brokenness,

powerlessness, and hopelessness" (p. 69). While the authors did not recommend any

particular religious or spiritual path, they did strongly suggest that in order to recover,

individuals must acquire and live by spiritual principles. They went on to suggest a

three-pronged spiritual approach, adapted from a model set forth by Garrett (1996) when

working with anorexic patients. This approach first entailed "connecting with the self –

through (a) meditation; (b) participating in a daily devotional practice; (c) self-reflective

journaling; and (d) use of meditative music" throughout the various self-awareness

components of recovery. The second prong of this approach is "connection to others" –

developing and sustaining strong bonds within an encouraging and compassionate group

of people. Lastly, the third prong promotes a "connection with nature" – engaging in

some outdoor activities in order to gain an (a) "awareness of beauty"; (b) "sense of awe";

(c) "appreciation of a person's place within their ecosystem"; (d) "redirection of focus

from current struggles." Taken together, these three prongs helped individuals develop an awareness of the interconnection he or she can/must have with self, others, and his or her surroundings (pp. 70 – 72).

Ward (2010), in examining both harm reduction and abstinence models of recovery in a variety of settings, offered further commentary on the fundamental universality and commonality of the roots of addiction across cultures. That factor is the search for wholeness. Using an object relations approach, Ward explored the model of the addict-self and suggests that a (spiritual) transformational process is needed. The "addict-self" must be replaced by an "authentic or true self" – that inner core being that longs for the sense of completeness brought about through acquiring and manifesting character strengths (or virtues). Key to this process is the "installation of hope."

First highlighted in much of the research both as a pathway to recovery in and of itself, as well as through referral to 12-Step programs as a form of "on-going aftercare," spiritual approaches continue to gain a stronger foothold in the treatment literature. Increased research interest has begun to focus on the role that spirituality plays in the recovery process (Galanter, 2007; Gorski, 1989; Hammond & Gorski, 2005; Sterling et al, 2007). Beginning with Sterling et al (2007), who focused on aspects of spiritual growth and its association with addictions recovery, it was important to note that recognition of the role spirituality can – and often does – play in recovery. A key finding was support for the importance that this factor plays in the recovery process. Looking back on the work of Gorski (1989), as well as Hammond and Gorski (2005), and based on the principles evoked in "12-Step work," it seemed apparent from the experiences of members of programs such as *Alcoholics Anonymous* that there is a centrality of attention

focused on the role spirituality plays as recovery is gained and maintained. It is also

important to note that there is a clear distinction between what marks the early stage of

the process, abstinence, and what constitutes later "*Stage II Recovery*" (Larsen, 1985)

when the "problems of living" become more apparent. Co-founder of AA, Bill Wilson

(1958), stated in an early article in the AA Grapevine, the monthly magazine for those in

recovery, that what was needed was a move toward emotional sobriety – and that without

this, recovery was at best often a tenuous affair.   Stating

that researchers must gain a better understanding of how recovery is brought about and

how it is maintained, Galanter (2007) set out to devise a recovery model based on the

type of spirituality called for in AA. He distinguished between a "state of remission" –

often seen by the treatment community as recovery – and what behaviors were evidenced

in post-treatment everyday life to maintain that status. Galanter advocated looking to the

concepts of positive psychology, tied to spiritual principles as a means of achieving and

maintaining lasting recovery. Citing an "internalized need for perfection" and the

impossibility of living up to this, Hagedorn & Moorehead (2010, p. 63) called for an

examination of societal norms and a need to perhaps replace the materialistic means often

used to try to fill the emotional void that current society creates. They advocated a fresh

look at spirituality and the pursuit of fulfillment, and a higher sense of self as well as

quality of life.   Unfortunately, the demarcation

between spirituality and religion remains, still to this day, a confusing and often blurred

concept (Bliss, 2009). Therefore, a greater challenge still exists for some to consider

incorporation of this avenue as part of an overall recovery program, let alone as a singular

and perhaps essential component of sobriety (Carone & Barone, 2001; Chapman, 1991;

Galanter, 2006; Greene & Nguyen, 2012; Park & Edmonson, 2011; Sellman et al, 2007).

As such it becomes increasingly important to gain a clearer understanding of these

constructs.   Bliss (p. 15) suggested that transpersonal approaches to human development

which can promote successful recovery grows out of heightened awareness, recognition

of what can be called "self-defeating learned behaviors" (Larsen, 1985, 1991) which

perpetuate substance abuse relapse cycles, and a move toward greater capacity and

aptitudes for a proactive lifestyle.   Furthermore, Graham et al (2008) have

highlighted what multifaceted issues both addiction and recovery can be. Indeed, they

point out that addiction and recovery must be viewed within the broader scope of the

social context in which it takes place. They have gone on to propose an interlocking

systems approach which recalls Bronfenbrenner's (1979; 1981) ecological systems model

of human development – something further elucidated with practical applications in

multiple domains by Paquette and Ryan (2001) who also explored the relationship

between this model and the Values Project by Poppov, Poppov, and Kavelin (1995).

Graham et al also called for alternative approaches which reflect the multi-layered and

multi-faceted needs for successful recovery to take place (p.130). Their study goes on to

examine the complexities of addiction and recovery. They advocated the addition of

"biographical, and 'societally-oriented,' and goal-directed approaches" to be added to the

current protocols. Using this approach, they believed, heightened both self-efficacy and

self-determination.   The sentiments put forth were echoed by Mackintosh and Knight

(2012) in their work on "reclaiming the self" as a primary thrust of long-term recovery

and the ensuing sobriety. This is further evidenced through exploration of the

developmental stages associated with the "journey of self-discovery." The

phenomenological approach taken by Mackintosh and Knight in their research makes it all the more salient as a backdrop to this current research.

Bahá'í Perspectives on Mental Health and Wellness

An essential aspect of the Bahá'í Faith is that it requires independent investigation of truth–a theme reminiscent of self-determination and self-direction. Another key tenet is that the purpose of life is to recognize and make use of the virtues, or character strengths, that lie dormant in every individual until "called into being" through prayer, meditation, study of Bahá'í and other sacred Writings, and putting these into practice in ever-widening spheres of influence. Paquette and Ryan (2001) explored the connection between Bronfenbrenner's ecological model and the Bahá'í virtues project (Popov, Popov & Kavelin, 1995). This was of particular interest because of the evolution taking place in the field of addictions recovery as it continues to take a broader and more holistic contextual approach. This also lends additional credibility to the pursuit of addictions recovery in this manner.   Fotos (1994) stated that, based on the teachings and beliefs of the Bahá'í Faith, we are all born with innate qualities, virtues, and capacities. However, these must be nurtured and cultivated for individuals to flourish. Because of this something may be lost in the quest for meaning and a positive sense of self (Maloney, 2006; Park & Edmonson, 2011) if the person's substance abuse is not recognized. The longing for fulfillment and connection is one reason that benefits in a cause-and-effect circularity brought about through a quest for greater spirituality (Hagedorn & Moorehead, 2010). However, as we mature, a discernible shift takes place from an emotional to a cognitive interpretation of our environment. Fotos therefore proposed a "possible cognitive language-based pathway for spiritualization" (p. 1). He reminded us that

human beings possess the ability to display an array of virtues, as well as the capacity to articulate thoughts and feelings through linguistic skills. Yet some, or even much, of this is lost to the emotional turmoil certain people have difficulty in processing effectively. Notable among these are people who suffer from mental illness and/or addiction.

Fotos (1994) went on to say that, in adulthood, it was essential to use intentional concentration and exertion in order to remind the "self" of its innate qualities. Fotos confirmed ʹAbdu'l-Bahá's (1969; 1981; 1982) earlier elucidation of the concepts of "knowledge, will, and volition" and how these must be brought to bear in this endeavor. Hatcher (2002) echoed this idea as it related to searching for "the authentic self" – a concept foundational to the development of the Bahá'í-inspired Authenticity Institute (2012). Also that man is endowed with both outer and inner senses that, together, help mankind become the spiritual beings they were meant to be. Therefore both psychological (intrapsychic and interpersonal) and spiritual avenues (or transpersonal strategies) must be pursued together to gain mastery. The acquired "social skills" derived from these practices Fotos reiterated can enhance learning and the manifestation of virtues through the transpersonal connection to something greater than the self. This can be relied on to help understand the possible pathways out from challenging and potentially debilitating encounters. Both Danesh (1997) and Hatcher (2002) have resoundingly echoed these sentiments. More recently Radpour (2011) revisited the importance of these concepts in a series of presentations on becoming one's authentic self.

Concepts of self-efficacy, often based on the acquisition of strengths (or virtues), are also inferred in one of the many prayers revealed by ʹAbdu'l-Bahá (1991), which

speaks of being "awakened and made conscious." Mackintosh and Knight (2012) offered insights stemming from a humanistic perspective of exploring life purpose and positive self-concept. These factors were highlighted earlier by Savi (1994) in his exploration of one of Bahá'u'lláh's more mystical texts – the *Four Valleys*. In his article Savi examined four attributes ("valleys") which the "wayfarer" must travel through in his or her quest toward a higher self. Savi used this text to concretize the overarching journey of self-exploration and self-determination. This is based on gaining understanding of each person's quest in terms of faithfulness and perseverance in obtaining the spiritual goals, or correct use of "willing, knowing, and loving" initially put forth by 'Abdu'l-Bahá (1969; 1981), and taken up again by Hatcher (2002).

The fourth aspect or valley is one that may be actively sought, but can never be totally attained in this lifetime as it reflects an end point of perfection. Herzog (1998) added to this discourse and took a decidedly humanistic stance, similar to the one espoused by Mackintosh and Knight (2012), although focused directly on the contributions to understanding stemming from the Bahá'í Writings. Herzog further explored the guidance on intrapsychic, interpersonal, and transpersonal development as elaborated on in the Bahá'í Writings. In this way, she presented a more holistic perspective of human development citing Rogers, Maslow, and Jung for their contributions to the development of "self" and demonstrating how the Bahá'í Writings evoke similar strategies of growth and more positive self-regard, fulfillment, and self-actualization.

This theme was broadened, yet perhaps in a less specific theoretical manner in the work presented by Maloney (2006) regarding the development of a mental health and

wellness theory based on the Bahá'í Writings. Both Herzog and Maloney offered

constructive ways in which Bahá'í principles can be used to strengthen the "spiritual self"

or "higher nature" (p. 121). Throughout the Bahá'í Writings one can readily find these

recurring themes of will, knowledge, and love. They are central to the human emotional

and intellectual growth which stems from development of the powers of reason, intuition,

and understanding. These processes in turn can lead to a greater capacity for the

acquisition of "divine virtues." Ward (2010), echoed by Mackintosh and Knight (2010),

suggested that a more profound sense of self stems from the process invoked by

Maloney, and that the sought after qualities include universal attributes such as

"kindness, gratitude, appreciation, love, joy, acceptance, compassion, generosity,

forgiveness, serenity, open-heartedness, sincerity, creativity, vulnerability, wisdom,

intuition, and humor" among others. Maloney then took her observations one step further

in making recommendations as to how this spiritual approach can be effectively used

with Bahá'ís in need of mental health counseling which encourages and includes a

spiritual approach. Many of her recommendations can also be extrapolated to be used in

substance abuse recovery.

Implications for the Interview Guide

As can be seen from the above discussion, a significant shift is beginning to take

place in certain recovery and treatment arenas. This new view of substance abuse

"treatment" places it within a more comprehensive and holistic framework of wellness.

In addition to the contributions made by Frankl (1984) regarding the search for meaning,

as well as the focus on positive self-regard taken by Galanter (2006; 2007), Hagedorn and

Moorhead (2010), and Ward (2010), was an integral part of the approach taken in the

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development of the Interview Guide for this research. It also embodied the perspective advanced by Laudet & White (2008) in terms of how the participants have gone about increasing their personal "recovery capital." As a reminder, the primary research question is: How have Bahá'ís in recovery from substance abuse experienced long-term sobriety? This developed into the interview questions which included: (1) How have you, as a Bahá'í, experienced your path of recovery and long-term sobriety? A specific focus for this proposed research was also on what the teachings of the Bahá'í Faith and 'living a Bahá'í Life' may contribute to sobriety (Bausani, 1988; Ghadirian, 1985, 2007) for successful self-direction and self-efficacy (Danesh, 1997, McGraw, 2007; Savi, 1994). Follow-up questions were designed to further elucidate the experiences offered in response to the primary question. These included (2a) What is your personal definition of successful recovery and sobriety? (2b) What role has spirituality or religion played in your recovery process? (3) What have been some major "turning points" for participants and how were these experienced in terms of being a Bahá'í?

As there have been many definitions and different understandings of these concepts, it was recommended (White, 2007a; 2007b; 2009), that the definitions offered by those who have personal experience will help to better define and contextualize these concepts. According to Hibbert and Best (2010) there were significant events and/or changes in beliefs and practices that help delineate "early", "middle", and "late" stage recovery. As the participants had successfully negotiated these transitions, they were a source of direct information on what works and what doesn't in the quest for sobriety.

An important fourth question was: "What impact have the Baha'i Teachings had on the way you view your own personal role and journey in sobriety?" It was important

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to explore whether the Bahá'í Writings were able to provide a number of tools which could enhance greater self-determination, self-awareness, authenticity, and the ability to develop a positive lifestyle (Danesh, 1997; Radpour, 2011). Another distinction was whether this learning stemmed from personal and collective study, and what role members of the Bahá'í Faith did or didn't do that enhanced or hindered that process.

The Writings of the Bahá'í Faith, as well as the interpretations discussed above, demonstrate a strengths-based focused commitment to wellness. Therefore it was believed that the Bahá'í Writings supported and contributed to the body of research that placed spirituality squarely in the forefront of achieving, and perhaps more importantly, maintaining sobriety. The Bahá'í Faith has, with only one exception to date (Ghadirian, 1985/ 2007), not directly addressed issues of addiction. There have, however, been some notable contributions directed at elucidating concepts and practices tied to well-being – some of which were cited above (Danesh, 1997; Ghadirian, 2009; 2010; Herzog, 1998; Maloney, 2006; McGraw, 2007; Penn, 2012; Radpour, 2011; Saint Rain, 2003, 2012; Savi, 1994). While much of the material presented by these authors is beyond the scope of this current research, it was certainly noteworthy and helped provide a framework for the development of the interview guide. As members of the Bahá'í Faith take an ever-increasing role in encouraging spiritual solutions to the myriad emotional, mental, and physical challenges that face mankind today, wellness approaches as suggested in the Bahá'í Writings become all the more important to explore. Taken in its totality, the body of work represented here reflects an approach dedicated to the acquisition of virtues, or moral strengths.

Development of the Interview Guide

Acknowledging the theoretical and conceptual frameworks stemming from the literature reviewed above, along with the researcher's firsthand experiences, led to the development of the interview guide for this research. Precisely how and what was of interest in prior research was scrutinized in order to better understand how to proceed with the development of the interview guide and its focus. The more specific centrality of spirituality in long-term substance abuse recovery was an essential aspect to be considered.

How spirituality differs from, is compatible with, and/or may be overlapping with, or parallel to, different religious ideologies in some recovery efforts research has been an essential construct that needs further elucidation and has represented a gap in the literature. This has been especially true when considering non-Christian contexts. The impetus for this current research was in part based on a desire to contribute to filling this gap. Because of this, the contributions to this discourse stemming from an exploration of certain Bahá'í principles was undertaken. To date, as discussed earlier little has been written in terms of the Bahá'í "way of life" as to how this might influence – whether positively or negatively – the recovery process and lasting sobriety. Long-term sobriety – how this is accomplished and what it means – was also seen as a gap in the literature to which this research can contribute.

The interview questions were derived from the research interest in how members of the Bahá'í Faith have experienced long-term sobriety. The interview questions were meant to encourage participants to share their personal insights into what constituted recovery, sobriety, and the role that being a member of the Bahá'í Faith had played, and

may continue to play in both their recovery and ensuing sobriety. In keeping with the recommendations in the literature and in order to ensure that the interview guide functioned as was intended–that is to say that it did not contain leading or biased questions–it was reviewed by four members of the Bahá'í Faith who are also involved in counseling and/or academic pursuits. In addition one member of the field testing group was well-versed in qualitative research methods.

Methodological Considerations

Although the next chapter examines the selected methodology in some depth and provides a rationale for its use, a brief review of the critical literature is noteworthy at this point. Based on the examination of prior research and a preference for gaining firsthand knowledge of the topic from those who have experienced it, this current research was conducted as a qualitative phenomenological study. The phenomenon of long-term sobriety readily lends itself to this approach (Paterson, 2012; Schlimme, 2010; Shinebourne & Smith, 2010). While there are several approaches that can be taken within this type of research, the work presented by Giorgi (1997, 2006, 2009, 2012) held the greatest appeal. One of the factors that led to this choice is that Giorgi has constantly reviewed his process and has refined this over time, working toward presenting it with greater clarity.

The focus for this current research was the phenomenon of sobriety as experienced by different individuals, thus presenting "multiple realities" or perspectives through the lens of personal experiences with the concept under scrutiny. Finlay (2009a, 2009b) has effectively shed additional light through her own analysis and practice of phenomenological research, and focused in large part on Giorgi's methods. Groenewald

(2004) also presented a particularly cogent view of this type of research. Hays and Woods (2011) addressed the paradigmatic assumptions and research goals along with other criteria in relation to a number of different qualitative approaches as did Creswell et al (2007).

Jacobsen (2010) and Paterson (2012) among others thoroughly examined the topic of alcohol and/or other drug recovery through a qualitative phenomenological lens. Their research was foundational in developing this current study. Jacobsen noted in particular the importance of individuals "making a self-motivated choice" to get into recovery. The resulting sobriety stemmed from the combination of a number of elements, one of which was spirituality. Paterson looked more specifically at what could prove helpful as far as provision of services over time to help a person in recovery maintain his or her sobriety. Shinebourne and Smith (2011) also focused on the phenomenological study of long-term recovery and offered insights on the experiences of women who had 15 or more years of sobriety. They clearly stated that most research focuses on the initiation of recovery and the early stages while only a few have looked at what happens well beyond that point. Other research has looked more closely as specific aspects of the process of recovery and sobriety with implications in both research and the therapeutic approaches that are used (Dickens, 2011; Friedlander, Lee, & Bernardi, 2012, Galanter, 2006; Gitlow, 2007). Their descriptions of the methodologies used in conducting research on addiction and sobriety added greatly to the body of knowledge which led to the selection of phenomenology and the method of choice for this research.

Summary of the Critical Literature

The literature reviewed for this current research examined a number of different

factors. Notable among these has been the paradigm shift from one of relapse prevention to one in which recovery is maintained and wellness is the primary focus. In addition this shift to "wellbriety" was shown to have a strong strengths-based spiritual component. Much of the literature that explored sobriety in the past described spiritual pursuits related predominantly to a 12-Step model. More recently, however, this had also shifted to a broader conceptualization of spirituality as a search for personal fulfillment and meaning-making. The way this was brought about rested squarely on the processes for the development of self-efficacy and self-determination. Both of these concepts were seen through interpretations of the Bahá'í Writings discussed above. It was believed that these applications of the principles and practices of the Bahá'í Faith could offer an additional perspective on the development of spirituality and how this can support long-term sobriety regardless of prior religious affiliation or lack thereof

As was discussed above, there are a number of earlier phenomenological studies that sought to better understand the motivations and processes used by individuals in achieving and maintaining long-term sobriety. This approach is the one that will also be used in the current research. As introduced above, the nature and scope of qualitative research and phenomenology in particular, as used for the current research and stated above is the focus of Chapter 3. The procedures used to recruit participants, as well as those implemented in collecting, coding, and analyzing the data, not to mention assumptions and limitations initially put forth in chapter one are also discussed in greater depth.

CHAPTER 3. METHODOLOGY

Introduction to the Methodology

The purpose of this chapter is to outline the procedures followed in the current study on the spiritual aspects of long-term sobriety as experienced by members of a specific faith/religious community, namely the Bahá'í Faith. Before selecting a research design, it was important for the researcher to identify her worldview. A worldview is a "mental model of reality." It is foundational to people's understanding and outlook about the world, themselves and others, and life in general. It is based on a wide-ranging system of principles, values, attitudes, and habits. These help create the "code of conduct" people try to live by, and is often shaped by their experiences and main concerns. It is important to note that, for some, their worldview is developed in part by their understanding of their connection with God (Rusbult, n.d.)

The research undertaken here stemmed from a social constructivist stance as described by Creswell et al (2009) and Hatch (2002) – that is, one accepting and representing multiple "realities" stemming from the different perspectives offered by each individual participant. When a social constructivist approach is taken, it also reflects how the participants offered their own unique perspectives and interpretations of a particular (mutual) experience. It is this stance which framed the way the research questions were developed. At the heart of selecting the best research design then proceeded from the identified research questions and what kind of data was needed to

answer these is (Hatch, 2002).

The overarching goal of the present research was to understand what, if any, contribution spirituality lent to sobriety (beyond mere abstinence) from the use/abuse of alcohol and/or other drugs for five or more years and how the process of recovery was understood by those who experienced it. Research has demonstrated that gaining direct information from recovering/recovered substance abusers provides a dimension that can assist in the planning of interventions with those still struggling with recovery (Betty Ford Institute, 2007; Laudet, Savage & Mahmood, 2002; White, 2007a). This current study was developed to conduct an in-depth exploration of the phenomenon of long-term sobriety through the particular lens of each participant's spirituality. Spirituality as a particular aspect of the recovery process has proved to be beneficial for many people in recovery (Bevacqua & Hoffman, 2010; Bliss, 2009; Boeving, 2010; Cook, 2004; Dickens, 2011; Flanagan, 2008; Galanter, 2007; Ghadarian, 2007; Hazel & Mohatt, 2001; Ivtzan et al, 2011; Paterson, 2012; White, 2007b). Gaining access to those with long-term sobriety has often proven difficult, however, finding recovered individuals from a specific faith tradition to which the researcher had access made that process easier. That said this approach also reduced the overall recovery population availability to a purposive sample of a specific essentially homogeneous subgroup. As Bahá'ís come from very broad cultural, religious, and socioeconomic backgrounds, there was an expectation on the part of the researcher that this group was likely to be potentially less homogeneous than others stemming from other faith traditions, and would be more representative of a broader recovery population than those from other religions and/or recovery backgrounds.

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Qualitative Research

Creswell et al (2007) suggested that a number of qualitative approaches and research designs could be used. How to go about choosing the best approach for a particular research study of selecting an approach may not be readily apparent. They went on to define *research design* as the overarching conceptualization which drives the creation and wording of the research question(s), data collection procedures, data analysis methods, and lastly how the findings are reported. The questions, based on the nature of the research, were open-ended and called for views and experiences supplied by the participants in the study. Determining which qualitative approach was ultimately selected as the most appropriate for this research study helped establish both the data collection approach and the analysis of the data that was gathered in this manner. The allure of qualitative research was that it provided a means of acquiring in-depth knowledge from those who experienced this particular phenomenon (long-term sobriety) in order to gain new insights (Armour, Rivaux & Bell, 2009; Coyle, 2008; Creswell et al, 2007; Dickens, 2011; Jacobsen, 2010; Leedy & Ormrod, 2005; Paterson, 2012).

Another appealing element of the qualitative approach is that the research is conducted in the real world rather than under "laboratory conditions" favored by quantitative researchers as the latter would not be conducive to a free-flowing dialogue about the participants' personal experiences. A qualitative approach can provide remarkable clarity as one looks into a person's motivations concerning particular thoughts and actions with regard to the topic of interest (Creswell et al, 2007). According to Glicken (2003), determining what he called "small truths" established useful connections not readily accessed through use of quantitative means. Early on, Ambert et

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al (1995) stated that qualitative approaches are best suited for exploring a given topic from different perspectives. For White (2006; 2009), who has focused extensively on long-term sobriety, it has become increasingly important to garner information directly from those who have experienced this particular phenomenon. Therefore using a qualitative approach for the current study was considered the best approach. Ragin (2011) discussed the importance of this approach when engaging in social research. He further stated that separating the relevant phenomenon into its various aspects without losing sight of the overarching concept or entity of interest is essential. Qualitative research therefore has the goal of examining certain features of social phenomena (Glicken, 2003; Ragin, 2011). Questions about *how* a thing or practice was experienced, and *why* this happened helped provide a deeper awareness of participants' motivation for their choices and actions. This can potentially serve to give at least a glimmer of what is possible for others experiencing the same condition – in this case lasting recovery from substance abuse. The real world setting in which the research was conducted provided remarkable opportunities to explore each person's motivations concerning particular thoughts and actions with regard to their experiences of long-term sobriety (Creswell et al, 2007).

Certain key factors needed to be considered when determining what type of research design best served the direction and purpose of this current study. These factors stemmed from a combination of the researcher's worldview, the intended goal of the research, and the audience for which it was intended (Creswell, 2009; Leedy & Ormrod, 2005). Ragin (2011) similarly highlighted this multi-faceted approach to social research noting the importance of looking at both the "component factors" and the "contextual

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whole." Qualitative processes take place in a more circular manner than quantitative research – moving back and forth between the collection of data and the development of theory or themes in a somewhat intuitive manner not necessarily readily apparent unless a detailed account of the procedures and through processes followed are made available.

While there are distinct advantages to the use of a qualitative research approach, prospective challenges of bias in these approaches have been underscored by Deady (2011). This has caused some to question the validity of qualitative approaches. Deady suggested that this type of judgment be suspended until a thorough immersion into the research is achieved so as to have a better chance of understanding the researcher's paradigmatic stance and subsequent methodological choices. Some researchers have suggested that the practices of qualitative research, being based on inductive and inferential practices have perhaps been considered "less scientific" (Glicken, 2003). The methodology on the contrary tends to remove the "artificiality" that can occur in laboratory settings. When people are in their natural environment it is expected that they present themselves and their realities in more forthcoming ways. This is all the more brought to bear by the nature of the interview process using open-ended questions. Qualitative research can offer significant new awareness into what drives or motivates participants in relation to the activity being studied. This can then be analyzed with respect to other research on the topic. Hatch (2002) and Glicken (2003) both further emphasized the value of ensuring that the research process include emphasis on theoretical frameworks. They highlighted that the theoretical frameworks should also be referenced when presenting the results, a stance more recently echoed by Hays and Wood (2011).

Those qualitative designs which lent themselves best to this process would, according to Leedy and Ormrod (2005), be either through case study or phenomenology, the latter being the method of choice in several of the above-mentioned addiction recovery studies. The distinction between case studies and phenomenological research is worth noting. Whereas the former examines in depth *the individuals* involved, the latter focuses on *their experience*. Therefore it was determined by this researcher that phenomenology best served the current research focus – that is, the phenomenon of lasting sobriety. Although use of a multiple case study approach was briefly considered, it was believed that using phenomenology would better serve this particular inquiry as the focus was on the specific phenomenon of long-term addictions recovery and the role of spirituality in that process rather than on the individuals themselves.

The primary intention of phenomenology is that it brings together impressions and experiences of each participant with a given phenomenon and synthesizes this in terms of its universal essence(s). Phenomenologists therefore depict what commonalities participants experience with a phenomenon working from the participants' specific sharing of the "what" and "how" of his or her experiences. The researcher elicits this information using interviews that consist of open-ended questions. The viewpoints of all the research participants are then developed into a composite description of the "essence" of that experience. In the case of this specific phenomenological inquiry the questions were designed to explore each participant's specific experiences with long-term sobriety as having taken place within a spiritual/religious framework provided by his or her adherence to practicing the Bahá'í Faith.

The interview guide was developed in such a way as to bring a new understanding

of the particular phenomenon under scrutiny, in keeping with research question objectives. Giorgi (2009) presented illustrations of the significant role interpretive and descriptive approaches add to relevant research concerns. Furthermore a singular advantage of qualitative studies is that they provide "thick" or "rich" descriptions of what is being explored (Gelo, Braackmann, and Benetka, 2008; Newman and Hitchcock, 2011; Williams, 2007). This means that although there are fewer participants than in quantitative research, the counterpoint is that qualitative descriptions offer much more depth from the perspective of those who experienced what is of interest to the researcher. As such, qualitative research focuses on unearthing subjective experiences and relies on inductive reasoning and researcher perceptions (Williams, 2007, p. 67). The coming together of a number of unique elements into a coherent descriptive whole is at the heart of qualitative research. In this way the development of social service practices can be advanced (Ragin, 2011).

Phenomenology

Phenomenology is a specific approach within qualitative research that helps shed light on the perceived fundamental meaning of our experiences and the lives we live. According to Hatch (2002: 30), phenomenology strives to uncover the "essence of human experience" from a constructivist perspective where the significance people give to their practices informs "multiple socially constructed realities." Something that is experienced by any given individual as their "reality" may be seen by another person in a totally different light. Phenomenology has a robust theoretical element based on the writings of Husserl (1859 – 1938) and is prevalent in the social and health sciences. The philosophical assumptions are supported by studying people's day-to-day "lived

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experiences" – viewing these as conscious expressions or descriptions of the essence of their personal experiences rather than explanations or analyses. While Creswell et al (2007) focused on other possible approaches to, and understanding of, phenomenological methodology, namely the work of both Moustakas and van Manen, the descriptive phenomenological approach presented by Giorgi (1997, 2006, 2012) was more appealing. One attractive aspect of Giorgi's work is his on-going analysis and refinement of his approach over the past 15 years. This will be further addressed below in the section "rationale for the selected methodology."

It is, according to Giorgi (2006), the individual's consciousness and his or her recognition and identification that gives situations their actuality and existence. If we are to understand the meaning of human experience(s), what is *actually lived* and what we *think* we are living are both worthy of study and are a research necessity (Glicken, 2003). Here the point of view of the individual is seen to provide valuable insights in ways that differ greatly from the objective observations and measurements taken by an outsider such as through quantitative research methods (Creswell et al, 2007; Creswell, 2009; Leedy & Ormrod, 2005). To meet the standards for research to be considered "scientific." three conditions must exist: (1) the understanding being sought needs to have the potential to fit systematically with other knowledge; (2) how this knowledge is obtained must adhere to a particular methodology; and (3) the insights gained through this process should have the likelihood of being applied in other settings (Giorgi, 2006). These factors are what led to the adoption of this particular phenomenological stance.

The goal was to discover the significance of the participant's experiences as he or she understood them. The experience or phenomenon thus became the focus of study for

which qualitative methods were designed (Polkinghorne, 2005). Polkinghorne offered a cautionary note suggesting that this type of data gathering may have certain limitations due to the fact that the phenomenological researcher has to depend on the participant's ability – and willingness – to reflect on his or her experience and present this in a coherent manner. For example, some potential participants may want to present themselves in the best light possible and may therefore omit certain details and nuances that could easily be overlooked by less experienced researchers. Others may have greater linguistic challenges and may not express themselves with the same richness of vocabulary to give "thicker" descriptions of their experiences. Every participant is likely to use different words and expressions, and it is the responsibility of the researcher to put this "languaged data" into a format of common thematic understanding (Polkinghorne, 2005).

It must be understood that both the researcher and the participants interpret the phenomenon through the filters of their own experience and worldview rather than as it otherwise might exist (Giorgi, 2008). The researcher brings the lens of his or her professional discipline and theoretical stance to develop insights which can be of benefit to others (Giorgi, 2006). Assuming a phenomenological reduction is the second criteria of Giorgi's method (Giorgi, 2009). This is understood to mean that the raw (or "language") data reflect how the phenomenon was experienced by the individual describing it and not necessarily as it actually happened (Giorgi, 2009). It is essential that the researcher enter into the experience with the person describing it – bracketing any and all prior knowledge, expectations, or suppositions – so that the phenomenon is experienced by the researcher solely through the describers' consciousness. A third

aspect is that the researcher then seeks to explain the experiences of the phenomena in terms of more generalizable concepts that respect the "lifeworld" of the participants while also maintaining precise, "scientific" language (Giorgi, 2009, 2012). The goal is to describe these experiential structures in such a way that they contribute to the overall professional discipline of the researcher (Giorgi, 2009). A principal advantage in contemplating the use of a phenomenological research design was that it aims to present an account of participant experiences with regard to a particular aspect of their "life-space" – and based on a particular worldview (Lester, 2005).

Phenomenology is used in helping to understand how meaning is made of experience by bringing the meaning of that experience into the consciousness of the individual through open-ended questions (Patton, 1999). The researcher's task is to provide enough structure for thorough investigation of the topic of interest – in this case, the spiritual aspects of long-term sobriety. This must be done in such a way that the interview questions are asked without "leading" the participant or reflecting any researcher bias or preconceived beliefs. The aggregate data from several participant interviews, as these are coded and analyzed, provided the evidence needed for the experience to have a more global meaning (Giorgi, 2009; Polkinghorne, 2005). This phenomenological inquiry allowed the participants in this study to "tell their stories" or describe their experiences in great detail. The researcher was then able to encourage exploration of specific elements of each individual's story by probing for more detailed descriptions. This provided a deeper understanding of any emotional aspects experienced by each participant. Examination of each participant's perceptions, meaning-making, and how this was communicated to others was what made this a valuable research approach

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(Patton, 1999). In other words, each individual described his or her experiences of the phenomenon and how he or she interpreted those experiences provided a deeper appreciation and personal meaning (Creswell, 1998). The selected research method had the advantage of identifying common constituents in the experiences, and the knowledge gained from this research may be applicable for those following other spiritual or perhaps even secular pathways associated with recovery from alcohol and/or other drug abuse.

Rationale for the Selected Methodology

The scope and applications of qualitative designs have already been well documented **(**Creswell et al, 2007; Leedy & Ormrod, 2005; Williams, 2007). There is a strong relationship between "community culture" and the way in which a person conducts him- or herself, therefore qualitative research concerns itself with not only the phenomenon itself but how the thoughts and activities that surround it shape the experience (Ragin, 2011). How the phenomenon of long-term sobriety was shaped and molded through participation in the spiritual dimensions that stem, in this instance, from practicing the Bahá'í Faith provided a new lens through which to explore substance abuse recovery.

When a phenomenological perspective is taken, an "insider perspective" based on very evocative narratives reflecting the lived experiences, perceptions, and insights of those experiencing the topic under scrutiny can be presented and in so doing bring to light new aspects, or provide greater clarity, to the phenomenon of interest. Giorgi (2009), a pioneer of phenomenological research emphasized that engagement in this type of research is geared toward achieving a more in-depth perspective of the experiences of the research subjects regarding a significant aspect of their lives. In his earliest

presentations, Giorgi (1997) pointed out that the intentionality of phenomenology reflects an essential feature of "consciousness" on the part of the participants. In a later article he suggested that an intuitive preliminary aspect of phenomenological inquiry is to give greater insights and clarity to the subject being explored. In this manner various component factors that comprise an experience are brought to light (Giorgi, 2006). In this instance, these can then contribute to the discussion of well-being which may be integral to the topic of long-term sobriety. It is, therefore, believed that taking a phenomenological approach is highly fitting as a means of exploring and gaining understanding into the experiences connected with long-term sobriety and how spirituality contributes to that process.

Phenomenological research is conducted with an underlying motive of gaining understanding that supports social meaning. Furthermore, the implications of the outcomes of this type of research can shed important light on how to better provide community-based social services that can enhance the goals and stability of long-term sobriety (Bryman, 2001; Glicken, 2003; Hibbert & Best, 2010; Ragin, 2011). The phenomenon of long-term sobriety has rarely been examined in the literature, let alone from the perspective of the experiences of those who have a high level of familiarity with the phenomenon of interest to this researcher (Boisvert et al, 2008; Dickens, 2011; Flora, 2012; Laudet, 2007; Paterson, 2012; Shinebourne & Smith, 2009, 2011). As presented in chapter one, it was critical to ensure that the methods used to engage participants and obtain the data, as well as present an analysis of their experiences, worked to enhance understanding of what recovery and sobriety meant to those experiencing this phenomenon. First-hand accounts in terms of participants' experiences in living a sober

life according to the teachings and practices of the Bahá'í Faith (Ghadirian, 1985; Maloney, 2006; McGraw, 2007; Savi, 1994) as its primary focus is in keeping with Paterson's (2012) and Schlimme's (2011) psychological approaches to the study of the phenomenon of sobriety.

Methodological Assumptions

Qualitative studies of addiction, the processes of recovery, and sobriety have confirmed that among the most effective ways of comprehending this outcome stem from the comments of those who have direct experiences of what is in question (Borg & Davidson, 2008; Dickens, 2011; Flora, 2012; Jacobsen, 2010; Larkin & Griffiths, 2002; Laudet, 2007; Nixon & Solowoniuk, 2008; Paterson, 2012; Schlimme, 2010; Shinebourne & Smith, 2009, 2011). As such, qualitative measures as highlighted by Creswell et al (2007) as well as Leedy and Ormrod (2005), offered a valid approach. Diverse human science interests have led to a number of slightly different approaches and have developed over time within the arena of phenomenological research. Recovery from substance abuse lends itself to phenomenological inquiry so that the processes involved become clearer (Giorgi 2009; Jacobsen, 2010; Paterson, 2012).

After a fairly extensive review of the literature researching sobriety, the methodological steps outlined by Giorgi (2006; 2009; 2012) held, as previously explained, the most appeal in conducting this research. One particular aspect that was important to the selection of this approach was how it helps the researcher gain greater "emotional distance"–that is engaging in "epoché or a more detached, versus embedded, subjectivity from the material as it is presented in the lived experiences of the research participants. Giorgi (2012) presented several unique viewpoints that were brought to

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light in this way in examining the phenomenon being researched. Giorgi's method took more of a descriptive approach, which focused much more directly on what was empirically or "factually" based for each of the research participants. Eliminating or at least greatly curtailing the researcher's interpretations of the participants' experiences helps ensure that the data presented was devoid of researcher bias to the degree that this was possible.

Researcher biases and preconceived notions of course cannot be entirely avoided. Central to all phenomenological research is the effort made to remove as much potential bias as possible. This is replaced by synthesizing the experiences *of the participants* derived from an understanding of *their* ways of expressing those experiences. That meant what was gleaned from those aspects that were significant to the participants without prompting by the researcher (Giorgi, 2009). As discussed later, this is all the more important when the researcher has more intimate knowledge of the topic being researched as was the case here.

Sampling Design

The social sciences have increasingly turned to qualitative method as a means of capturing the life-world of members of a particular community with the expectation of capturing the essence of important phenomena (Polkinghorne, 2005). Polkinghorne went on to discuss the ways in which participants are selected – emphasizing this last term (selection) over "sample" to differentiate the process and intent from that of quantitative research designs. As a reminder, the focus in phenomenological qualitative research is on the experience of interest, rather than the people having experienced it. The intent of this research was to better understand the phenomenon of long-term substance abuse

recovery/sobriety and, in particular, the role spirituality played in this process for these participants. The recruitment and interviewee selection process was "purposive." While still random in certain respects due to the participant recruitment method, it drew from a more "narrow" research population - one that has experienced the phenomenon of long-term sobriety/recovery from alcohol and/or other drug use/abuse as members of the Bahá'í Faith . In addition the role of spirituality from that particular perspective was an element of great interest.

Sampling Plan

The primary means of recruitment was through email outreach using the "*Bahá'í Announce*" listserve, a nation-wide email network where Bahá'ís may post information pertaining to activities and special interests connected with the Faith. The listserve board had been contacted and gave permission to post the IRB approved recruitment flyer, and the listserve's permission email was filed with the IRB. In addition, outreach to the membership of BNASAA (Bahá'í Network on AIDS, Sexuality, Addictions, and Abuse) took place at the first of their three annual conferences which was held in May, 2013 at the Green Acre Bahá'í School in Eliot, ME. Both the listserve and BNASAA issued letters of support and permission which were filed with the Capella IRB. No financial remuneration or other incentives were offered for participation.

Additional recruitment was supported through follow-up outreach by a member of the Durham, NC Bahá'í community who re-posted the announcement to the local listserve in August of 2013 after permission for the additional recruitment and lifting of the upper age limit was given by the IRB. Permission for local recruitment had been obtained earlier from the Durham Local Spiritual Assembly, also previously filed with

the IRB. The recruitment flyer was also sent out through local email listserves and newsletters throughout Ohio where the researcher lives, and the Nashville, TN, and Durham, NC areas. The three sites (Dayton, OH, Nashville, TN, and Durham, NC) were thought to potentially provide locales where face-to-face interviews could readily be conducted, although ultimately no participants were obtained through the outreach approach in either Ohio or Tennessee. Three participants were recruited through local outreach in North Carolina, although scheduling only allowed one of these to be interviewed face-to-face.

As recommended by Knox, Catlin, Casper and Schlosser (2005), a two-stage process was followed. After initial screening for age, length of sobriety, and US citizenship, potential participants were emailed the IRB approved informed consent packet containing some additional details of what the study entailed and a consent form for the participant to sign and return. Once the signed consent was received by the researcher, a date and time was set up for the interview to take place. As distance was a factor, with participants living across the United States (for a more detailed overview, see Table 2 in Chapter 4), it was ultimately decided that the interviews would be conducted over the phone using a secure password protected conference calling system with recording capabilities. Participants were able to ask questions about the research at any time beginning with the first recruitment contact, as well as throughout the research process–generally by email, although they had the option of phoning the researcher as well. As recommended by Knox and her colleagues, after transcription of the interview, each participant was contacted by email to clarify anything that was unclear and/or

needed further exploration if needed, as well as to obtain any additional thoughts that arose after completion of the primary interview.

Sample Size

As stated above, phenomenology's purpose is to present a synthesis of the experiences of participants with a given topic of interest to the researcher, thereby providing its "universal essence" (Creswell et al, 2007). It is important for qualitative research analysis not to have so large a sample size that data analysis becomes unwieldy. An adequate number of participants was needed to yield both rich and thick data, yet too many participants would not garner further new insights (Creswell et al, (2007; Franc et al, 2010). It was determined as stated above that, following Onwuegbuzie and Leech's (2007) recommendation, an adequate sample size would be from 12 to 15 participants and that this was the optimal number of participants in conducting social research to adequately answer the research question(s).

The motivation behind this type of sampling stems from the desire to collect first-hand detailed descriptions of an experience in order to better understand the phenomenon rather than extrapolating from the sample to a larger general population. Patton (1999) and Polkinghorne (2005), in defining "purposeful sampling," stated that this is undertaken in ways that produce "rich" data. This process was applied in seeking participants having experiences with spirituality in their sustained substance abuse recovery and sobriety. As presented in chapter one, the North American Bahá'í population is fairly small as current official figures report that the US Bahá'í population hovers around 170,000 adherents nationwide residing in over 8,000 cities, towns, and rural areas (Bahá'í Faith, 2012a). Participants for this research were "self-selected" in

that they chose to respond to a request for participants sent out through the Bahá'í

listserve email announcement described below. The advantage of using the Bahá'í

Announce listserve was that it is widely used for information dissemination by Bahá'ís

worldwide. This, however, presented a slight problem as the international listserve rather

than the national one originally posted the recruitment flyer. Because of this, several

potential participants had to be screened out as they were from places such as Fiji,

Eastern Europe, and the UK in addition to those living in the United States.

Participants were both men and women over the age of 25 (who are US citizens)

with at least five years of continuous recovery from the use/abuse of alcohol and/or other

drugs. This was expected to provide saturation and proved to be a correct expectation.

There was no attempt to qualify the participants self-description as substance abusers

through the use of any official diagnostic criteria. In a peer review session with the

researcher's mentor, the fact that several people who were interested in participating did

not meet the inclusion criteria (they were over 65 years of age) was discussed and the

IRB was contacted to modify this limitation. A second posting of the recruitment flyer

on *Bahá'í–Announce* in late August, 2013, after approval was obtained for this

modification by the IRB, allowed some participants who had been screened out to be

contacted again by the researcher and participate. In all, 17 interviews were conducted.

Three of the interviews were thought to be questionable through peer debriefing with the

researcher's mentor. Two of these were eliminated and the remaining questionable

interview was ultimately included.

As noted above, use of a nation-wide Bahá'í listserve – *"Bahá'í-Announce"* –

was used to recruit participants. This approach to participant recruitment provided the

opportunity to reach a larger pool of potential participants in different parts of the country as well as being representative of a wider age and racial/cultural demographic. This is presented in Table 2 in the next chapter under the "Participant Descriptions." Interviews generally took between 60 and 90 minutes although two were of shorter duration (45 minutes). In keeping with phenomenological methods as described by Knox, Catlin, Casper and Schlosser (2005) and Giorgi (2009), the interview transcripts were listened to several times prior to verbatim transcription, and subsequent transformation from first person accounts to third person accounts which were then broken down into "meaning units." All individual identifying data had been removed to preserve confidentiality and anonymity at the time of transcription. The meaning units were then labeled for initial thematic content which led to progressively higher-order coding.

Measures/Instruments

The primary instrument was an in-depth semi-structured interview. After the slight modifications to the original interview guide suggested by the expert panel during the field test, two interviews were conducted to ensure that it flowed as anticipated and intended. These practice interviews were not included in the study sample because they were conducted with personal contacts. Of course there was the possibility that because of this personal connection the interviewees did not respond as would people unknown to the researcher, however these practice sessions provided valuable "real time" experience for conducting the interviews with the actual research participants.

Prior to the participant interview taking place, potential respondents were asked to review the informed consent document which included information on their right to refuse to answer any questions and to stop the interview at any time. Prospective

participants emailed the researcher of their interest in response to the recruitment flyer posted on the national "Bahá'í-Announce" listserve. They then received the informed consent document via email and returned a signed copy by the same means as well as mailing the researcher an original copy. Due to the geographic locations of most participants, all but two interviews were conducted over the phone using a secure, password protected, conference calling system. All interviews were recorded with the participants' permission. The recording was then reviewed several times, and subsequently transcribed. Each transcript was reviewed several times while listening to the taped interview to ensure consistency of content. They were then each coded according to the process outlined by Giorgi (2009) which will be further described in the next chapter (Data Analysis). Participants were given the opportunity to review the researcher's analysis of the raw data and offer any corrections and/or additions.

The primary question which guided this research was meant to address the experiences and spiritual aspects of recovery and long-term sobriety in light of the participants' affiliation with the Bahá'í Faith. The interview was designed to elicit the most extensive accounts from the participants as they contemplated their own journey of recovery, spirituality, and sobriety. Their personal evaluation of self-efficacy, as displayed in achieving sobriety, and the self-determination that went into devising a healthy productive lifestyle were important benchmarks to note. The decision-making processes with regard to their day-to-day activities were also an important consideration. In keeping with phenomenological research protocols, it was essential to re-read each interview several times in order to create "meaning units" and subsequently properly code for thematic content (Giorgi, 2009). Each theme was then analyzed in light of the

theoretical frameworks of self-determination theory (Deci & Ryan, 2008; Ryan & Deci, 2000; Weinstein, Deci, & Ryan, 2011), and self-efficacy theory (Bandura, 1999; Bandura et al, 2003).

Interview Guide Development

Discovery is the focus of qualitative research and as such is seen to present a particular perspective. It is built on inductive reasoning along with heightened awareness and discernment (Williams, 2007) which help "make meaning" of individuals' experiences. The best method to arrive at this goal was believed to be the use of open-ended questions presented in an interview format (Creswell et al, 2007; Creswell, 2009; Hatch, 2002; Leedy & Ormrod, 2005). The Interview Guide used here was constructed by the researcher for this study. It provided a comprehensive framework by which the experiences of each of the participants could be explored.   This research design, as described by Giorgi (2009), also provided the means of attributing meaning through prescribed phenomenological coding and analysis methods.   Exploration of each participant's personal journey, and his or her particular spiritual pathway as a member of the Bahá'í Faith, was a primary focus in the interviews and what each perceived as what it means to live a "sober lifestyle." Part of the interest was on how each participant perceived that being Bahá'ís had helped - or hindered - their process in achieving and maintaining sobriety, and what that achievement meant to each within a theoretical framework of self-determination (Deci & Ryan, 2000, 2008b; Milyavskaya & Koestner, 2011) in regard to current life expectations, as well as self-efficacy (Bandura, 1999, 2001; Bandura et al, 2003; Fiorentine & Hillhouse, 2000; Hartzler, 2011).

The interview questions, therefore, were designed to reflect this theoretical stance and were reviewed through a field test which is described below in the next section. Several possible follow-up questions were included in the interview guide as a means of further prompting additional elaboration on the part of the participants as needed. Using a semi-structured approach provided the greatest flexibility with which to uncover the unique perspectives, insights, and experiences of each participant. This allowed the researcher to obtain both "rich" (nuanced) and "thick" (in-depth) details that were unique to each participant. This also allowed a composite picture of what long-term sobriety looked like and the common key elements that sustained this process for these participants. In this instance, this was the role that spirituality played/currently plays in this process over time.

Field Testing

Field testing was particularly important to this research due to the researcher's personal experiences with the topic. As such, the potential for bias was increased. The questions were designed to encourage an in-depth description of the phenomenon by the participants (Giorgi, 2012). The interview guide developed by the researcher was the sole instrument used to collect data. In some instances it is appropriate to conduct a small pilot study with members of the population from which the actual sample is to be drawn (Chenail, 2009, 2011). This said, as the Bahá'í Faith has relatively few adherents in this country, and even fewer are recovering from substance abuse (or willing to admit it) it was deemed impractical to conduct a formal pilot study. That said, the researcher did go through the interview to practice the flow of the questions with some personal friends who would fit the inclusion criteria. None of these interviews were included in

the data analysis. Prior to conducting the interviews, the interview guide developed for this purpose by the researcher was field tested with an expert panel made up of four members of the Bahá'í Faith who are engaged in counseling, qualitative research, and/or higher education. It was important to validate the way in which this researcher planned to conduct the interviews and the expert panel members offered constructive feedback.

Capella University's IRB was apprised of the process undertaken and the resulting outcomes. The questions were designed to be as open-ended as possible with follow-up questions designed to enhance both rich and thick descriptions in keeping with qualitative phenomenological practices. Sub-questions were included in the field test and were slightly modified after review by the expert panel so as to not be perceived as leading to a particular slant of response or other potential bias. It was important in particular that participants describe in their own way the role that spirituality played in their recovery experiences. Other slight modifications in wording were suggested and adopted and the revised interview guide was re-submitted to the researcher's scientific merit review research advisor who approved the changes. The data garnered in this manner was collected solely by this researcher and consisted of rich and thick descriptions of the lived experiences of members of the Bahá'í Faith over the age of 25 who have been in long-term recovery–that is to say five years or more (Betty Ford Institute, 2007; Laudet, 2008; White, 2007a)–from alcohol and/or other drug abuse.

Expert panel review and approval of the Interview Guide supported the validity of the content and the way in which the interviews were conducted as a qualitative study with the specific population group of interest. The use of an interview guide lent itself to a greater structure that an informal conversation, yet had the advantages of not having the

rigidity of a more structured form of interviewing (Turner, 2010). The flexibility

afforded by use of an interview guide allowed the researcher to have a general framework

yet also permitted the questions to be modified in response to the participant's sharing of

information, as well as from one interview to the next based on prior interviewee

responses. It was understood that this sample may not be representative of the wider

substance abuse recovery population, and was not expected to provide reliability across

all cases or even different faith communities. Spirituality has been demonstrated as an

important factor cited in previous research as leading to the maintenance of abstinence

and is believed to contribute to long-term sobriety (Dickens, 2011; Galanter, 2006;

Jacobsen, 2010; Kaskutas et al, 2003; Laudet, Savage & Mahmood, 2002; Paterson,

2012; White 2009), however it has been difficult to gain insights from those who have

experienced long-term sobriety in a significant way–something this study strived to do by

adding meaningful insights to the existing body of knowledge.

The Interview Process

Hatch (2002) highlighted the importance of developing an interview strategy and

protocol that is congruent with the research question and chosen methodology, as well as

the research paradigm and worldview of the researcher. Creswell et al (2007), as well as

Leedy and Ormrod (2005), have given precise directions as to how this process should

unfold. Each emphasized the importance of first obtaining written informed consent and

establishing rapport while ensuring that the researcher maintain a neutral stance.

The interviews–each approximately 60 to 90 minutes in length–were conducted and

recorded using a toll-free audio conferencing service which stored the recordings for

playback using a unique numerical identifier and coded to insure confidentiality. As

much as possible, interviews were scheduled several days apart to allow each to be transcribed prior to conducting the next one. This, however, proved difficult due to the need to re-schedule several of the interviews due to participant constraints. The researcher also scheduled weekly peer debriefing sessions with the researcher's mentor, as described below, to review the process and any initial insights.

As discussed above, the interview guide was designed to draw out as comprehensive and authentic a narrative of the phenomenon in question as understood by each participant (Giorgi, 1997; 2006; 2012). The questions were planned to elicit a description of the participant's experience of sobriety as a member of the Bahá'í Faith with five or more years of recovery, regardless of the time they had been members of the Bahá'í Faith. Each participant was asked to describe those elements of his or her experience that had significance for him or her in as detailed and "rich" a manner as possible. Additional questions were designed to gain "thicker" data with regard to how the experience affected the participant and significant others in the participant's life, as well as feelings, thoughts, and any other aspects of the experience (Bliss, 2009; Borg & Davidson, 2009; Laudet & White, 2009). The data were obtained through interview questions which were open-ended to assist the participant's conversational description of the phenomenon. Questions were designed to understand what participants thought and felt about their experiences (Patton, 1999) posed in such a way as to elicit comments on both past experiences and each participant's present reality.

Qualitative studies utilizing interviews as the main source of data collection are especially mindful of sampling procedures and adequate sample size. The chosen methodology allowed for a thorough investigation of the phenomena, while not

producing data which would be too unwieldy or voluminous to analyze (Creswell et al, 2007; Francis et al, 2010). Giorgi (2009) recommended a sample size large enough to accumulate the data necessary to answer the research question and achieve saturation. This occurs when no new information is contributed by additional participants and the data becomes redundant, repeating what has already been learned and adding no additional depth to the knowledge acquired. At the same time, the sample size must be small enough to be manageable in terms of data analysis (Polkinghorne, 2005).

Creswell (1998) also stated that this sampling approach is beneficial when interviewing individuals who have experienced the same phenomenon. It was important to clearly state and understand the inclusionary and exclusionary criteria for this research study as this limits the population from which the sample can be drawn. This said, it also served to define the phenomena of interest more absolutely.

Research Questions Review

A particular aspect of the current research was on how the spirituality experienced by members of the Bahá'í Faith and 'living a Bahá'í Life' contributed to the participants' sobriety (Bausani, 1988; Ghadirian, 1985, 2007) and successful self-direction or self-reliance (Danesh, 1997). The questions of interest, therefore, are meant to address the gap in the literature in regard to both long-term recovery outcomes and the role that particular aspects of spirituality can play.

- How have Bahá'ís in recovery from substance abuse experienced their process of recovery and long-term sobriety?

- What have been some major "turning points" for participants and how were these experienced in terms of being a Bahá'í?

- What has been the impact of the Bahá'í Teachings in terms of self-determination, feelings of autonomy, and self-efficacy with regard to sobriety?

Theoretical Framework

Conceptual Overview

Prior research demonstrated that predictors of better outcomes included greater self-efficacy, less avoidant coping style, "religiosity," and readiness to change (Fiorentine & Hillhouse, 2000; Flaherty, 2008; Hammond & Gorski, 2005; Kaskutas et al, 2003; Larsen & Hagerty, 1991; Moos & Moos, 2007; Nixon & Solowoniuk, 2008). As addicts initially come to grips with a desire to stop or curtail their use (Prochaska, DiClemente & Norcross, 1992) they may then have to contend with what has been described phenomenologically by Schlimme (2010) in terms of self-determination. In addition to examining addictions recovery and sobriety through the lens of self-determination, the theoretical framework advanced by Bandura in terms of self-efficacy theory (1977), fundamental to McKellar et al's (2008) longitudinal 16-year study of addiction recovery, offers a means of understanding the processes which help motivate an individual to recovery from substance abuse/chemical dependency. In later articles, Bandura (1999) and Bandura et al (2003), focused on some of these self-regulatory factors in greater detail, although the focus of the first of these articles was on challenges, behaviors, and decision-making faced by adolescents.

Much of what was presented, however, can readily be applied to addictions recovery and maintenance of sobriety in general, regardless of age. Indeed, Bahá'ís believe that humanity, as a whole, is collectively in the emotional growth stage of adolescence and moving into young adulthood. Therefore, experiencing the existential

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angst that is brought about by the struggles encountered in that tumultuous period of life (Ghadarian, 1985, 2007) seems in keeping with some of the challenges that Bandura et al highlighted. The paradigm shift implied here is highly compatible with the tenets of the Bahá'í Faith (BNASAA, 2012; Maloney, 2006) in which the acquisition of virtues, and recognition of personal strengths, is inherent to the development of self-efficacy. This is all the more important as formal treatment and aftercare are, of necessity, time limited. There has also been a belief until fairly recently that the prevalence of relapse is an inescapable part of the recovery process for a large majority of addicts. An exploration of levels of, and pathways to, on-going self-efficacy through enactment of "a Bahá'í way of life" may aid in a shift from the currently prevailing paradigm (relapse prevention) to one where lasting sobriety is the norm.

Self-Determination Theory

Highlighted in chapters one and two, and defined by Schlimme (2010) in terms of addictive behaviors, self-determination characterizes a shift of locus of control away from the adoption of others' beliefs and cultural mores, in service to "embodied higher order needs" demanded by, and inherent in, the context of existing treatment modalities (p. 54). This may become particularly salient when explored in conjunction with capacity-building that stems from a spiritual framework, such as that offered in the teachings of the Bahá'í Faith. This aspect of spiritual development is very much in keeping with the processes outlined in terms of self-determination theory (Deci & Ryan, 1987, 2000, 2008a, 2008b; Ryan & Deci, 2000).

Self-Efficacy Theory

Development of a "sense of self" is central to an increase in self-efficacy in the quest for substance abuse recovery and sobriety (Chavarria et al, 2012). Early on, Bandura (1977) elucidated this concept. He clearly affirmed that it is indispensible to the recovery process that a person feels empowered to change. This is accomplished through greater understanding of self and underlying motivations to one's actions. This in turn leads to an increased recognition of self-efficacy and is intended to highlight and better manage "areas of vulnerability" which otherwise could lead to relapse (Bandura, 1999). Furthermore, McKellar et al (2008) went on to categorically state that "self-efficacy is a robust predictor of short- and long-term remission after treatment" (p. 148).

Data Analysis Considerations

What is important in qualitative research is that it seeks to portray as richly and thickly as possible "life as it is lived" and where the researcher offers a "web of connections within and across cases" (Nolen & Talbert, 2011). While many of the processes proposed by phenomenological researchers are quite similar, there are distinctions to be made between the empirical and transcendental traditions. The fundamental two questions of 'how' and 'what' is experienced provide a concrete framework for structuring the interview and drive the transcription and thematic coding. This type of phenomenological research follows a more systematic and clearly outlined process. Moving from the identification of significant statements through a process of "horizonalization," a clustering of these into meaning units, a thematic synthesis of textual and structural descriptions through "imaginative variation," ultimately leads to the development of an aggregate composite of the meanings and essences of the experience

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of the participants. This was all done within the context of the existing literature on the topic as the basic framework for the analysis (Creswell et al, 2007; Giorgi, 2006). A phenomenological process of analysis is one of synthesis and distillation in which vivid and texturally rich descriptions of their personal experiences of "recovery" and "sobriety" and how these align or differ among the research participants.

The following analytical steps were followed in keeping with Giorgi's phenomenological psychological method (2006; 2009; 2012). First, the audio recorded semi-structured interviews were first listened to repeatedly and subsequently transcribed verbatim. The collected data was read to first obtain a greater sense of the whole, and was then coded for emerging themes. Going from the specific of the individuals' experiences of sobriety to the more general, these themes were then assessed in terms of over-arching constructs. This lead to composite descriptions within and across participants' narratives. In that way the more universal/common textural/structural essences were examined as an aggregate data set. The value of this step was part of the process of ensuring a more professional stance on the part of the researcher as well as providing epoché – or distance from identification and interpretation on a more subjective level. Reducing the possibility that the researcher will picture his or her own experience in the data is achieved by slowly reading through the material *as it was presented by the participant* until a meaning unit was discerned.

The process was also designed to ensure greater trustworthiness of the procedure and aided the researcher in the assumption of the phenomenological reduction (Giorgi, 2006). Each meaning unit was marked on the transcript which was broken into separate sections based on meaning rather than natural breaks in speech patterns or additional

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follow-up questions being asked by the researcher. This reading and notation process continued until all separate meaning units were discerned (Giorgi, 2009). The meaning units developed in this fashion were not subjected to any predetermined criterion and were instead allowed to make themselves known spontaneously to the researcher based on the researcher's professional counseling discipline (Giorgi, 1997). The outcome of the data analysis is the subject of the next chapter, however, it is perhaps noteworthy here that some additional considerations were important to this process. The transcription was reviewed against the recording several times to ensure complete and verbatim accuracy in order to proceed with thematic coding notations of the meaning units (Giorgi 2009; 2012).

The transcription of each interview provided the raw data for the research to provide more in-depth meaning (Giorgi, 1997). The specific steps for the data analysis followed Giorgi's (2009) outline: (a) read for a sense of the whole; (b) determine meaning units; (c) transform meaning units into expressions reflecting "*psychological sensitivity"* and understanding based on the researcher's professional background and training. Each meaning unit was then scrutinized for insights into the participant's experiences in achieving and maintaining long-term sobriety. Giorgi (2006; 2009) called this the "heart" of the method and stated that this was where the analysis is "stabilized." The language of the raw data was in the vernacular and particular phrasing or verbal style of each participant and required transformation to the scientific idioms of the research paradigm (Giorgi, 2009). This was done because participants did not describe simply a single aspect of their experience. In order to understand the experience, the "emotional aspects" must be elucidated as well as the "factual." A process of reflection on the part

of the researcher added to this, but had to be undertaken in a way that guarded against bias (Giorgi, 1997). Using the process of imaginative variation described by Finlay (2009 a) and Giorgi (2006), the researcher looks at a particular example or statement given by the participant and tries to imagine the different ways in which this can be given meaning. Giorgi (2006; 2009) explained that the transformation of meaning units must be evaluated in this way to allow for a determination of any other possible meanings that might have emerged from the data.

As the meaning units were considered by the researcher, a general framework by which the participants' experiences were identified were converted into language which was reflective of the research paradigm. All of the participants' statements, reported in the first person, were integrated into statements which described, in the third person, the shared insights from all the participants' experiences of the phenomenon (Giorgi, 2006). These components were then reclassified into a general structure of the experience for all the participants. Finally, the general structures found in each participant's interview were compared, eliminating those that did not add meaning to the experience, and the remaining data was integrated into one general aggregate structure of the experience (Giorgi, 2009). Transcribed interviews, sociodemographic identifying data, and all interview audio recordings, as well as all researcher process notes, were kept separately in locked file cabinets in the researcher's office as well as on an encrypted and password protected flash drive as a backup.

Credibility, Accuracy, and Transferability

Reliability and validity are terms generally used in quantitative research and translate in qualitative research through the concepts of trustworthiness, rigor, and quality

(Polkinghorne, 2005). Adherence to the analytic process and attention to the goal of phenomenology enhance both the validity and reliability of the research as it reflects these concepts. According to Giorgi (2006) validity in quantitative research, must be verified empirically, and is determined by the accuracy with which the research measures what it was intended to measure. However, Giorgi also argued that ultimately all knowledge is subjective and relies on its presentation by the person having had the experience. Validity in qualitative research is maintained when the account accurately reports those features of the phenomena it was intended to describe (Gitlow, 2007).

"Empiricism equates subjectivity with distortion of data" Giorgi (2012) observed, however, that the validity of test construction is "fraught with subjectivity." The amount of objectivity attained is equated to the distance achieved from subjectivity (Giorgi, 2009). Giorgi (1997) had already observed that there are three types of validity encountered in testing: content, criterion, and construction. While these are commonly understood and used regularly, what distinguishes validity in phenomenological research is that it is also about a specific phenomenon rather than *merely* the experience of living through it. Regarding content, analysis must scrutinize whether the available possibilities are adequately sampled. Evaluation of the standards and principles involved in framing the research is considered criterion validity, while construction validity analyzes if the test measures what it states it measures (Giorgi, 1997). Phenomenology, therefore, does not attempt to eliminate subjectivity but rather clarifies. Phenomenology seeks valid knowledge – that is, understanding of an experience regardless of the amount of exposure to the phenomenon on the part of the researcher (Giorgi, 2006).

Giorgi further argued that this can be attained by one individual studying multiple instances of the phenomenon under investigation so that valid knowledge is acquired. As recommended by Giorgi (2009), an internal validity check was undertaken. Credibility depended on three inquiry elements: 1) rigorous adherence to the prescribed methodology, 2) the personal trustworthiness displayed by the researcher, and 3) the strong conviction that qualitative inquiry has worth and significance (Patton, 1999). Faithfulness to particular techniques and methods helped to confirm the credibility in data gathering. Addressing the qualifications of the researcher by the IRB enhanced personal credibility, as did the inclusion of the intrinsic motivation for doing the study presented to BNASAA and their subsequent permission/support letter. Patton (1999) includes rigor and enhancing the quality of analysis as part of credibility. For purposes of this study, triangulation was the method chosen for assuring credibility. Specifically, reviewing the results of the research identified areas of suspected credibility, thus confirming accuracy, unity, equality, and soundness (Patton, 2002) of the research.

Researcher as Instrument

Credibility of a qualitative study rests in part on the expertise of the researcher Ponterotto (2002). This somewhat depends on the researcher's training and background. The researcher here has 30 years experience in interviewing clients with mental health, addiction, and/or trauma issues. In addition the researcher designed and conducted in-depth interviews for a marketing firm. The IRB review of the researcher's qualifications (CV) confirmed this competence and the necessary expertise to conduct the research. It was, however, all the more important that the researcher be able to bracket any prior knowledge which could lead to bias in either the way the interview was conducted or the

thematic coding and interpretation of the data obtained (Giorgi, 2009)—a process that was also the focus of peer debriefing sessions. As Giorgi pointed out, the idea of parenthesizing personal insights and expertise with the topic results from the process of epoché which is used to bracket any prejudgment regarding the phenomenon.

Central to the interview and analytic process is the focus on the "lifeworld" of the research participant (Polkinghorne, 2005). This cannot be achieved without detachment on the part of the researcher as well as the use of active listening skills. The interview guide provided a general framework for the direction of the interview and served as a reminder to the researcher of certain salient points that were deemed important to the understanding of the interviewee's unique experiences with his or her journey of recovery and sobriety. In most instances, potential participants had included fairly extensive histories in their email reply to the recruitment flyer placed on Bahá'í-Announce. Each interview began with the primary pre-determined, open-ended question about the participant's journey of recovery and the role of being a Bahá'í in that process. Follow-up questions intended to elicit greater depth of understanding were sometimes differently worded due to the responses given to this initial question.

Peer Debriefing

In order to ensure the integrity of this research, the researcher made use of the technique of peer debriefing through weekly phone contact with the researcher's mentor. Email and courseroom discussion boards provided additional means of obtaining feedback. The peer debriefing undertaken in this manner was an invaluable tool which encouraged the researcher to reflect more fully on the development of meaning units and subsequent thematic coding, thereby setting the framework for more comprehensive data

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analysis. As an objective "colleague," the dissertation chairperson/mentor was in a unique position to offer feedback and insights into the appropriateness of the procedures used and the next methodological steps and well as coding labels (Frels & Onwuegbuzie, 2012). The important thing here was that the researcher had the opportunity through the process of peer debriefing to gain valuable feedback as to how to go about developing richer descriptions of the participants' experiences.

Feedback such as that received from a "disinterested peer" helped ensure the integrity of the research and the suitability of the data collection and analysis. It also helped ascertain the completeness of the process. To this end, the researcher's mentor reviewed all interview transcripts and provided feedback on the researcher's development of meaning units and emergent themes. Moreover, peer debriefing greatly helped to minimize researcher bias (Chenail, 2011). The dissertation committee research advisor provided further feedback which helped the researcher achieve greater clarity in presenting the process as well as the data that was collected and subsequently analyzed through the development of meaning units. The advantage of this process is that it helped assess validity and can help focus efforts at the beginning of the data collection interviewing process and in between interviews with different participants, as well as also during the coding and analysis phases. In the case of qualitative phenomenological research this is a circular process rather than a linear one. As such, feedback received along the way helps in refining the researcher's approach with participants and in looking for key themes as these emerge.

Expected Findings

The research undertaken here was predicated on the researcher's experiences as a long-time member of both BNASAA and the Bahá'í Association of Mental Health Professionals. While as previously noted there has been some effort to document the Faith's contributions to wellness and mental health, the only record of its impact on addictions recovery is largely anecdotal as shared by attendees at BNASAA conferences over the past 20 years. However, because of such a wealth of subjective input, it was anticipated that a more systematic and formal research study conducted with members of the Bahá'í Faith in long-term substance abuse recovery would yield additional confirmation of the essential benefit of inclusion of a spiritual component in the recovery process. It was anticipated that the question of how spirituality was included in a person's recovery process addressed through the current phenomenological study could help others struggling with the process of recovery. Sharing personal perspectives on the what each individual participant gained both in being sober for considerable periods of time and the spiritual component they gained as members of the Bahá'í Faith offered new impetus to the so-called "wellbriety" movement.

Limitations

Due to this researcher's personal experiences of over 30 years as an addictions and trauma counselor, as well as personally being in both long-term recovery (35+ years) and a member of the Bahá'í Faith (25+ years) there is, therefore, an increased potential for bias, however any such concerns and limitations were continually addressed through peer debriefing conducted first with the researcher's mentor/committee chairperson. Additionally, consultation with a member of the BNASAA board who served as an expert for the interview guide field test was available should there be further concerns. The data

collected in this study was "self report" data and the validity of these findings depends on the truthfulness and accuracy of the self-reported data. The reliability of the self reported interview data may have been limited as a result of the participants" attempts to provide the researcher with what they felt the researcher wanted to hear.

Ethical Considerations

In keeping with the American Counseling Association's *Code of Ethics* (ACA, 2005) regarding research, "[c]ounselors ... are encouraged to contribute to the knowledge base of the profession and promote a clearer understanding of the conditions that lead to a healthy and more just society" (p. 16). ACA standards as well as the training provided in the CITI modules, distinct standards must be adhered to when conducting research with human subjects, including "stringent safeguards to protect the rights of research participants" (p. 16). First and foremost are the injunctions of informed consent. The ACA standards go on to describe in some detail issues such as deception, confidentiality, explanations after data collection, and disposal of research documents and records. Although it is possible that the researcher in this case may know, or know of, some potential participants, every effort will be made to ensure that bias does not enter into the interviewing and analysis of the data collected. Lastly, all ethical considerations with regard to publication exigencies will be adhered to. Additional potential ethical considerations, pertaining in part to the researcher's possible personal connections to at least the initial participants could lead to a number of biases were noted in the Limitations section above.

Risk Assessment

As IRB permissions regarding research within the social and behavioral sciences

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were granted for this research to take place, it was not expected that participants would be exposed to undue risks. Issues of confidentiality and anonymity were reviewed with the participants through the informed consent documentation. All the participants were adults, and as most had well over five years successful sobriety any potential vulnerability to relapse was deemed minimal. While some issues of past vulnerability due to addictive behaviors were briefly discussed, the primary intent and focus of this research was on the recovery process and sobriety experiences – generally examined from as strengths-based, spiritual perspective – as explored through the lens of Bahá'í principles and practices.

Every effort was made to ensure that no emotional harm to any of the participants due to the nature of the questions would take place. Given that all participants had been sober for quite some time, generally well over the five-year minimum, the likelihood of harm was deemed negligible. It was expected that discussing the pathway leading to their accomplishment of living a "productive sober life" would not trigger any incidents or memories that could lead to relapse or foster any negative emotional consequences. As the focus was on recovery and not active addiction, this assumption was proven valid. At the time of the interview, participants were welcome to ask any questions both prior to beginning the interview itself as well as at any point during the interview. They were also told at the end of the interview that the researcher could be contacted should they have any questions or if they wished to make any additional comments. Three of the participants did email additional thoughts to the researcher a few days after the interview took place. These were integrated into the interview transcript for coding purposes.

Additional Safeguards

All contact information and/or any video or audio taped interviews were kept on a password protected thumb drive and/or in a locked file cabinet in the researcher's office which was also locked when the researcher was not there. In the case of recruitment and/or screening over the phone or Internet, the door to the office being used by the researcher was kept closed and locked; any additional phone extensions in other rooms in the building outside of the researcher's office were disconnected for the duration of the calls. The data collected through in-depth interviews was conducted by phone from the researcher's office at the Dayton, OH, Bahá'í Center. It was unlikely that a participant with five or more years sobriety would be uncomfortable sharing reflections on their journey of recovery. All identifiers were removed at the time the person was screened and returned his or her signed informed consent document. The informed consent documents were locked in a different file cabinet after assigning a number to the interview. After a period of seven years, all paper documentation will be shredded. Audio and/or video tapes, as well as thumb drive(s), will be wiped electronically to remove data then destroyed.

Chapter Summary

The purpose of this study was to obtain an understanding of the experience of sobriety as described by the participants from the perspective of their own journeys of recovery. The goal of phenomenology is to reach an understanding of any phenomenon of interest. Using Giorgi's (2009, 2012) model, the process undertaken as to how the data was gathered, recorded, and transcribed, as well as the discovery of meaning units and further higher order coding was explained. After presenting the data collection and

coding process, this chapter highlighted the credibility, accuracy, and transferability of the findings, the role of the researcher as "instrument," peer debriefing and study limitations including ethical considerations. The data presentation in Chapter 4 begins with a description of the sample including demographic information, the number of participants in the study, a brief recap of how the sample was recruited, and an acknowledgement of informed consent, as well as whether any participants dropped out of the study or were excluded after being interviewed and why this happened.

CHAPTER 4. DATA ANALYSIS

Introduction

The purpose of the current study was to investigate, shed light on, and gain a better understanding of how individuals who have achieved and maintained long-term sobriety have experienced their journey and this outcome. This research was designed to explore the processes involved in maintaining long-term sobriety – something which has not been studied to any great extent to date. The role spirituality/religion played in this process was of particular interest as there has been extensive research on the benefits to be gained from the inclusion of a "spiritual" component. Further exploration was developed using a purposeful sample, consisting of members of the Bahá'í Faith, was recruited through a restricted Bahá'í listserve in order to share their experiences. A phenomenological framework using the researcher's worldview and lens of social constructivism to categorize and scrutinize the data collected. The study focused on three central research questions:

> RQ1. How have Bahá'ís in recovery from substance abuse experienced their process of recovery and long-term sobriety?

> RQ2. What have been some major "turning points" for participants and how were these experienced in terms of being a Bahá'í?

> RQ3. What has been the impact of the Bahá'í Teachings in terms of self-determination, feelings of autonomy, and self-efficacy with regard to sobriety?

These three questions guided the formulation of the Interview Guide. The recorded telephone interviews addressed four main aspects of the participants' substance abuse recovery experiences. Each question also had additional prompts should they be needed to obtain richer and/or thicker descriptions from the participants. In addition to the transcribed interviews, information sent by participants prior to the interview was incorporated. In addition, although only a few participants chose to provide additional reflections and insights after the fact, each was given the opportunity to verify the transcribed information using the process of member checking to ensure accuracy of the researcher's coding of "meaning units." One additional person emailed additional thoughts shortly after completing the interview but before it was transcribed and returned to her for review.

Chapter 1 introduced the paradigm shift which has been taking place in substance abuse recovery research, especially in the past decade, and the move to explore recovery from the perspective of those who have achieved and maintained long-term (five or more years) recovery (Betty Ford Institute, 2007; Laudet, 2008; Laudet, Savage, & Mahmood, 2002; White, 2007a) . Of particular interest, and highlighted in the literature reviewed in Chapter 2, was the focus on how spirituality helped (or hindered) that process. Both the issues of long-term sobriety in general and, more specifically, that of the role of spirituality for those in long-term recovery represented gaps in the existing literature. Moreover, those studies which explored the role of spirituality generally approached this from a predominantly Christian/12-Step perspective and have not explored in any depth what other faith perspectives have to contribute to the process of substance abuse recovery. Chapter 3 introduced the methodology used to conduct the research. It

presented the researcher's philosophy, the research and sampling designs by which the data was obtained and, more specifically, the procedures followed in both the data collection and analysis. In addition, the following considerations were also addressed: expected findings, limitations, issues related to credibility and accuracy, ethical considerations, and potential biases. This current chapter describes the process undertaken in analysis of the data in greater detail, and provides a discussion of the themes that emerged both in each individual interview and subsequently in their aggregate form.

Descriptive Characteristics of the Sample

Participant Experiences of Long-term Sobriety

This discussion of the emergent themes begins with brief sketches of each participant in the context of their experiences as members of the Bahá'í Faith in long-term sobriety. This was the essence of the primary question asked. While there were some similarities, each participant had a somewhat different journey from the others. As presented above, many came into recovery through participation in a 12-Step program (with or without attending rehab first), and subsequently discovered the Bahá'í Faith. Several participants had been Bahá'ís for varying lengths of time before recognizing that they were addicts. A few participants came into recovery and became Bahá'ís almost simultaneously and stopped their substance abuse due in large part to their desire to adhere the laws and practices of the Bahá'í Faith which prohibit the use of alcohol or any other mind-altering substances. Some sought out 12-Step meetings at the beginning of their recovery process but "drifted away" from attending these meetings, while others remain committed to active 12-Step participation still today. The primary question as to

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their experiences of long-term sobriety as members of the Bahá'í Faith was one that none had really examined in the past and they were all eager to share what they had experienced. While stated in different ways, most reflected similar positive sentiments. P-02 put it most succinctly saying "It's been beyond my wildest dreams."

Tables 1and 2 present the demographic characteristics of each participant. It was surprising that those who were able to participate–with only two exceptions–had over 20 years of sobriety. Likewise, with only four exceptions, the participants each had been Bahá'ís for 20 or more years as well. It was assumed that the insights shared from their perspectives as Bahá'ís could serve others seeking to gain a greater sense of spiritual support regardless of their preference of religious traditions. This will be discussed further in Chapter 5. A total of 17 interviews were conducted over a period of six months (May – October, 2013). Ultimately two were not included in the data analysis after peer debriefing. One (P-06) was excluded due to significant mental illness concerns which put the reliability of the responses into question. This only surfaced when disclosed during a non-recorded break as requested by the participant toward the end of the interview. A second interview (P-13) was not included in the data analysis as it became clear that the person's anonymity would too easily be compromised. This was discussed with him prior to his exclusion.

Table 1. Participant Demographics – Gender/Age/Years Sober/ 12-Step/Race

Participant	Gender	Age	Yrs Sober	12-Step: Never Y - Past/Present	Race/Culture
1	M	53	21	Y – Pa	White/ American
2	M	54	18	Y – Pa	Caucasian
3	F	63	10	Y – Pa	"Human"/White
4	M	42	7 now; after 4.5 relapse	Y – Pr	Caucasian
5	M	49	27	Y – Pr	Caucasian/White
7	M	62	41	Y – Pr	White/ Caucasian – Welsh/ Irish
8	F	68	24	Y – Pr	Caucasian – German/English
9	M	68	33	Y – Pa	Norwegian/German
10	M	43	19	N	Caucasian
11	M	25	10	Y – Pr	White
12	F	70	35	Y – Pr	"very mixed"
14	M	68	17	Y – Pa	European American
15	M	73	5	Y – Pa	"Boring" Caucasian
16	F	67	10.5	Y – Pr	"Speckled"
17	M	55	26	Y – Pr	African American

Table 2 –Participant Demographics – Location/Education/Occupation

Participant	Location	Education	Occupation
1	OR	HS dropout then GED; dropped out of college twice.	Disabled. writer; holistic healing program developer - primarily for homeless.
2	MS	Associate degree; some additional college.	Operations Manager.
3	Currently in Canada	HS then Art school; Art Psych/Counseling.	Life Coach; Workshop Developer/Facilitator; Artist and Gallery owner.
4	CA	Master's.	Teacher - Special Needs kids and University Professor.
5	OR	HS grad- but illiterate; some college.	Disabled. Worked in past with children; some baby sitting.
7	NJ	Master's.	Writer/Workshop facilitator
8	NY	Some grad work; 2x drop out; more "self-educated."	Writer; past paraprofessional jobs; past English teacher.
9	TX	2 Master's Degrees.	Retired teacher & college instructor; former counselor.
10	NC	"a couple" Master's.	Technical medical research editor.
11	NC	Bachelor's.	Social and Economic Development projects.
12	OR	Master's.	Author; Activist; Workshop Facilitator.
14	SC	Master's.	Retired.
15	NC	PhD.	Retired.
16	CA	2 years college.	Disabled/retired.

Participant Histories

P-01, a 53 year old male living in the northwestern United States shared quite a lengthy substance abuse history. He had been sober for 21 years. He described a tumultuous and abusive childhood that led him to start drinking at age 8, later running away from home. He shared that he was homeless for most of the 1980s living on skid row. "… it took me 6 years to get 1 year clean … and I already had like 9 yrs clean when I found out about Baha'u'llah. [Everything] before that [becoming a Bahá'í], I consider all as my active addiction…." He said he was searching for "more of a religious context" that went beyond what he found in 12-Step programs where discussion of religion was frowned on although he stated "… I was afraid that God didn't want to have anything to do with me…." In searching for a religion that "offered what he needed" he eventually found some of the answers he was seeking in the Bahá'í Writings and prayers and subsequently stopped attending 12-Step meetings. "Once I was clean and then became a Baha'i … I was doing other things for my spirituality…."

P-02 was a male who is 54 years old and recently moved from one part of the country to another and stated that, because of the move, his routine of attending 12-Step meetings and Bahá'í activities had been "interrupted." In his youth he was very attached to his Catholic religion. This changed after two closely linked traumatic incidents *"... I stopped being involved with the church ... drugs and alcohol ended up ... allowing me to cope with stuff ...."* After struggling with alcohol for 15 years and, subsequent to going into treatment, he has never had a desire to drink since. He became a Bahá'í six months after becoming sober. "…being sober as a Bahá'í … I started to realize that living sober is about … having a good quality of life and living the dream you've always dreamt …."

P-03 was a 63 year old female who recognized early on that she could not drink without "feeling it right away," although she wanted to drink so she could "fit in" and "belong" "… in my family of origin I couldn't talk about any of this stuff…". Through an exploration which began when she was 14 and the subsequent active practice of a series of several religious/spiritual paths and other means, she decided that she wanted to get away from focusing on the problem instead of the solution, saying "… I finally got to the point where I no longer want to invest any time or any energy in any more of the negativity, I only want to focus on positive, good stuff…." In seeking out a more positive framework, she eventually found the Baha'i Writings and prayers, seeing these as a means for people to "strive for a higher level of psychological, emotional, and spiritual maturity." She summarized the importance of this process in saying "… we, as individuals, don't get to really live our truth without recovery."

P-04 was a 42 year old male who currently has seven years sobriety. His background differs from other participants as he has been a Bahá'í for 35 years–that is, since the age of seven because his mother and stepfather who he lived with were both Bahá'ís. This current period of sobriety comes after having a four-year relapse. He stated that he had stopped prioritizing the practices of both sober living and being involved in Bahá'í life–"going about it in the wrong way and for the wrong reasons …" –which he had come to appreciate during his first period of sobriety which had lasted six and a half years. "… I was saving my ass instead of saving my soul [chuckled]… instead of really doing it for myself." Sharing about feeling distanced from, and then "re-finding" his religion has been part of his story of recovery, and feeling like he "was never enough, and needed to be and do more." He felt fortunate that even though he had

become an addict, through his Bahá'í activities, he always felt that God was there for him "… having the prayers and the readings to rely on ... it made it easier for me to feel like I had God on my side."

P-05 was a 49 year old male who stated that he has been sober 27 years and became a Bahá'í about 22 years ago. He described himself as "pretty much illiterate" when he graduated from high school but later obtained a GED and had a few years of college. He described his childhood as being very abusive. His alcohol and drug use began during high school with some older boys, saying "... that first drunk, I felt power, I could do anything on it ...." He began having trouble due to his drinking while in the military. The counseling he received while serving introduced him to 12-Step programs which he resisted for quite some time "…when I got sober I'd tell you … I hated God and religion." One of the things he valued about his recovery was "… becoming open-minded ... and looking for something ... better ...." This led him to find a connection with a Higher Power that he could feel comfortable with which he said he eventually found through the Bahá'í Faith. "… being a Bahá'í got me to become a better member of Alcoholics Anonymous ... and vice versa … because ... it helped bring ... peace ... to an insane mind…."

P-07 was a 62 year old male. At 15 or 16, he became aware that he was doing things he was ashamed of while drunk, and started thinking that his drinking, which had started much earlier, "might be problematic". He found the Bahá'í Faith while living abroad – "… I came from such a place of guilt and other emotions like shame … I knew God had turned His back on me." As he continued to struggle with active addiction, he came across a Bahá'í gathering –"…I was attracted to their spirit ... I decided, maybe I

should just try to change my life … one spoke with such certainty … such love … I

didn't understand it … but it was so … liberating…." Wanting to put the Bahá'í

principles he learned about into practice, and finding out that Bahá'í law prohibits the use

of alcohol and drugs, he just decided and stopped drinking almost simultaneously with no

real problems – approximately 41 years ago. He found, through studying the writings

and prayers and attending Bahá'í meetings, that he "… had a chance now…. It really

was a re-birth for me." It was only 15 years after becoming a Bahá'í that he sought out

Alcoholics Anonymous while on a business trip where he encountered many of his

colleagues drinking quite heavily and his normal support circle was unavailable.

 P-08 is a 67 year old female. She grew up in the Faith as her parents were

Bahá'ís, and she subsequently formalized her personal beliefs and desire to lead a

"Bahá'í way of life" at the age of 15. At some point, without going into any real detail

about her substance abuse history, she decided that she probably belonged in several 12-

Step Fellowships and proceeded to actively participate in all of these. She described the

12-Step Fellowships and the teachings of the Bahá'í Faith as being inextricably

intertwined, and remains steadfastly committed to both. She defined "successful

recovery" as "finding clarity and understanding through our own study and growth; …

it's a maturation process where you're giving your self [up] as completely as possible,

while finding out really who you are.…"

 P-09 was a 68 year old male who described himself as a "world traveler." As the

son of an alcoholic father, he began drinking at age 14. Once his father got sober, he

remembered reading AA literature and sometimes going to meetings. He became a

Bahá'í in 1980 and, like P-07, immediately stopped drinking when he had a "lightbulb

moment" learning that alcohol and other drugs are prohibited. He decided that he would

stop using in order to immerse himself in "the culture of Bahá'í community life" and

meet his need for a sense of belonging. He stated that the Bahá'í Writings and prayers

"… presented an achievable means of living a better life by acquiring "virtues" (or

strengths) and the recognition that everyone has the capacity to attain this."

P-10 shared a perspective on his recovery that was decidedly different from the

others. He had little to share about how the Bahá'í Faith and his recovery intersected and

has never been involved with a 12-Step program. He was 43 and became a Bahá'í and

stopped drinking 20 years ago. He stated that he just made up his mind to stop because

he recognized he was no longer able to drink in a "socially conscious way" and "just did

it." When asked about any connection as he had been investigating the Faith for a few

months before he decided he could no longer drink he felt that it was *"purely*

coincidental" although he was aware of the prohibition against drinking and using mind-

altering drugs. Later in the interview he stated he had difficulties with the approaches

that 12-Step programs have in primarily addressing "a chronic physical problem through

a lens of negativity" and using the Bahá'í Faith in any way as it "only offers a purely

spiritual process in dealing with the aftermath." By the same token, while he appreciates

the Bahá'í "social contract" and other teachings, he finds himself more immersed

"socially and intellectually" in the community of the Waldorf school his children attend–

this despite numerous family and other ties to their local Bahá'í community. When asked

about any specific Writings or prayers that helped him, he did acknowledge one [daily

obligatory] prayer which he used regularly.

P-11 was the youngest participant at age 25. His journey is distinctive in that he

has been sober for 10 years and became a Bahá'í only three years ago. His enthusiasm about the Bahá'í teachings, and how these have "extended the service work" he has done in AA into the current community development practices he is involved in as a Bahá'í was quite palpable. His parents had become Bahá'ís subsequent to their own substance abuse recovery. His drinking career was a relatively short one given that he stopped drinking at age 15 when a drinking friend was in an accident and subsequently died. Like a few others, he shared his conviction that his substance abuse recovery led him into the Bahá'í Faith, and that conversely, being an active Bahá'í has enhanced his sobriety – both of which he states currently work hand in hand to help him find ways "to be of service to humanity .... something bigger than the program." He added that he had gratitude for the ability to"… be of service by practicing these principles in all my affairs … in many different aspects of my life … in a coherent way ... as a young person … I could have a consistent identity ..." (emphasis by participant). Describing what he currently experiences as "… almost an ... 'indisturbable' [chuckled] ... you know ... just a constant ... peace ... compared to where I was at in my first year or two of sobriety, you know, it's like I'm a totally different person...."

P-12 described herself as an author, activist, and workshop facilitator. She has been sober 35 years and remains very actively involved in her 12-Step program. She was a "serious drinker" by 16 or 17, and said "I remember that first ... the way it burned, the way it ... it just felt so good and all my troubles went away … Oh my God! I was in Nirvana! [chuckled]." She had difficulty finding a God to believe in after being in numerous abusive family situations growing up. She, however grudgingly, accepted the need for a "higher power" in order to achieve sobriety. She couldn't recall how she first

encountered Bahá'ís, but found the precepts of the Bahá'í Faith to be "quite compelling" and deserving of further exploration. "[T]he coupling of my AA/NA program, with being Bahá'í, really opened the world up for me." She is disabled and has found it difficult to get to Bahá'í gatherings although she "infuses the teachings and prayers of the Faith" into her outreach work with the homeless and other disenfranchised individuals in her home community, focusing first and foremost on helping them get clean and sober through 12-Step programs so that "they may then, when ready, look to embrace a 'Higher Power' of their own choosing."

P-14 was a male who is 68 years of age. He became a member of the Bahá'í Faith 45 years ago and stopped drinking at that point, but stated that he has only been "sober" for 17 years. Due to "marital discord and through counseling, he discovered that he had been on a "dry drunk" for many years–that is, although not drinking after becoming a Bahá'í, he "never really changed my thinking and behaviors." As his journey progressed he found several of the prayers and other writings particularly compelling, and when he first encountered AA found that "they were saying many of the same things in almost the same way the Bahá'ís did." He labeled this process as one of "moving from survival to a path of service that gives life purpose and meaning." He found it difficult to speak with fellow Bahá'ís about some of his emotional struggles, although he found the writings so comforting. Going to 12-Step meetings gave him a place to sort through those feelings. Although he is no longer as active in AA as in the early days, he said that "it's part of my DNA and is forever part of my on-going life of service."

P-15, a retired professor who, at 73, was the oldest participant. After a 22 year military career, he taught at a university for 23 years, and recently retired from that

career. He has been a Bahá'í for 50 years. He said that "ever since then, I've tried to figure out the will of God for my life." In 2008 he was encouraged by family and friends to go to a rehab because of "being extraordinarily depressed"–which had led him to "self-medicate by drinking" for a number of years. During this rehab, he was introduced to the 12-Steps and has been sober ever since. The understanding of himself and his drinking behaviors led him to state "… this is the real deal…. I think the 12 Steps and the Baha'i teachings have a lot in common…. They all fit together nicely." Although he stopped going to AA meetings after about a year, he said "I feel much better about myself…. It's all about ... honesty ... integrity ... people thinking for themselves and moving forward." He stated that he believes he now "has a better handle on life," having gained an understanding of what he has to do in terms of sobriety and living a Bahá'í life of service.

P-16 was a 67 year old female. She had to retire due to the physical disabilities that are remnants of the severe health problems her addiction caused. She became a Bahá'í in her mid-20's. She only drank for five years beginning at the age of 30 after a divorce and trying to "get into the dating scene where you just had to drink" (emphasis by participant). During that period she "drifted away from the Faith–although by no means consciously!" Eventually, after moving to a new city, she found that there were a few Bahá'ís working for the same company she did and they helped her "find my way back." She began to notice the similarities between the prayers used in AA and several of the Bahá'í prayers–and how well the practices of both groups worked well together. Both gave her a sense of family, of "belonging," and camaraderie. She stated that "while successful recovery is the fact that you quit drinking, sobriety is knowing that you have quit drinking, and why, and what you're doing about it…." To this day, she cannot see

herself neglecting either her commitments –"being of service in any ways I can"–in both the Bahá'í Faith in her area as well as in AA, and actively participates in online forums as well as in local gatherings.

P-17, the final participant was 55 years of age. Like two of the other participants, he was raised in the Bahá'í Faith, but "briefly drifted away" while in high school and began smoking pot and drinking "to stop thinking about things done to me when I was younger." Like P-08 he made a conscious decision to formally become a Bahá'í about 32 years ago. He has been sober since 1987. In much the same ways as other participants, he found that the principles and practices of the Bahá'í Faith and those presented through the 12 Steps work together to promote self-awareness and growth. "I just tried to follow those spiritual principles ... this horrendous "thing" had been lifted … I was able to help other people … Self-esteem comes from virtuous <u>actions</u> ... I could no longer tell myself I was worthless" (emphasis by the participant). Putting the principles of both NA and the Bahá'í Faith into practice in all facets of his life he said "I feel like service is like the rent I pay for breathing…." In more recent times he has found himself less active in NA "perhaps because I was so very active in all aspects of the program including all levels of service work from very early on" and more focused on activities within the Bahá'í community where he is now working with the junior youth along with his daughter, and setting many of the Bahá'í prayers and other Writings to music.

Phenomenological Data Analysis

The goal of the data analysis was to gain an understanding and appreciation for the participants' journey into long-term sobriety and the role that being members of the Bahá'í Faith played in this process if any. This was reflected in the way the Interview

Guide was designed. It was important to phrase the questions in such a way as to establish rapport with each participant and not be locked in to a particular way of posing the questions, or for that matter the order in which they were asked as this had to be an organic process which was determined at least in part by the participant's ability to express his or her lifeworld and experiences of sobriety and spirituality as well as reflecting on the processes they engaged in throughout their journey to this current point. Many shared that they had never really given much thought to their process and the outcome until interviewed for this research and their subsequent review of the transcripts and the researcher's development of meaning units which allowed them to provide additional feedback.

Researcher's Immersion in the Data

Prior to transcription of each recorded interview, the researcher repeatedly listened to the audio recordings. During this process notes were made reflecting thoughts on the tone, inflections, hesitations, emphasis on certain words, chuckles, sighs and any other audible cues that might prove important to the analysis of the transcripts. As the transcription took place the content was reviewed a number of times to ensure that what was shared by the participants was transcribed verbatim. After each transcription was completed and reviewed, it was discussed in peer review with the researcher's mentor/committee chair and emerging themes were discussed. Once a theme emerged it was important to determine if similarities existed between interviews.

Interview Questions

How have you, as a Bahá'í in long-term recovery from substance abuse, experienced your journey? What is your personal definition of successful recovery and sobriety?

What role has spirituality or religion played in your recovery process? How have any specific Bahá'í Writings been beneficial and helped "sustain" you with regard to your recovery and sobriety?

What have been some major "turning points" you experienced in your recovery process and sobriety?   What role did treatment and/or 12-Step programs (if any) play in the [recovery] process?

What led to your development of a "sense of hope" and what does that mean to you both in terms of sobriety and life in general? How is this tied to the processes of self-determination and self-efficacy?

Interview Transcription Process

The process of transcribing each interview is quite lengthy as it is important to write down the words verbatim and to also add in the nuances highlighted above. Repeatedly re-reading the full transcription is the first step of Giorgi's process (2009, 2012). Each one hour recording took over three to four hours to transcribe with the degree of accuracy essential to correctly assess the raw data and begin the process of converting this into "meaning units." This is the beginning of the true analytic process – looking for key ideas as expressed by the participant and separating these from the surrounding dialogue noting their significance and importance. Here, as an example of Giorgi's second and third steps in establishing the phenomenological reduction, is presented from P-04's transcript where the partial answer to one question had a number of distinct ideas presented–some more noteworthy than others. These are demonstrated by the use of italics as well as a (mid-sentence) breaks:

> … my mom was a Baha'i when I was born, my dad, my biological father was not. They divorced when I was three and my mom remarried when I was 7, to a Baha'i man, and *so I was raised, you know, in a "Baha'i home" – in quotes, I guess you could say [chuckles]….*
>
> *There's also … there's plenty of addiction, umm … addictive behaviors, umm … on the part of my stepfather, even though he wasn't using drugs, he had been an*

addict and was also a sex addict and was practicing for the 18 years he was raising me, he ... was ... all over ... he said there were hundreds and hundreds of partners wherever he went,

so I was being raised in a Baha'i home but *something wasn't right.... I didn't know exactly, I was kind of just in my own little world* ... I started when I was 13, smoking pot. I just kind of   took care of myself ... in this crazy household

… my mom … was raised in an alcoholic family... so *there was a lot of dysfunction.*

Significance of the Data Analysis

As can be seem from the above example, the determination of meaning units stems from "breaking apart" the responses in ways that reflect the use of key words, phrases, and ideas. Here P-04 expressed some of the <u>confusion</u> he experienced from the <u>mixed messages</u> he was receiving and his history of <u>childhood (emotional) "trauma."</u> Underlining as shown here was one way of initially noting key ideas that appeared in additional participant narratives as these were reviewed. Analogous ideas and situations –whether in these exact words or similar ones–were searched for in reading subsequent transcripts (Giorgi, 2009, 2012). Through this process of "imaginative variation on the part of the researcher, it became apparent and noteworthy that other participants experienced similar situations in their early years. These "essences" therefore became early emerging themes (family of origin/childhood experiences/trauma and early substance use) (Finlay, 2009). Here is where the researcher's training and personal understandings of the phenomenon come into play. The imaginative variation that takes place is what leads to the formulation of themes and sub-themes. It was important for the researcher to maintain the state of epoché which Giorgi (1997) described as setting aside any past knowledge and experiences of the phenomenon so that he or she can be "fully

present" to the ways in which the participants present and explain their experiences of that same phenomenon.

Coding the Interviews

Each interview began by asking participants about their journey into long-term sobriety in order to gain an overarching picture of what and how each participant experienced this. Participants stated that this allowed them the freedom to explore thoughts and feelings about their sobriety in ways they had never considered. This was particularly true in the context of the additional questions which helped to focus on the major turning points they felt they encountered along the way, and how "being a Bahá'í" helped them in light of self-determination and self-efficacy. A brief introduction of each participant is presented here to gain a sense of how each experienced his or her journey into "sobriety" that is to say what each undertook in order to get and remain drug and alcohol free over a sustained period of time.

All in all, they represented a somewhat diverse group from a demographic standpoint. Interestingly, four of the participants were raised in Bahá'í families. Two participants stated that they had never relapsed; however, they also stated that it took each several years to gain their first year of what they understood as sobriety. Only one of the participants previously had six and a half years, and then relapsed for four years prior to this current recovery period of seven years recovery. All the participants in this research had at one time or another attended (however briefly) and/or currently continue to participate in one or more 12-Step programs. For several participants, the desire and ability to become and stay clean and sober came from their participation in one or more 12-Step program(s), whether Bahá'ís at the time of their acceptance for the need for

recovery or not. They remain active in their 12-Step recovery program(s) to this day

finding these essential "to combat at least the physical aspects of their disease." Others

only sought sobriety after becoming aware of, and/or being immersed for extensive

periods of time, in the teachings of the Bahá'í Faith. Several participants stated that they

had struggled with embracing the concept of having a God of their understanding until

they encountered some members of the Bahá'í Faith and/or some of the Bahá'í Writings

and prayers.

Identification of Themes and Sub-Themes

> Strain every nerve to acquire both inner and outer perfections, for the fruit of the
> human tree hath ever been and will ever be perfections both within and without. It
> is not desirable that a man be left without knowledge or skills, for he is then but a
> barren tree. Then, so much as capacity and capability allow, ye needs must deck
> the tree of being with fruits such as knowledge, wisdom, spiritual perception and
> eloquent speech.
> – Bahá'u'lláh, *Bahá'í Education,* p. 5 (Takkenberg, 1991)

Each of the participants followed his or her specific pathway into long-term

sobriety however there were a number of similarities which became the common themes

as well as turning points in each participant's life. This was the key concept and central

focus being assessed. Although childhood experiences and substance abuse history were

initially considered to be outside the main interests of this research, they were clearly

important to the participants and therefore were also coded as they appeared important in

shaping later beliefs and behaviors. They were also determined to be of foundational

significance with regard to the participants' experiences in the progression of their

substance abuse as seen in the sub-themes below. In terms of the research questions,

Table 2 represents some of the initial turning points (research question 2) participants

experienced from their childhood through to the point where they accepted the need for substance abuse recovery.

Table 3 – Turning Points

Themes	Sub-Themes
Childhood Experiences	Physical, sexual, emotional abuse; parental substance abuse; uncertainty; low self-esteem; confusion about religion/religion non-existent; fears; feelings of abandonment; anger.
Substance Abuse History	Started drinking/using very young; difficulties getting/staying sober; "geographic cures"; antidote to (underlying) anxieties and/or depression (or other mental illness)
Accepting the need for Sobriety	Desperation and feeling defeated; getting into trouble with the law, work, family; physical, emotional, and mental/emotional illness.

Additional turning points are reflected in the themes developed in Table 4 and especially demonstrate the themes central to the third research question.

Table 4 – "Self-Determination" and "Spirituality" Transformation

Themes	Sub-Themes
Challenges in Early Sobriety	Not feeling accepted or "fitting in"; recognition of the "harm" cause by substance use/abuse (feelings of guilt and/or shame); learning "new ways of being."
Struggles with Spirituality	Hating God/feeling abandoned by God; resistance to asking God for help; acting "as if" and initially using "blind faith" over "true belief" in a Higher Power.
Finding the Bahá'í Faith	Belief that a sober life was possible and desirable; learning about oneself and how to better manage relationships with others based on spiritual principles.
Meshing the Bahá'í and 12-Step Practices	Recognition of similarities in wording, concepts, and recommended actions to be taken in both 12-Step rooms and Bahá'í lifestyles.

It was interesting to note that, while some of the participants struggled with initially achieving abstinence (no longer using alcohol and/or other drugs), once most embraced the spiritual principles they found through their study of the Bahá'í Faith, they were able to stop using and "truly begin recovery." As several had reported, they felt that they didn't "really get sober" (periodically using) until they encountered the Bahá'í teachings. Once this happened, they seemingly rapidly moved through the initial stage of recovery where relapse is most prone to happen. Because of the emphasis on being "created noble" in the Bahá'í Writings, the participants appear to have moved more rapidly into Stage II recovery than those who do not embrace such spiritual/religious beliefs. The aggregate of the above became all the more significant in terms of the key research question about their experiences of long-term sobriety and, in particular, the

influence of spirituality as part of that process. Table 5 below summarizes the key

elements the participants embraced as they found ways to "get on with life."

Table 5 – Transformation

Themes	Sub-Themes
"Stage II" Sobriety	Strengths and values-based understanding of self; ability to better assess situations and "live life on life's terms"; becoming involved in "community" life and being of service to others.
Long-term Maintenance	On-going character development through the acquisition and practice of virtues in everyday life; understanding and appreciation for the importance of a spiritual connection; ability to feel a personal relationship with God through the Bahá'í Writings; sharing insights with others.

What developed through the analysis of the participants' interviews and the

aggregate of the transformation they experienced represents the primary means by which

this all came about and was labeled "education." From a Bahá'í perspective education is

an ever-continuing process. It rests on broadening spheres of study, taking action,

reflection on the results obtained, consultation/discussion with others, and the application

of those learnings through repetition of this cyclical process with the over-arching

purpose of bettering oneself and serving humanity.

> Education is a continuous and creative process, which primarily fulfils the moral potential of each individual. Its aim is to develop the capacities latent in human nature and to coordinate their expression for the enrichment, progress and transformation of society.   – Bahá'í Faith, 2012b

Discussion

Education as described in the Bahá'í Faith represents a very broad and all-

encompassing perspective which is based on understanding and implementation of

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universal spiritual principles. It is an ongoing process which focuses on well-being and mental/emotional health. It is meant to reflect the primary aspects of who we are meant to be as human beings. Rather than adhering to the assumptions about human nature being primarily materialistically driven, the Bahá'í teachings focus on the "spiritual dimensions" of being human. Bahá'ís further believe that spiritual teachings must play an ever-increasing and much needed role in personal growth and the development of supportive and empowering community life (Bahá'í Faith, 2012a). Spiritual education, according to Bahá'í perspectives necessitates four essential qualities: knowledge, wisdom, perception, and "the ability to demonstrate in words and deeds" what has been learned (Bahá'í Faith, 2012b).

The participants' experiences of recovery and/or sobriety developed in this manner as an overarching key theme which was labeled "education." Education, as explained in the Bahá'í Writings, is the pursuit of virtues/strengths/qualities such as knowledge, discernment, understanding, awareness, and wisdom through a variety of means which all ultimately promote a specific way of life based on spiritual principles. Education reflected an understanding of "what was" and how to make this "different." This played a key role in that it represented the means by which these individuals came to new perceptions of themselves as well as their behaviors and emotions. It served to help the participants gain a better understanding of "what made them tick" as well as how they related to others, and also taught them about how to develop a new relationship with God. Thus what was understood by education encompassed a number of dimensions. Some were quite tangible and/or practical, such as "working a program." Other aspects were

discussed in terms of being more "internally/emotionally" life-changing – that is to say having to do with broadening of the person's worldview and values clarification.

Researcher's Reflections on Interview Content

It was surprising to note that all but one of this group of individuals seemed to began their substance use at a fairly young age. Also, this appeared to be tied in some ways – whether directly or indirectly – to issues of emotional, physical, and even sexual abuse which may have taken place at an early age. This may set these particular participants apart from the "norm" found in other research, although the focus on childhood abuse and its linkage to substance abuse is only now being explored in any great depth. The connection between childhood abuse and substance abuse was certainly a large part of the issues that came to light in the researcher's clinical practice over the years and played a large role in relapse histories. Finding a Higher Power to believe in coming from this type of background is often all the more challenging, and each participant in his or her own way expressed their struggles in finding and accepting that there was a loving God that they could now turn to as they sought to "find themselves."

A common thread that appeared in these narratives was that in order to remain sober their outlook on life and belief in themselves had to change radically. What each expressed from encountering the precepts of the Bahá'í Faith about acquiring virtues and learning to incorporate these into their everyday thoughts and actions demonstrated what they termed "a radical" shift in their belief in a loving and supportive God who would guide them toward a "better life." They collectively also talked about the ways in which the Bahá'í Writings provided a "clear roadmap" for the implementation of this "new way of being" – something they has not encountered anywhere else prior to their exposure to

the Faith. Several, however, also expressed how these experiences led to an awareness

that there are many other avenues which help bring about similar growth and self-

actualization. Many believed that this was a natural outgrowth of the key Bahá'í

principle of "independent investigation of truth."

The review and subsequent coding of each interview and the salient

characteristics that emerged provided insights into what these individuals experienced in

their journey of long-term sobriety and the role that their spirituality played in that

process. The participants' experiences of recovery and/or sobriety developed in this

manner as an overarching key theme which was labeled "education." Education, as

explained in the Bahá'í Writings, is the pursuit of virtues/strengths/qualities such as

knowledge, discernment, understanding, awareness, and wisdom through a variety of

means which all ultimately promote a specific way of life based on spiritual principles.

"Education" – understanding "what was" and how to make this "different"–played a key

role in that it represented the means by which these individuals came to new perceptions

of themselves as well as their behaviors and emotions. It served to help the participants

gain a better understanding of "what made them tick" as well as how they related to

others, and also taught them about how to develop a new relationship with God. Thus

what was understood by education encompassed a number of dimensions. Some were

quite tangible and/or practical, such as "working a program." Other aspects were

discussed in terms of being more "internally/emotionally" life-changing – that is to say

having to do with broadening of the person's worldview and values clarification. Part of

this process, in keeping with the Bahá'í concept that man is created noble and should be

"regarded as a mine rich in gems of inestimable value," is a recognition and development

of these positive proactive attributes.

While the focus of this research was on long-term sobriety ("maintenance") rather than the early or middle stages, in reviewing the recordings of the interviews and subsequent transcripts for initial breakdown into "meaning units" it became apparent that earlier life experiences needed to be taken into consideration as noted in the previous section. In examining the transcripts in greater depth, a number of key elements emerged. Generally speaking, the 12-Step programs were described in terms of being necessary for many to address the physical and mental aspects while a framework that better defined how to grow spiritually, such as what they found in the Bahá'í Faith, was able to offer additional emotional comfort and support. For many, being actively engaged in a 12-Step program was essential yet there was also a need for a greater relationship to something that would enhance their spiritual connections. In addition to education being a primary key theme found in response to question one, additional themes stemming from the insights the participants shared about their personal journeys included (a) a more in-depth description of spirituality as it came to be practiced by the participants, (b) self-determination, and (c) transformation. These were further elaborated on through participants responses to the subsequent three corollary questions.

It was assumed prior to conducting the interviews that this research would provide an opportunity to understand the spiritual element of recovery through the lens offered by adherence to the Bahá'í Faith's principles and practices. As anticipated, although each participant had their own unique experience of recovery and sobriety, they all gave credit to the teaching and practices of the Faith in bringing a new depth to the spirituality that is part and parcel of the 12-Step approach. In fact, many parallels were drawn between 12-

Step practices and how Bahá'ís seek continually to better themselves as well as their environments. Both through recovery from substance abuse and in seeking to live a "Bahá'í way of life" participants described a sense of hope that life would get better. This was connected to the Bahá'í teachings focused on "independent investigation of truth" – or the "reality" by which every individual makes decisions about his or her life path.

One thing that distinguished the Bahá'í teachings from other religious approaches was that man is believed to be inherently noble and innately possessing a number of qualities and strengths that can readily be claimed and encouraged. This was the antithesis of the concept that people are born in sin and must work at overcoming shortcomings and character defects.   Independent investigation of truth is such a strong tenet for Bahá'ís, and how this relates to self-determination and self-efficacy helped demonstrate how participants turned their lives around. This was seen as another key element of interest with regard to the participants' decision to stop drinking/using and subsequently figuring out how to successfully "live life on life's terms" in a positive, productive, and fulfilling manner. Several participants noted that they had been "dry drunks" for a number of years – even as Bahá'ís – because they had not invested any time or effort in making the necessary changes in their thinking and behaviors. However, all agreed that the tools were there – both in 12-Step rooms and in the Bahá'í Writings.

This type of transformation (Stage II recovery) has been noted as being essential to addictions recovery and the maintenance of sobriety (Larsen, 1985; Nixon & Solonowiuk, 2008). It represents both a process and the outcome of a person's quest for sobriety. Each of these themes – transformation, spirituality, and self-determination –

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along with education, were apparent throughout the participants' sharing of their experiences in response to each of the four main questions. While some might see these labels as only slight variations of one characteristic, the nuances presented by the participants as shared below led to their separation and distinction from one another. Additional nuances and sub-themes stemmed from the additional questions/prompts that were intended to help participants elaborate further on the four main questions. The need for "consistency" and "perseverance" in relation to all four themes was emphasized as key elements that support long-term recovery.

Indeed, these qualities/assets/virtues were readily apparent in the responses to all four interview questions. The interviews, as described above, were coded according to each of these themes as they related to each of the three research questions (Tables 3, 4, and 5) until saturation was achieved, that is to say no new information was forthcoming from additional interviews. What follows are a few highlights from participant quotes in terms of the research questions couched in terms of the theoretical frameworks which undergirded this research. A common thread that appeared in these narratives was that in order to remain sober their outlook on life and belief in themselves had to change radically. What each expressed from encountering the precepts of the Bahá'í Faith about acquiring virtues and learning to incorporate these into their everyday thoughts and actions demonstrated what they termed "a radical" shift in their belief in a loving and supportive God who would guide them toward a "better life." They collectively also talked about the ways in which the Bahá'í Writings provided a "clear roadmap" for the implementation of this "new way of being" – something they has not encountered anywhere else prior to their exposure to the Faith. Several, however, also expressed how

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these experiences led to an awareness that there are many other avenues which help bring about similar growth and self-actualization. Many believed that this was a natural outgrowth of the key Bahá'í principle of "independent investigation of truth."

(RQ1) Experiences as Bahá'ís in Long-term Sobriety

It was interesting to note that most of the participants had never really thought about this question. In fact it seemed that many, at least on some level, took for granted that their sobriety was a permanent fact in their life. Their sobriety and participation in the Bahá'í faith went hand-in-hand as far as they were concerned. Each supported and enhanced the other. As one put it "it's been beyond my wildest dreams." This statement seemed to be reflected in the narratives of almost all the participants in one way or another.

(RQ2) Turning Points

The themes identified in Tables Three through Five were key "processes of awareness" which had life-changing consequences. Participants each expressed in their own way the impact of their experiences. For each the journey began with childhood experiences, moving into substance use/abuse, recognizing that this was causing problems, struggling with finding a God of his or her understanding, accepting the need for a spiritual connection for recovery to happen, being exposed to the Bahá'í Faith and embracing its principles, maintaining sobriety and being of greater service to others.

(RQ3) Impact of the Bahá'í Teachings

One can readily see the intertwining of the identified themes of education, spirituality, and transformation in the process of self-determination undertaken by each participant. Self-determination and self-efficacy were at the heart of what participants

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viewed as a "Bahá'í way of life." As there is no clergy in the Bahá'í Faith, individuals were called on and expected to rise to new levels of maturity and self-reliance.

Identified Themes

Education

A common thread that was seen in many interviews was that gaining deeper understanding of principles to live by was essential. P-10 put it this way:

> [I]t's the consumption of alcohol that leads you to do the negative behaviors. What does it take to not do the negative behavior? – You don't drink. It's as simple – and as complicated – as that. <u>Then</u> you can start looking at how you can live your life differently and decide to do that (emphasis by the participant).

Recognizing one's strengths and learning how to apply these in a variety of situations rather than focusing on "what was missing" promoted a more positive self-image as a person who has "… recovered from a seemingly hopeless state of mind and body …" (AA "Big Book," 1997). Taking it a step further, P-01 offered the following insights:

> Freedom from active addiction is being detached … and independent of everyone … you know they claim there are all these problems, and there's nothing you can do about it … they're just born that way … it's hogwash! … of course that's not true…. People are free agents. … but it's freedom and … [having a] conscience … and the ability to choose and make [good] choices … that's … a whole new way of thinking…

Those participants with experiences in both the 12-Step approach and the Bahá'í teachings seemed to complement each other in many ways. Active participation in both AA/NA and the Bahá'í Faith were highlighted in particular by two of the participants (P-11 and P-16) and was discussed in terms of being "mutually reinforcing." The 12 steps, complemented by Bahá'í readings and prayers, gave the participants tools for sober living and "becoming a better person" while learning how to also be of service to others. In

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addition participants gained an understanding and appreciation of what additional

strengths ("virtues") they needed to embody as many of the prayer books as well as

several compilations of the Writings are divided into sections pertaining to different

needs and goals. For instance, both the compilation "*Divine Therapy*" (Honnold, 1990)

and "*The Divine Art of Living*" (Paine, 2006) offer specific quotes that pertain to different

virtues and/or situations a person may be confronting. Several participants reported that

reading Bahá'í texts such as "*The Book of Certitude*" gave them a "positive plan for

moving forward day-by-day" and an "unshakable belief" also articulated in the second

step of 12-Step programs of a "*Power greater than themselves which could restore them

to sanity.*" Part of learning about how to go about gaining and especially maintaining

sobriety led most to note how much gratitude they had for their 12-Step program

experiences –whether short-lived or ongoing – as presenting a positive plan for

understanding oneself and developing a plan for sober living. As P-04 suggested: "*drugs

were not the biggest problem ... life was the problem and my own insecurities and ...

black-and-white thinking ... and it was huge to be rid of that ...*"

For P-17 there were also many parallels to be drawn and the recognition that the

proliferation of 12-Step programs has come about because of the specialized focus each

brings to a particular "issue." He went on to say that his experiences as a Bahá'í in

recovery gives him the opportunity to be of service in a much broader arena:

> [T]he 12-Step Fellowships have been identified by the Bahá'í institutions (either
> National or the House, I can't recall) as "a competent physician for the ills that
> they address" … you don't qualify for a 12-Step fellowship if you don't have a
> specific … an identifiable problem – like drugs or alcohol … and the Bahá'í Faith
> is for everybody and it embodies all of these principles (the 12 Steps) and … you
> know, it's for everybody, you don't have to be like … a gambler … you know …
> or a drug addict or an alcoholic to benefit from these principles … this desire to

service and not have it limited to any single group … and there's so much more to do through the Faith, like community building … and [working with] children …

Significant for P-17 was that the 12-Step programs have been endorsed by an Institution of the Bahá'í Faith as being "a well-tested means which helps recovery take place and addresses a specific need."   Others, notably P-08, P-12, and P-16, offered similar thoughts and experiences in their own recovery. P-12 stated that P-12 suggested that "you wouldn't go to church to fix a broken arm, you'd go to a competent doctor." Whether following the precepts of a faith tradition or those espoused by a 12-Step program, as P-16 put it:

> Successful <u>recovery</u> is the fact that you quit drinking. <u>Sobriety</u> is knowing that you have quit drinking, *and why*, and what you're doing about it. Now ... "successful" is an on-going thing. There is no end to it. You work at it for the rest of your life (emphasis by the participant).

Spirituality

Spirituality was distinguished from the other overarching themes as it provided a means of exploring some specific beliefs and pathways taken by members of this particular faith tradition in connecting with, and/or turning to, a "Power greater than self" for help. It was important to gain an understanding of what this particular group meant by that term as it remains "ambiguous and ill-defined" for many (Cook, 2004). For these research participants, seeking to live a more spiritual life seemed to be much less about "surrender" and "powerlessness" and more about a conscious pro-active decision to ask for God's guidance in accordance with the Third Step and the similarly worded Bahá'í "*Short Obligatory Prayer*" which is said daily. It was interesting to note that most of the participants had explored a number of religions before coming to the Bahá'í Faith in

"looking to spiritual solutions for material concerns" and learning to "live life on life's terms." P-08 reflected on this in the following manner:

> We all approach God from many different paths because we are all so very individually created. Unconditional love is what forms the bonds between us. It surrounds us, it heals us, it heals the messes we make in our world. And each small achievement we secure links in with all the other small achievements another makes until we are surprised at the beautiful new knowledge and joyful sounds we discover…. I think that in recovery you find out about your capacity to give and then you have something to give, to which you make a life commitment. … it's a maturation process where you're giving yourself as completely as possible, while finding out really who you are as a child of God….

The significance of this insight is that it appears to solidify a connection for the individual with what they saw as that "*essence of who they were meant to be*." In this manner a person can then go on to develop a greater awareness of the "journey of the soul" and the importance of a close personal connection with God, and reflecting those qualities that help people strive to be less materialistically focused and more altruistic. P-07 also reflected on this theme saying:

> I hadn't prayed since high school when I read the psalms each night before going to bed. I tried to believe, but it didn't work. Praying was stupid, a waste of time. But when I heard someone read the following prayer, I was surprised by the beauty of the words. *"O Lord! We are weak; strengthen us. O God! We are ignorant; make us knowing … If Thou dost assist us, O Lord, we shall become as scintillating stars…."* I was particularly moved by the phrase "scintillating stars" which was beautifully musical. I didn't know the term alliteration at the time, but I was moved by it anyway. When someone else read a prayer that began "*Is there any Remover of difficulties save God …*" I was afraid that I would be removed [because of my behaviors and drinking], but I got over it and it too is one of my favorites.

The positive spiritual teachings participants said they encountered in the Bahá'í Writings seemed to open up this different relationship with the God of their current understanding, as opposed to that of their childhood. They believed that this gave them a

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blueprint for how to conduct themselves and to recognize their innate qualities – focusing

on the Bahá'í belief that we are all born "noble" and as "mines rich in gems of

inestimable value" and that we are to use our skills and talents for the betterment of our

own condition but also that of society as a whole. P-17 had also grown up in the Bahá'í

Faith, and summed it up in this way:

> … after being clean for a period of time, it became clear that there's more to it …
> there's this spiritual solution to our material problems … so this spiritual idea was
> very much in the forefront of my mind coupled with this idea of service – you
> know, if more people could use these spiritual principles in their lives it would
> make the world a better place … not just with substance abuse, but in any area
> where there's problems.

 One distinction highlighted especially by P-16 was in comparing the 11th Step

with the Bahá'í practice of "bringing oneself to account each day." The former seemed

to her to focus more on the shortcomings and character defects, while the latter focused

on those qualities and strengths that helped her overcome any adversities that challenged

her, celebrating those successes and seeing how she could apply the same virtues to other

aspects of her life that were more problematic.

Self-Determination

The primary theoretical framework for this research was based on self-

determination (Deci & Ryan, 1987; 2000; 2008a; 2008b). During the coding it became

clear that this was also a key theme related to the Bahá'í principle of "independent

investigation of truth." This helped to drive the search for "consistency" – both in terms

of the processes that they adhered to and in the ways in which they "showed up." As the

12th Step says, "practicing these principles in all their affairs" was demonstrated in their

"reliability" and "steadiness" as well as autonomy, freedom, and independence (Waisberg

& Porter, 1994).   Where there has been some contention in 12-Step programs about the benefits and application of "willpower" to stop drinking, for this group of Bahá'ís, the concept of "volition" was an important liberating factor in taking their lives in a different direction.   Some still expressed concerns that they are "only one drink away from a drunk" and need to stay close to their 12-Step program to remain sober.   Others believed that their drinking was permanently behind them and no longer an issue or potential concern.   Furthermore, in adhering to the principles and practices espoused in the Bahá'í Writings about acquiring and displaying virtues as well as being of service, the need for internalized "developmental repair" and interpersonal skills is part and parcel of the practices associated with self-determination (Nixon & Solonowiuk, 2008).   Self-determination theory as applied to addictions recovery, according to Kennedy and Gregoire (2009), builds on the efficacy derived from a belief that one can remain sober which then leads to taking the necessary actions for that to become a reality.

> I believe that there are different stages of dysfunction and that all addiction is about personality "disorders" due to arrested development. I think that there are often feelings of abandonment by family of origin and that recovery is really about discovering who we are as a mature adult who needs to have corrective measures in place because of a deficiency… It's important to realize the degree of maturity, and umm, it would be wise to understand that; it's developmental delay from their chronological age ... I think we still need to realize the emotional immaturity within the recovering person ... and this is such a long process. [P-08]

There have, over the years, been references to arrested (emotional) development due to substance abuse – especially when substance use began at a young age. "Bill W" (co-founder of Alcoholics Anonymous), in the AA magazine "The Grapevine" (1958), had already highlighted the need for "emotional sobriety" to be sought as an additional level of recovery after a period of time of abstinence (and "working the steps"). Larsen

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(1985) also referred to what he termed "Stage II Recovery." In the same vein, Nixon and Solowoniuk (2008) expanded on Larsen's reflections and suggested that it is necessary to expand the concept of "recovery" beyond what has traditionally been termed recovery to embody greater autonomy, taking stock and being accountable for one's actions, becoming more mature and discerning, and finding greater significance and determination in life. The participants characterized the bulk of the Bahá'í Writings as offering a "program for living" that brings to bear those insights stemming from the concept that man is created noble. A lack of this type of edification has "*deprived him of that which he doth inherently possess ... as a mine rich in gems of inestimable value*" (Bahá'u'lláh, 1853/1988) as these are brought forth through an educational (or maturational) process encompassing many different dimensions of self-reflection and the study of selected passages such as those offered in the compilation by Honnold (1990). Only in this way can a person strive to be of service to humanity. This was echoed by Laudet (2007) in his research with recovered addicts, who stated that recovery meant having a "new life" based on changes brought about through emotional growth and "reclaiming the self." Lastly, Lawson, Lambert and Gressard (2011) stated somewhat categorically that "second-order change" is a significant mandate if one is to achieve and maintain long-term recovery, echoing Prockaska, DiClemente, and Norcross' (1992) reflections on the nature of change and living successfully in a prolonged "maintenance stage."

It was important to note the distinction between no longer using/abusing alcohol and/or other drugs as "being dry," and what Larsen (1985) first coined as "Stage II" recovery–something which begins to take place for most individuals around the two to

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three year mark (Chapman, 1991; Hammond & Gorski, 2005; Larsen, 1985; White, 2007a; White & Kurtz, 2006). Although the topic of increasing research, "middle" and "late" recovery are still not well understood. The participants in this research shared what they learned about themselves as they moved through the "middle recovery" and continue to sustain the "late recovery." These are important aspects of the recovery process that those struggling with relapse never experience. Understanding what the participants did and learned about themselves in the process was a critical element this research set out to explore. Overcoming the "self-defeating learned behaviors" (Larsen, 1985) which generally lead to relapse were not particularly relevant in the participants' recovery process once they had embraced the positive and pro-active approach to life espoused in the Bahá'í teachings.

Transformation

Closely related to spirituality, the concept of transformation was defined more in terms of the endpoint, whereas spirituality was expressed in terms of the actions and processes needed to "become transformed." For P-11, who had been exposed to AA through his father's recovery from an early age, coming to grips with his own addiction was relatively easy and happened very early in his life. His parents had embraced the Bahá'í Faith in their own recovery and P-11 spoke of a "real spiritual experience" that was totally unexpected which brought him into the Bahá'í Faith:

> I think I was just in a place of open-mindedness and learning, and my mom asked me to accompany her on Bahá'í pilgrimage to the Holy Land. [It was] such a totally different way in treating one another... this is a force of attraction ... I was finding this wonderful … Faith ... totally connected to my ... personal history, and [it] could be extended to all other facets of my own life and my community life.

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A sense of hope that recovery was possible and could be life-altering stemmed from practicing the 12 Steps and/or following the major tenets of the Bahá'í Faith, which includes a prohibition against the use of mood-altering substances. Instead, the acquisition and on-going use of virtues in order to be of service to humanity as dictated by the needs of their particular neighborhood community is greatly encouraged. In particular, the "12 Promises" found in the AA "Big Book" (1997, pp. 83-84), were highlighted as reflecting what becomes not only possible, but more of a reality as one works on recovery were emphasized in particular by P-02 saying:

> There just came a point when ... when I really wanted more than ... than what I believed was possible – in others – and I wanted to experience the Promises on pages 83 & 84 of the Big Book…. And ... I think that there was a psychic shift, so to speak, and I thought – you know what, I can allow myself these things.

Being of service – the outcome of "working the Steps" as well as being a "prime requisite" of the Bahá'í Faith – promoted getting out of one's self and becoming more outwardly focused. This was generally reflected in all the interviews with all the participants seeing service as a hallmark of recovery. According to P-17:

> … rendering service – that makes me feel good about myself – like, you are not a generous <u>person</u>, you've <u>done</u> a generous thing … so the esteem comes from these virtuous actions and … after surprising myself that I actually knew something about being of service to the Fellowship … that I was able to feel really good about myself, so … not like what do I want to do and what's good for me … to care … to be part of something like that … that felt really good. That did so much for me. It was really, really exciting, 'cause I was growing … it was like this horrendous "thing" had been lifted from me and I was able to help other people … and that … yeah … that affected my self-esteem and how I feel about myself because I could no longer tell myself that I was worthless. (emphasis by the participant)

It is worth noting that in both the Bahá'í Faith and the 12-Step programs there is a strong emphasis on action and helping others – thereby transforming the selfishness that

is often a hallmark of active addiction into a more altruistic selflessness. Waisberg and Porter (1994) pointed out early on that having this kind of sense of purpose in life is integral to the experience of spirituality and "encompasses cognitive, emotional, and moral elements."

Additional Examples

P-16 highlighted the fact that Bahá'ís do not speak in terms of their *religion* but rather describe their *faith*. This distinction was described as something deeply personal and devoid of dogma and rhetoric. The idea of "independent investigation of truth" was very appealing and allowed each participant to focus on what he or she specifically was searching for, to fill that "God-shaped hole" (Hagedorn & Moorehead, 2010) that they so desperately sought to fill with alcohol and/or other drugs. In some instances they went on to state that people often attempt to fill this hole and find meaning in their lives through pursuit of specific religious teachings. P-03, who had stopped drinking long before finding the Bahá'í Faith, knew from the beginning that she couldn't drink safely. She was relieved that there is a prohibition against the use of mood altering substances. These substances "*blunt the ability of the individual to have clarity.*" Faith to withstand any "tests and difficulties" was the focus of her pursuit of those "practical applications of a spiritual life" (Paine, 2006). That said, three of the participants (P-07, P-09, P-15) noted the Bahá'í prohibition against the use of alcohol and other mood-altering drugs as a challenging factor in their desire and practice of their commitment to the Faith. It was, however, also a catalyst for them to delve deeper into the spiritual teachings that could replace the "emptiness" they had tried to fill with alcohol or other drugs**.**

Hagedorn and Moorehead (2010) referred to this phenomenon as "the God-shaped

hole" stating their belief that all human beings have a longing to connect with the divine
– however that may be expressed. Once their decision to not drink was made, and
gaining new tools and insights into the spiritual writings and prayers, it became easier to
also have that prohibition to live up to. For P-07, knowledge of the law about drinking
was initially an impediment to him becoming a Bahá'í, and yet, the spiritual teachings
and the Bahá'ís he encountered made him decide that he had to do his best to adhere to
the all the Bahá'í laws.

As P-09 shared:

> I remember when I became a Baha'i, and learned Baha'is don't drink ... that
> umm, a lightbulb went off and ... well that would be sure convenient and nice if
> these people   don't drink ... this culture ...and now I'll try quitting again… and
> found I finally could.

A different perspective was summed up by P-15 in this way:

> You're not supposed to do that [drink/use drugs]. I broke the law and I paid a
> terrible price … you don't obey the law and you're gonna get smacked! ... Oh
> yes! So ... realizing that there are consequences for screwing up really helped.

Several of the participants who realized they had an addiction problem some time
after becoming Bahá'ís expressed some shame in not having lived up to the high ideals
and character development that were readily laid out in Bahá'í-inspired programs such as
the "*Virtues Project*" which offers practical examples of how to capitalize on certain
strengths in using them in every-day life situations and interactions. Hagedorn and
Moorehead (2010: 65) pointed out that all of the major religions believe in man's
inherent nature to be "perfectly created but with imperfect tendencies." Participants
pointed to several specific prayers and readings that they turned to time and again for
guidance and solace and having particular significance in their quest for sobriety and the

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fullness of being "whole." There seemed to be a prevailing attitude that recognizing positive qualities within themselves was a new experience.

"Independent investigation of truth" as mentioned above is a key element of the Bahá'í Faith, especially as there is no clergy; therefore self-determination is a highly prized quality. According to Hui and Tsang (2012: 1) "self-determined behavior comes from intentional, conscious choice and decision" and one of the things mentioned by participants was that they found that, in general, the prayers and readings offered them guidance and a deeper understanding of what "spiritual progress" is fostered when a person consciously works at acknowledging and using their God-given strengths. Of course for this to happen, individuals need to not only to acknowledge that they have innate strengths and virtues but also to increase their capacity to use them in a variety of situations. Hagedorn and Moorehead (2010) pointed to the fact that greater reliance on spiritual principles leads to better coping skills, resilience, and optimism as well as a sense of wholeness. With these goals in mind, P-15 talked about developing qualities such as honesty and integrity and that these are essential in helping people think for themselves and moving forward in recovery with an "increased capacity to rise above disappointments" (Honnold, 1990). While the concept of "surrender to a Higher Power" may appear antithetical to taking charge of one's life, participants credited this *conscious action/decision* as enabling them to become and remain sober, and was reinforced in the participants' daily practices such as daily prayer and reading the scripture in order to better understand how to live a more positive and productive life. As P-01 expressed it:

> … what I understand about recovery, and because of the nature of addiction … that I … my … that my body was essentially needing "something" … and so I have to become actively involved in the Faith, I had to participate actively … be

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engaged in learning…. And by seeking spirituality in the Writings and to learn to go on and to see progress in gaining spirituality is the antidote to addiction. … it's made me a better person. You know, I still have a lot of character defects, but I'm struggling day-by-day to try to improve myself.

As P-08 pointed out "when people are searching, they are feeling as if something has been left out; they are on a mission, without necessarily knowing what they truly seek." The growing awareness of one's innate strengths and virtues, and how these can be brought to bear in multiple situations, is the means by which the goal of sobriety is achieved and, perhaps more importantly, maintained. Understanding and believing that "man is a mine rich in gems of inestimable value" helps overcome the negative feelings and labels which stemmed from substance abuse. P-05 initially had difficulty accepting that he was an alcoholic because of his age:

> [T]o stay out of trouble I said I had a problem, even though I didn't think I did, you know, I was 19 years old, and who's an alcoholic at 19? … I just didn't see it.… I'd worked the steps that I felt like working, you know, I didn't like any of the God stuff which is most of 'em … if I wanted things different, then I had to do 'em different. I didn't like it but I realized the only way out was the AA way.

In contrast, P-07 who also was young when he readily embraced his alcoholism but didn't know what to do about it and found answers through a "chance encounter" with Bahá'ís and subsequent exploration of the principles and laws they lived by:

> I started young, and fortunately I was able, umm, to stop when I was young.... I never heard the word alcoholic 'till after I was sober a while… I ran into some Baha'is, and the short version is umm, I was attracted because … there was a spirit that they had … I immediately knew it was true … and, if I believed that … then why would I not follow it?... I was 21. … I decided, well, if He is who He is, then you know I have to try to do what He says, and the first thing I needed to do, you know, was – not drink – because that's a law.

Another person who found sobriety early in life (at age 15), P-11, only fairly recently became a Bahá'í himself, although his parents had been introduced to the Faith

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in their own substance abuse recovery. As the youngest person interviewed (25 years old) and the one who has been a Bahá'í for the shortest amount of time (three years) he was eloquent in describing the "coherent life" he was seeking.

> … my Baha'i identity strengthened my ability to work the program of Alcoholics Anonymous, but also my practical experience in Alcoholics Anonymous helped me move, I think, the path of the Baha'i community forward where I lived as well... it was really, really ... it was very mutually reinforcing.... Learning the daily Short Obligatory Prayer felt very similar to the Serenity Prayer which many people in Alcoholics Anonymous rely on, and so, when I compared the contents of those two, like it really connected with me….

He went on to later state:

> … and then ... when I hear slogans … "one day at a time; first things first" ... they're like ... the "R*efresh and Gladden my Spirit*" prayer where we would specifically ask God to take away anxiety … and even like "*... Thou art more friend to me than I am to myself ...*" and we'd talk about those things in AA too ... just like the Promises … the Promises are beyond whatever we could have ever planned for ourselves so, you know, and I found a lot of the concepts are relatable in those prayers specifically ... and then over time, I think really a lot of the prayers on spiritual growth….

Accepting the need make use of a spirituality based on connecting with a "God of their understanding" and stemming from the 12-Step programs and/or the Bahá'í Faith offers a unique approach in that each person can define for him- or herself how that God is represented and what teachings draw them to that place of understanding. As Hagedorn and Moorehead (2010) suggested, the integration of spirituality into the journey of sobriety, seemed to "satisfy the emptiness in their soul" they had tried to fill with alcohol and/or drugs. They went on to point out that "humans inherently seek completeness by searching for something outside of themselves" (p. 63). What the participants experienced and expressed was therefore a confirmation of that principle.

They also observed that those searching for completion in material and/or more "worldly" pursuits find that this success drifts further away.

Understanding the significance of certain key "events" or *"aha! moments"* led a number of participants to recognize both the negative spiral and consequences of their active addiction and on the other hand the positive spiral and broadening of their understanding and ability to live life on life's terms. P-17 spoke of "service" as the antidote to the self-centeredness that characterized recovery from active addiction in this manner:

> I feel like service is like the rent I pay for breathing … and what we all need to do is to be of service to others … that's just how it is, and that – rendering service – that makes me feel good about myself …

For P-05 ending up homeless after six or seven years sobriety was a distinct wake-up call. He was able to recognize that not only did he need the help of both AA and his Bahá'í community, he also needed to seek professional help and come to terms with his bouts of depression. He reflected on his journey since then saying "once I started ... you know, doing ... a whole lot of things to stay sober then a whole lot of things started changing."   For P-07 it took even longer to come to grips with the realities associated with not drinking. Being deeply committed to "living a Bahá'í life" he found himself continually working to gain a better understanding of himself and those qualities and strengths he needed to be "successful" in life. Having come from "such a space of shame and guilt" he found forgiveness and solace in the readings and prayers. That said, after a number of years he faced a crisis where he felt that additional help was warranted. After 15 years of not drinking and following the precepts dictated by his faith, he found himself "on shaky ground" while attending a workshop far from home where he encountered

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other participants drinking quite heavily. It was at that point that he sought the help of

Alcoholics Anonymous to understand more about his "addict-self" and acquire the

specific tools to become "sober" and "recovered."

Turning to something "bigger" than self for help is a common theme for many

people who yearn to become a better person. P-12 spoke of "middle" and "late" recovery

in these terms:

> I was having ... spiritual experiences – on my way to a spiritual awakening … and
> then the middle ... the older sobriety which was about ... going up to twenty years,
> it was more like ... when you're spiritually awake, you're [sighs] more responsible
> [chuckled] ....

Several participants spoke of the excitement and profound effect reading *"The*

Book of Certitude" had on them. P-01 summed it up saying "it really laid out the way to

live" and P-09 added "this was the Prophet speaking directly to me and I was just

mesmerized and actually that has never gone away." Each in his or her own way

recognized that this book offered a powerful exposition of what humanity has been

longing for and perhaps most importantly the specific role each individual plays in

manifesting peace and well-being – and "how to lead a more spiritual life" (P-07). P-05

offered these additional reflections:

> I've never been so excited … reading a book … it was like ... all these spiritual
> questions were being answered! [said with a sense of awe]... and … the beauty of
> the Writings is ... telling me "this is what I want you to do, this is how you
> need to do it" (emphasis by the participant) .

Also, P-02 put it this way:

> ... now is the time to focus on all that, to really force myself to, discipline myself
> ... and to me that's what recovery is all about – discipline – having had the

discipline to adopt a certain lifestyle – that's what I've come to understand sobriety to be. Being disciplined and not veering far off that path.

P-03, P-09, and P-17 made reference to other specific passages and prayers that were extremely meaningful to them and how these made them feel that they were talking directly with God and showing gratitude for what He had given them: "*... Thou hast awakened me and made me conscious ...* basically it's thanking God because I have found You and I have chosen to integrate You into my daily life [P-03]. For P-09 there were three specific passages that were particularly meaningful and were reflected by others although not in such detail:

> "*I call on Thee, O Fashioner, O Satisfier, O <u>Uprooter</u>, Thou the Sufficing...*" another is …"*Thou art more friend to me than I am to myself…*" and … "*Thou changest through His bidding <u>abasement into glory</u>, weakness into strength, powerlessness into might, fear into calm, <u>doubt</u> <u>into</u> <u>certitude</u>...*" (emphasis by the participant)

P-17 also shared many favorite passages at some length. As a musician he has put many of his favorite quotes and prayers from the Bahá'í Writings to music. He stated that although he is the one singing, he always feels that it is really God speaking to him and guiding him:

> "*O son of Love, thou art but one step away from the heights ….*" you know … just that concept … I mean … it's beautiful, and powerful … "*give ear to that which hast been revealed by the Pen of Glory…*" One of the other's that I really like and just recently set to music is "*the best beloved of all things in My sight is Justice…*" and the thing I like most about that particular Hidden Word is "*… that by <u>thy faith thou mayest see with thine own eyes</u> and not through the eyes of others, thou shalt know <u>through thy own knowledge</u> and not that of others...*" The Bahá'í Faith talks about independent investigation of truth … And Baha'u'llah says "*ponder this in thine <u>own heart</u> …*" it's calling for us to [gain] our own knowledge … to investigate for ourselves … it … it … how shall I say this … It agitates me greatly that people blindly follow like lemmings … we just have to think [more] for ourselves… We all have intellect – we can find the truth if we search for it. We all have to look for ourselves, I believe that there's only one truth and we each have to find it in our own way … there's also … "*Noble I made*

thee … Out of the essence of knowledge I gave thee being … Out of the clay of love I molded thee Turn thy sight unto thyself, <u>that thou mayest find Me standing within thee</u>, mighty, powerful and self-subsisting…" (emphasis by participant).

"Perseverance" in putting the principles learned in both 12-Step programs and the Bahá'í teachings into practice led participants to make significant changes in both their thinking and actions. Several participants found new avenues as Bahá'ís to be of service which has enhanced their awareness of their positive qualities and strengths. They characterized their spiritual growth as having practical applications which centered primarily on community-building. In contrast to the competitive practices prevalent in the material world, the collaborative practices using the principles ("prime requisites") of consultation outlined in the Bahá'í teachings encouraged participants to share insights reflecting principles found in the 12 steps. These were paralleled and "enhanced" in their experience through the purpose and direction offered in Bahá'í community-building practices as these included much broader opportunities to participate in social and economic development projects. These were created locally, reflecting social action based on work done in a spirit of worship; study circles that engender spiritual growth; and empowerment activities for children, junior youth, and youth (Bahá'í Faith, 2012b). Like others who had gone through treatment, P-15 spoke of his ability to live his life without drinking based on the understanding he gained in treatment.

> I really think I have a handle on the situation ... and I feel you're either sober or you're not. Yeah it's something I struggle with every day, but I manage it; I was sober the day I walked out of [rehab] and I'm still doing it [all these years later]. [T]he time in rehab … that was the process…. Sobriety means being able to maintain control. I find I can do that now.

He defined his sobriety as giving him the ability to not get triggered into relapsing – mainly because of being anchored in the active practice of relying on virtues to guide

his actions. While he believed that he had learned everything about his addiction during treatment, and therefore "no longer needed 12-Step meetings"–something similarly articulated by a few other participants distinguishing the "addict-self" from other aspects of their "personhood" which owned and exhibited character strengths that kept the addict-self at bay. Others such as P-08 and P-12 believed that they need to be remain actively engaged in 12-Step rooms as it is in helping others recover that they continue to learn about themselves and "keep it green" (never forgetting the past, but also not getting stuck in it).

The sense of hope that was gained by many of the participants made it possible for change to take place. Three of the participants (P-02, P-03, and P-08) had active contact with BNASAA although each had different experiences. For P-08 it was an intensely personal one which took place over time and strictly via email. When she was trying to come to grips with something that had happened to her sons at the hands of a Bahá'í she asked for guidance and support. The person she spoke with assured her that he would be there as long as she needed to talk things out and was helpful in sharing certain passages from the writings that helped her resolve her negative feelings. P-02 has found great comfort in attending each of the three BNASAA conferences held annually in different parts of the country for the past several years. He shared that when he's at any BNASAA event he can be more himself as he is among peers who share similar characteristics and challenges, not as yet readily met in local Bahá'í community life. P-03 has participated in a few BNASAA conferences and reflected on what she gained from her participation:

... the recovery programs help us to identify certain things, and to do our inventory, but we need <u>more</u> … that's why I like BNASAA so much, sometimes we don't even know what we need to alter and change, 'cause we don't have the frame of reference to give us that information … there's an open avenue there. I mean ... I was <u>astounded</u> by the truth that people were speaking in relation to their issues … I am a spiritual being; I really want to live by this covenant, so these are the things that I need to alter and change. (emphasis by the participant)

Understanding one's "self" as a spiritual being whose purpose is to be of service to others and how to go about becoming this different person seems to have been a key transformative experience stemming from both the 12-Step experience as well as the outward reaching community building that is a big part of Bahá'í life. Some of the participants talked about how much they had gained in being of service in AA and then bringing that experience to bear in wider circles as Bahá'ís. Seeing one's positive traits, having them recognized and appreciated by others, and believing that life could be different encouraged participants to grow into the person they believed they were meant to be.

We have a purpose in life, and trying to achieve that is kind of important and drinking kind of screws that up. So now that I'm that much more <u>engaged</u>, I feel happier about myself. Yeah, I feel much better about myself. Being Baha'i gives you a sense of direction.... Service gives you a sense of purpose… (emphasis by the participant) [P-15]

P-11 saw his AA experiences as setting the stage for him to help the communities he serves start making a difference in the communities where he works with different social and economic development projects through the area where he lives. He felt that his AA experiences encouraged him to be more outgoing and gave him a comfort level in reaching out to "strangers" and helping fellow Bahá'ís develop the confidence to do this community-building work with greater ease and enthusiasm. For P-05 the transformative experiences reflected an on-going process:

I was reminded as a Baha'i, it's not about being there, it's about *striving* to get there. And in Alcoholics Anonymous, it's about ... you know, clearing away the wreckage of your past, and, you know, helping others, and you know, becoming a better person. If you don't like yourself, work the 12 Steps, you'll get to know who you are and you'll learn to like yourself.

Gaining a sense of peace and "tranquility" became a result of living free from the negative spiral of active addiction. One participant (P-11) said that he would often tell friends that he wished they had a problem such as addiction that would bring them into the 12-Step rooms so that they could experience the healing that comes from incorporating these principles into their lives. P- 04 who had actively pursued a number of spiritual paths before coming into the Bahá'í Faith stated:

So many people that turn to drugs and alcohol are lacking that–faith–in their life, and the program just draws them in to seeking that, in some way or another ... to find a God of your own choosing ... find a higher power in whatever shape or form that takes.

With the exception of one participant who stated that there was only one prayer that he needed (the Bahá'í daily "Short Obligatory Prayer"), the remainder of participants noted several other prayers and/or other Bahá'í Writings that were of particular significance in helping to sustain them still today. All the participants expressed their belief that these readings/prayers hold "universal appeal" and especially as they are geared to a particular challenge or need. P-04, P-11, and P-12, remarked that they often shared something from the Writings when they spoke in 12-Step meetings whether they identified the source or not. Many times people would want to know where that prayer or reading came from because "it touched their heart so much." When asked after the meeting was over, they would let them know it came from the Bahá'í Writings. The same was true if they shared a prayer for the departed at a funeral, and they pointed to the

fact that there are many prayers and writings that speak to specific needs and circumstances.

Key Insights

The major themes of education, spirituality, self-determination, and transformation were seen to be of significance in the responses of the participants to the primary research question as well as the two corollary questions. These thematic headings provided a means of looking at and classifying the insights (in terms of coding as "meaning units") shared by the 15 participants who were included in the data analysis. There was definite acknowledgement that the 12-Step programs are inherently spiritual in nature. Furthermore they were created to address specific challenges such as alcohol or drug abuse. Since that first foray into this approach to addictions recovery from 1935 to 1939, many such programs have flourished in order to address a myriad of problems. The contention by several participants was, however, that while it was essential to have this means of focusing in on the specific problem(s), it was equally important to have the means to translate what was learned in 12-Step rooms into a much broader worldview brought about by personal growth. Some argued that this is inherent in the 12th step as it recommends using the combined principles of all the steps in "all affairs." Others argued that the sharing that went on in "the rooms" (of 12-Step programs) did not allow for deeper discussions of any current struggles with life issues not (or no longer) related to substance abuse *per se* and that broader spiritual outlets, such as the social and economic development avenues of service fostered in Bahá'í communities are a necessary outgrowth that brought a higher level of fulfillment. Being of service to others was a major requirement of both 12-Step programs and being a member of the Bahá'í Faith.

This concept was an essential practice and "antidote" to the self-centeredness readily apparent in active substance abuse. Seeing life in terms of a journey based on acquiring and manifesting desirable qualities rather than having to overcome character defects and shortcomings was seen as a much more positive and affirming experience.

There was overall acknowledgement that there were many parallels between "working the program" and "living a Bahá'í life" and that the key element throughout was the consistency that was found in both the 12-Step program and Bahá'í readings. Both offered countless opportunities for growth and deeper understanding of "Self" in relation to personal motivations and ways of interacting with others. Each offered principles to live by more positively. For these participants, the encouragement they received emphasizing that they were created inherently noble made a significant different in how they approached life. Furthermore, the insights they gained through "independent investigation of truth" helped them become more cognizant of those qualities and strengths of character (virtues) that helped make them "finally feel whole." In this way they became ready to be more outwardly focused and of increasing service to others. The answers they had sought through their addiction were now being filled through their spiritual path. Both in the responses from the participants, and emphasized by Hagedorn and Moorehead's (2010), it was readily apparent that humans have been created to seek some form of "spiritual path" and that all too often that mistakenly led them into the downward spiral with addiction. That said, there was also a sense of hope that stemmed from the awareness that there was a "better way" which was found through the principles laid out in 12-Step programs and in spiritual writings and prayers which call people to reclaim their "higher self." A further summary and discussion of the results, the

conclusions drawn and how this fit into the context of the literature reviewed, recommendations for further research, and the limitations of this current research are presented in the next chapter.

CHAPTER 5. RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

The previous chapter focused on analysis of the data obtained from the 15 in-depth semi-structured interviews conducted by the researcher between May and October of 2013. This final chapter is dedicated to a deeper discussion of the results and conclusions that can be drawn from this phenomenological study. Sobriety has only rarely been examined in the literature from the perspective of the lived experiences of those in continuous recovery for over five years.   The engagement of participants in this research, as well as the present analysis of these first-hand accounts, offers a different perspective in terms of living a sober life according to the teachings and practices of the Bahá'í Faith (Ghadarian, 2007; Maloney, 2006; McGraw, 2007; Savi, 1994). The primary focus is also in keeping with Patterson's (2012) and Schlimme's (2010) psychological approaches to the study of the phenomenon of sobriety.

The study was designed to explore the lived experiences of members of the Bahá'í Faith who have over five years of sobriety/recovery from substance (alcohol and/or other drugs) use/abuse. The decision to focus solely on these particular substances was based in part on the researcher's clinical areas of expertise and understanding of the Bahá'í Faith's teachings and practices. Other substances such as food might well have also been included however the complexities of eating disorders were believed to be beyond the scope of what was of interest here.   There is no doubt that eating disorders, as

well as gambling, sex addiction, and so forth also merit attention and additional research as recovery from these concerns also may benefit from the exploration of how the individual's spirituality affects moving beyond cessation of active use/abuse of these maladaptive coping mechanisms.

It was important to understand the "meanings" attributed to the participants' experiences. The interpretation undertaken here was developed in relation to the theoretical framework of Self-Determination (Deci & Ryan, 2008b; Milyavskaya & Koestner, 2011; Ryan & Deci, 2000, 2008; Schlimme, 2010) and Self-Efficacy (Bandura et al, 2003; Chavarria et al, 2012; Clifford, 1983; McKellar et al, 2008; Weathers, 2009). The strengths and limitations of the study are also highlighted. In addition, this chapter summarizes the current research and findings and compares it to previous research with particular attention to the role of spirituality in substance abuse recovery. Lastly the chapter addresses the implications for social and community services that may be beneficial for those who have moved beyond the initial and Stage II recovery needs as they navigate a lasting "maintenance" stage. Recommendations for further research will be offered as part of the conclusions drawn from this study.

Summary of the Study

The focus of the current phenomenological study was to investigate, explain, and better understand the ways in which the participants were able to maintain long-term sobriety. This was a purposive sample as all the participants were members of the Bahá'í Faith. In addition to sharing this particular faith background, participants had to have a minimum of five years of continued sobriety and be 25 years of age or older. Participants were initially self-selected, that is to say they responded to a recruitment announcement

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posted on the listserve *"Bahá'í Announce"* which is a moderated group limited to members of the Bahá'í Faith. It was somewhat surprising that so many Bahá'ís were quite eager to share their stories. This was because in the general recovery population the issue of anonymity as understood in 12-Step programs often precludes participation in research efforts. In addition, it is often much more difficult to find people with long-term sobriety–especially if they are not attending 12-Step meetings with any regularity or at all. That said, because of the targeted approach to participant recruitment, access was definitely not the issue that might exist in the broader sober population. Within the first 48 hours after posting the recruitment flier on Bahá'í Announce, over 35 people had responded. Unfortunately less than half of this initial group of potential participants met the criteria of being between the ages of 25 and 65, US citizens, and recovering for more than five years from use/abuse of alcohol and/or other (prescription and/or illicit) drugs. Many of those turned away were, in fact quite disappointed and stated their interest in participating should the criteria be modified at a future date or possibly for another purpose. Many had replied to the recruitment email with rather lengthy emails detailing their journey both in becoming Bahá'ís and in achieving sobriety.

After indicating their initial interest, potential participants were sent the informed consent document. Once the researcher received a signed copy of the informed consent form, follow up contact was made by email to set up a date and time for the recorded telephone interview to take place. This means was used for recruitment of the broadest possible range of demographic criteria. Tables one and two in the preceding chapter detailed the demographic characteristics summarized here. Participants ranged in age from 25 to 73. There were 11 men and four women. They came from 10 different states,

with one additional participant living in Canada at the time of the study. Length of sobriety ranged from five to 41 years. They had been Bahá'ís for varying lengths of time, from three to 53 years. All 15 participants had attended at least some 12-Step program(s) for varying periods of time, with eight still active in these Fellowships. Racially and culturally they described themselves in a variety of ways. As a reminder, the research questions for this study were:

RQ1. How have Bahá'ís in recovery from substance abuse experienced their process of recovery and long-term sobriety?

RQ2. What have been some major "turning points" for participants and how were these experienced in terms of being a Bahá'í?

RQ3. What has been the impact of the Bahá'í Teachings in terms of self-determination, feelings of autonomy, and self-efficacy with regard to sobriety?

It was expected that the study findings based on these questions would help to fill a gap in the literature – namely the paucity of research on long-term sobriety. In addition, although spirituality is recognized as a strong element for many as they achieve recovery, this usually stems from a 12-Step Christian perspective. Only a limited number of studies have focused on the spiritual underpinnings stemming from other religious traditions. Furthermore while there has been some examination of mental illness/mental health from a Bahá'í perspective, there has not been any research published specifically in relation to addictions such as to alcohol and/or other drugs as undertaken here.

One particular aspect that needs to be reiterated here from chapter one is that Bahá'ís believe in the process of "progressive revelation." This means that God sends new messengers (prophets) when humanity needs to be reminded of the universal spiritual principles espoused by all the founders of the major religions. Therefore,

Bahá'ís wholeheartedly study and appreciate the teachings of Bahá'u'lláh's predecessors (Noah, Abraham, Krishna, Moses, Zoroaster, Buddha, Jesus Christ, Mohammad, and The Báb). They focus on the similarities – which are many – while setting aside any differences they encounter and rely on the Writings of 'Abdu'l-Bahá to elucidate those in the context of the current Revelation.

Participant interviews along with comments emailed by several participants prior to the actual interviews as well as additional reflections afterward along with member checking opportunities were the sole sources of the data collected. Once the interviews had all been transcribed and a synopsis of all the participant histories and first-order coding of each interview had taken place, participants were contacted and presented via email with this information for member checking. The phenomenological methods espoused by Giorgi (1997, 2006, 2009, 2012) were used for the coding and subsequent data analysis. The methodology, described in detail in Chapter 3, followed the steps outlined by Giorgi. In this way themes and sub-themes were identified through thorough immersion in the narrative of each interview and comparisons between interviews. Recommendations for potential program implementation in community and/or other social services settings stem from the identification of these meta-themes. The participants in the current study believed that others might find similar success in achieving and maintaining long-term sobriety–whether Bahá'í or of some other religious or spiritual background as well as those with no past or present religious or spiritual affiliation. Recommendations are presented in greater detail further in this chapter.

Summary of the Research Study Findings

As stated above, through coding and analysis of the participant narratives the

essences derived from the aggregate of the data analysis process became readily apparent.

This process helped to identify the broader or overarching themes of education,

spirituality, self-determination, and transformation which were found across all 15

interviews. Examples taken from different interviews were given in the preceding

chapter in relation to the researcher's exploration of the participants' experiences.

Certain elements of the Bahá'í Faith were particularly attractive to participants. Notable

was the similarity between many of the Writings and the principles presented in the 12

Steps as well as the 12 Traditions of Alcoholics Anonymous (see Appendixes B & D). In

addition, the lack of clergy and the "independent investigation of truth" encourage people

to "grow up" and think of sobriety as a process of maturation in which individuals learn

to make better choices and acquire better coping skills. Indeed, the 12 Steps have been

said to present a growth process for the individual, whereas the 12 traditions bear a

striking similarity to the Bahá'í practices of "consultation" and "deepening" their

understanding and development of interpersonal skills. All of this taking place under the

umbrella of having a "spiritual awakening." Service to others is another primary

component of both addictions recovery and the arena of neighborhood community

development which Bahá'ís are strongly encouraged to undertake.

Comparison of the Findings to Prior Research

Notable in the literature review presented in Chapter 2 was the fact that there were

very few studies focused on long-term sobriety. This represented a significant gap in the

existing literature. Chapter 2 presented and examined the paradigm shifts which have

occurred in addiction recovery over the decades. As the re-direction of recovery concerns, needs, and services has taken place, relapse prevention is now slowly giving way to a focus on wellness. As was discussed, a number of earlier phenomenological studies sought to better understand the motivations and processes used by individuals in achieving and maintaining long-term sobriety. This shift toward "wellbriety" was shown to have a strong strengths-based spiritual component. With this, there has been a shift to a broader conceptualization of spirituality as a search for personal fulfillment and meaning-making. This was brought about through processes associated with self-efficacy and self-determination.

While there have been a number of studies focused on the role of spirituality, only a few addressed this in ways that differed from the predominantly Christian and 12-Step-based focus which is prevalent in Western cultures. Spirituality has been recognized as a potentially significant factor in achieving and maintaining substance abuse recovery which promotes an emphasis on "living sober" as opposed to merely remaining abstinent. Participants for the current research were purposely recruited within the Bahá'í Faith in the United States. While the Bahá'í Writings expand and elucidate many of the teachings of earlier religions, it is also one that espouses a close connection between religion and science. ʹAbdu'l-Bahá stated that religion without a scientific basis is "mere superstition" and that science represents the logical and practical steps which demonstrate use of "reason." These two aspects must work in conjunction when learning to move beyond "living life on life's terms" into a state of well-being and thriving. This twin process (spiritual guidance and scientific exploration of "truth") is demonstrated throughout the teachings of the Bahá'í Faith which may make it more palatable to those who have

rejected the concept of needing to rely on God based on past religious experiences.

The phenomenological research conducted by Pearson (2010) identified a number of aspects that define stable recovery. Two of the key constructs for successful recovery that he identified were closely related to those found in this current research: self-awareness, and a sense of purpose and meaning. In terms of meaning-making the first important factor to note was that there is a substantive difference between abstinence and recovery. The latter involved greater cognitive awareness and increased coping abilities. These qualities are brought about through education and self-determination and were seen in all the interviews for the current study. In addition, spirituality was seen by Pearson to play a strong supportive role. The aggregate of these three aspects and "recovery tools" (education, self-determination, and spirituality) consistently led to the transformation recognized by the participants as the key element which sustained their long-term recovery. It has been said in 12-Step rooms that "the person I was will always drink/use" (personal conversation with several AA/NA members) and that it is this transformation that is the strongest predictor of on-going recovery. This was also supported in Schlimme's (2010) research on self-determination in relation to addiction as well as that of Dickens (2011) in her study of the processes and experiences of addiction recovery, and Paterson's (2012) research on the phenomenon of addiction recovery over time. All pointed to self-determination and a certain degree of religious/spiritual involvement as the means by which a person's worldview was broadened and enhanced. There has been an abundance of research on addiction itself, its treatment, relapse prevention, and (early) recovery, however, it is only as of fairly recently there was increased effort (or possibly ability) to study long-term maintenance. According to

Pearson this ongoing process was supported by a "rearrangement of self-conceptualized priorities" although he cautioned that one must not become complacent as living life on life's terms is by no means a smooth path. Prior to undertaking the current research, a comprehensive review of the literature regarding (a) alcohol and/or drug abuse recovery, (b) the theoretical frameworks within which this takes place, (c) the role of spirituality in sobriety and its value over time, and (d) those factors which sustain long-term recovery was undertaken and demonstrated significant gaps which this research sought to address.

Theoretical Interpretation of the Findings

A theoretical perspective based on acquiring skills through self-determination and self-efficacy was of particular interest in this research. Understanding what participants had experienced and how each defined his or her sobriety, as well as the role religious/spiritual beliefs and practices may have played were the central concerns being researched. The theories of self-efficacy and self-determination provided the framework which defined this research study. Interestingly, the data analysis also yielded a thematic category of "self-determination" as a key element stemming from the Bahá'í principles of "independent investigation of truth" and the personal empowerment that stems from acquiring and using "virtues." This also related to experiences of self-efficacy. The relationship between these theories and the data collected is explored in depth below. The social processes associated with these theoretical frameworks reflected those elements which motivated individuals to change as well as shining a light on how community contexts (White, 2007a), especially family members, friends, and self-help groups, promote and support recovery.

Prior research demonstrated that when addicts came to terms with the need to become abstinent, they may experience what has been described phenomenologically by Schlimme (2010) in terms of self-determination. The concept of self-determination can at times be quite challenging as the addict comes to grips with needing to change the "context" ("people, places, and things") which supported their addictive behaviors and thinking to one that supports reclaiming–or in some instances claiming for the first time– the "self" they were "meant to be." Pre-reflective and reflective levels of personal experiences for both the addict, and the person in recovery, were seen as a major challenge–particularly in terms of sustainable positive life choices. Self-determination, defined by Schlimme in terms of addictive behaviors, represented a shift of locus of control away from "outdated" internalized societal or cultural norms and others' beliefs about addictive behaviors, in service to embodied higher order needs as depicted in Maslow's Hierarchy of Needs. This became particularly salient when explored in conjunction with capacity-building that stems from a spiritual framework, such as that offered in the teachings of the Bahá'í Faith for the individual's overall development and maturation process.

Previous research also showed that successful outcomes included greater self-efficacy, less avoidant coping style, increased potential religiosity, and readiness to change (Moos & Moos, 2006). In addition to examining addictions recovery and sobriety through the lens of self-determination, the theoretical framework advanced by Bandura in terms of Self-Efficacy Theory (1977), fundamental to McKellar et al's (2008) study, offered a means of understanding the processes which helped motivate an individual to recover from substance abuse/chemical dependency. In later articles (Bandura, 1999;

Bandura et al; 2003), some of these self-regulatory factors were addressed in greater detail.   While some of Bandura's work focused on adolescent challenges, behaviors, and decision-making, much of what was presented can readily be applied to addictions recovery and maintenance of sobriety. This was also reminiscent of Bronfenbrenner's ecological model of development which targeted child development and the influence of his or her surroundings (people, places, and things that influence the person's development). Indeed, as noted in the opening chapter, Bahá'ís believe that humanity as a whole is collectively in its period of adolescence and experiencing the existential angst that is brought about by the struggles encountered in that tumultuous period of our existence (Ghadarian, 1985). The comparison of these perspectives was therefore all the more significant.

Aspects Related to Self-Determination Theory

Exploration of this theoretical framework, has been comprehensively developed through SDT research over the years since its inception in 1985 (Deci & Ryan, 1987; DiClemente, 1986; Ryan & Deci, 2000). As stated by its authors (Ryan & Deci, 2008) in a very brief overview article, paraphrased here, Self-Determination Theory (SDT) is a macro-theory which helps to address personality development in terms of self-regulation, universal psychological needs, life goals and aspirations, causing increased energy and vitality to carry out new behaviors. Motivation to change, shifts in affect and behavior, as well as general wellbeing, became the byproducts of "taking charge" of one's life. As such, SDT offered a logical and comprehensive theoretical framework through which the phenomenon of long-term sobriety was able to be explored.

The process of empowerment that stemmed from self-determination generally led to improvements in social practices and the overall betterment of individuals' sense of self as this then affected the groups/circles in which they functioned. Ryan and Deci highlighted that motivation to change was energized by factors such as "a desire for approval, avoidance of shame, contingent self-esteem, and ego-involvements." Furthermore, the intrinsic motivation and internalization that was part and parcel of self-determination suggested that there are universal psychological needs that must be satisfied for effective functioning and psychological well-being. These needs are such that many people have, albeit maladaptively, turned in the past to alcohol and/or drugs to perhaps counteract feelings of inadequacy in those domains.

The research participants involved in the current study returned time and again to the "positive draw" of the Bahá'í tenet of "independent investigation of truth." Coming to their own conclusions from their reading and study of Bahá'í texts, as well as participating in group discussions in both Bahá'í and 12-Step circles, they gained "invaluable insights" about themselves and how to effectively live life on life's terms while "giving back" in the form of service to their communities, not to mention within their 12-Step programs. That said, most participants emphasized in one way or another that it was important to them to practice these principles in the larger community arena and not confine themselves to doing service "within the rooms" (12-Step programs).

There was a strong emphasis and desire to better understand the driving forces underlying the behavioral changes realized by the participants. These changes depended in large part on factors related to competence, autonomy, and relatedness – all of which were more clearly delineated for the participants through their study of the Bahá'í

Writings. Learning to successfully navigate the pitfalls one can encounter and the positive choices not to go down the potentially negative paths one followed in the past was greatly enhanced through this study as well. Ultimately, therefore, self-determination was about making positive choices for oneself, and success in carrying that out seemingly rested squarely on the self-efficacy decisions as these related to specific individual choice points and particular actions to be taken that were situation-dependent.

Aspects Related to Self-Efficacy Theory

As a corollary theoretical framework for the current study, self-efficacy went hand-in-hand with self-determination as a "new sense of self" developed. This came about when the person felt empowered to change (Bandura, 1999). According to McKellar et al (2008), self-efficacy was an effective forecaster of long-term recovery although the focus of their study was on predictors of relapse over time. Moos and Moos (2006) had supported this perspective as well, also identifying higher self-efficacy's relationship to education about the disease and relapse triggers, the severity of addiction, recognition of sources of stress, more effective use of coping skills, and greater engagement in recovery services. Bandura (1977) had predicted early on that protective factors similar to these would raise self-efficacy in terms of maintaining abstinence.   One way of exploring self-efficacy reflected the development of a "(new) sense of self" [as] a complete and individual personality.

This became apparent through the recognition of the individual's strengths and capacities, and having a "sense of ease" which is not dependent on others. Self-empowerment, accomplished through greater understanding of self and relations with others, led to a heightened sense of perceived self-efficacy designed to spotlight and

better manage "areas of vulnerability" which otherwise could have led to relapse (Bandura, 1999). Furthermore, McKellar et al (2008) went on to categorically state that "self-efficacy is a robust predictor of short- and long-term remission after treatment" (p. 148). They went on to explore what characteristics, and under what conditions, could relapse be anticipated. While their approach looked, in part, at alcohol and other drug recovery from a deficit model perspective, it also took on a decidedly more strengths-based focus in which the determinants of self-efficacy were seen as predictors of success at one and 15 years post-treatment. Elliott (2006) had also suggested a model which helped individuals in recovery negate the voice of their "inner critic" which she offered as a life-long positive introject leading to increased self-efficacy. The paradigm shift implied here is highly compatible with the tenets of the Bahá'í Faith (BNASAA, 2012; Maloney, 2006) in which the acquisition of virtues is inherent to the development of self-efficacy. This becomes all the more important as formal treatment and aftercare are becoming increasingly time limited.

There has also been a belief that the prevalence of relapse is an inescapable part of the recovery process for a large majority of addicts. An exploration of levels of and pathways to on-going self-efficacy through embracing "a Bahá'í way of life" may aid in a shift from the current paradigm to one where lasting (relapse free) sobriety is the norm. Only one of the participants had relapsed and subsequently returned to sobriety. All the others never relapsed–how this was achieved is something of potentially extreme importance to those in earlier stages of recovery. One also does not have to become a Bahá'í to follow its precepts as, for the most part, they are universal in nature. The difference offered in the Bahá'í Writings was seen by the participants as the practical

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"how to" instruction as to how this is to be practiced.

It was surprising that only a few of the participants had any knowledge of, let alone experiences with BNASAA. Those who did had only positive things to say about those experiences and the light it shed on their recovery process within the context of the Bahá'í teachings. That said, participants emphasized that there is still much work to do to better inform Bahá'í communities as to how they can better support their members as they struggle with so-called "defects of character" and "shortcomings." This area was one which surprisingly received negative feedback–that is that the Bahá'í communities on the whole are not effectively supportive or knowledgeable about any facet of addiction and do not understand the challenges of recovery.

It was helpful on the other hand to hear almost all the participants refer to specific Bahá'í prayers and other Writings. More often than not the same ones were cited from person to person. In addition, the recommended practices–especially daily prayer, study of the Sacred Texts, and service to others–led the research participants to recognize the importance of shifting their values from an external locus of control to the internalized and highly personal and direct relationship with the God they discovered through their exploration of the Bahá'í texts and prayers. This seemed directly related to some of their 12-Step experiences–particularly around working on the second, third, and eleventh steps (see Appendix B)

Research conducted by Moos (2007) demonstrated that improvements in self-confidence increased the probability of stable long-term recovery and a life of sobriety. Safeguarding prolonged abstinence from slipping back into the use of any mood altering substances (or behaviors) was essential. This was brought about through increased

awareness of, and practice with, better coping skills. These allowed individuals in

recovery to meet challenging situations head on rather than falling back into older

patterns of seeking relief from their stressors through the use/abuse of alcohol and/or

other drugs. Participants in the current research stressed that it was important as well to

replace their old patterns with substance-free community-building and social pursuits.

The thing that most of the participants emphasized was the positive gains derived from

engaging in "acts of service" and focusing on the needs of others rather than being the

center of their own existence and universe. Moos also cited spiritual or religious

involvement as a means of increasing their "sense of self-worth and wellbeing."

Finding "Meaning" in the Participants' Narratives

> The afflictions which come to humanity sometimes tend to centre the
> consciousness upon the limitations, and this is a veritable prison. Release comes
> by making of the will a Door through which the confirmations of the Spirit come
> … The confirmations of the Spirit are all those powers and gifts which some are
> born with (and which men sometimes call genius), but for which others have to
> strive with infinite pains. They come to that man or woman who accepts his life
> with radiant acquiescence.   – 'Abdu'l-Bahá in London, p. 120

Two of the participants who were brought up in Bahá'í homes (P-04 and P-08),

found that it was more difficult to talk with fellow Bahá'ís about their struggles with

addiction and that seeking help in 12-Step rooms was essential to their recovery. For P-

04 the Bahá'í writings and prayers had "always been there"–even when he chose to

distance himself from their message. He subsequently found that he needed the 12-Step

program to bring his thinking and spiritual practices into alignment with what he had

learned and practiced in his earlier years in the Faith. This was echoed in large part by P-

08 who stated that after working the steps – paying particular attention to the Third Step –

she felt that she could claim a "new Bahá'í identity that was much more profound and

meaningful than that acquired growing up in the Faith." P-07 found that immersing himself in the Bahá'í Writings and community life was enough to help him become and stay sober and never felt the need to explore 12-Step programs. Another participant (P-15) never disclosed his earlier drinking problems to fellow Bahá'ís saying that he was embarrassed by his former behaviors and that since he had stopped using he believed this was a "non-issue." However, for P-15 and several others, learning about the Bahá'í Faith and embracing it was what opened the door to seeking out a 12-Step fellowship to participate in as well.

Both P-01 and P-12 stated that being in a 12-Step program at the beginning of their journey into sobriety was essential and that they would not have been able to recover without that support. A common thread throughout most of the interviews was that the 12-Step programs definitely helped to stop drinking/using. However it was generally felt that answers about how to live in sobriety were somewhat elusive within the 12-Step rooms. Their experience was that, for the most part, people "in the rooms" focused on what to do to stay away from a drink/drug rather than what to strive toward in living a sober life–and what that meant in practical terms. Many of the participants stated that they often found added clarity and guidance through "following the spiritual growth roadmap" laid out in the Bahá'í Writings. They generally reported an increased sense of mastery based on acquiring virtues and understanding how to use these in whatever situations continue to arise in their lives.

It was suggested by some of the participants that 12-Step programs provided the primary education needed, while the spiritual lessons they encountered in reading the Bahá'í Writings brought them to a "graduate school level" by enhancing their critical

thinking skills and autonomy. Bandura's seminal works on self-efficacy and social learning (1977, 1999, 2001) helped examine and understand the process of self-empowerment that is so essential to substance abuse recovery, especially when it is complicated by co-occurring emotional /mental disorders. Moos and Moos (2007) highlighted how important a supportive social network is in the development of goals beyond not drinking/using. He cited the value of engagement in "educational, work, religious, and social/recreational pursuits" as proactive ways to make better choices for oneself and thereby enhance self-esteem, which leads to long-term recovery where the use of substances is rarely, if ever, thought of in everyday life. This seemed particularly true for the participants in the current research.

A tenet of the Bahá'í Faith is to refrain from using mood-altering substances (unless prescribed and monitored by a doctor). This injunction seemingly did not enter into any participant's choice to become abstinent, although for some it did support their decision to remain sober.   Sobriety encouraged participants to reach out and develop new and meaningful relationships which supported their choice to not drink/use and helped them gradually develop a "new sense of self." Likewise, the work pioneered by Deci and Ryan (1987) on self-determination helped create a desire to seek out positive situations and role-models for several of the participants, along with recognizing and avoiding the destructive affiliations of the past. As such, self-determination focused on those healthy decisions and activities that promoted learning and meaning-making. The theoretical framework which drove this research therefore supported the themes that arose from the data analysis supporting all four thematic categories (education, spirituality, self-determination, and transformation).

Giorgi (2006) recommended that the research not be reviewed by the participants as they are not trained to develop or interpret the coding and translate this into findings. This was the sole departure from Giorgi's methodology as undertaken in this research. It seemed important to "fact check" with participants after transcribing each interview however this by no means encouraged them to suggest alternative interpretations. The fact checking was undertaken as a means of verifying that the transcriptions did not deviate from what the participants said in the interviews. This was not done solely to verify that nothing was left out or interpreted beyond the meanings ascribed to any given aspect of the experience by the participant. It was important to include this step as many of the participants had offered extensive information via email prior to the actual interview taking place. The participants were all sent a preliminary draft of the beginnings of the data analysis chapter. Six of the 15 interviewees chose to respond with additional thoughts stemming from their reflections after reading the participant introductions (from Chapter 4) and the researcher's interpretation and preliminary coding of key themes stating that they had never really thought about their recovery in these terms prior to the interviews. They were excited to find that the essence of who they are now and what they had experienced was captured in the way it was and presented accurately.

Larsen (1985) described "Stage II Recovery" as a process which begins after a number of years of abstinence where living comfortably with specific purpose and direction replaces the interim practice of "learning to live life on life's terms," which itself has replaced the initial focus on not using drugs or alcohol, or abstinence. The review and subsequent coding of each interview and the salient characteristics that

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emerged provided insights into what these individuals experienced in their journey of long-term sobriety and the role that their spirituality played in that process. The participants' experiences of recovery and sobriety developed in this manner as an overarching key theme which was labeled "education." Education, as explained in the Bahá'í Writings, is the pursuit of virtues/strengths/qualities such as knowledge, discernment, understanding, awareness, and wisdom through a variety of means which all ultimately promote a specific way of life based on spiritual principles. "Education"– understanding "what was" and how to make this "different"–played a key role in that it represented the means by which these individuals came to new perceptions of themselves as well as their different behaviors and emotions. It served to help the participants gain a better understanding of "what made them tick" as well as how they related to others. It also taught them about how to develop a new and personal relationship with the God of their understanding. Thus what was understood by education encompassed a number of dimensions. Some were quite tangible and/or practical, such as "working a program" and helping in their neighborhoods or working with the children. Other aspects were discussed in terms of being more "internally/emotionally" life-changing–that is to say having to do with broadening of the person's worldview and values clarification. Part of this process, in keeping with the Bahá'í concept that man has been "created noble" and should be "regarded as a mine rich in gems of inestimable value," was the recognition and development of these positive proactive attributes.

Part of the process of recovery has traditionally been based on gaining an understanding and acceptance of past "self-inflicted" negative consequences to the "addict-self." Unfortunately, for some this has proven too much to bear and has led to

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relapse.   On the other hand, learning how to implement new behaviors and thoughts leading to finding that "core being" or "authentic self" (Radpour, 2011) helped to lead a person into lasting "wellbriety" or long-term sobriety and feeling whole. As Raibley (2010) emphasized, values often fell by the wayside during active addiction and the process of recovery was about identifying and restoring a more productive value system which promoted stability and resilience.

The connection between childhood abuse and substance abuse has often played a large role in relapse histories.   It was somewhat surprising to find that all the participants in this research mentioned some form of abuse or neglect especially in childhood, although for a few the emotional abuse they described happened later in their lives. While this had become quite apparent in the researcher's clinical practice over the years, it had never been seen in such a concentrated and heterogeneous sample group of recovering addicts/alcoholics. Dual diagnosis awareness has become a strong consideration in designing new treatment approaches, however there has yet to be more coherent research about the connections between childhood abuse and later substance use/abuse (although this too usually began at a fairly early age). It certainly was highly correlated in this current research. A greater focus on this dual problem stands out as meriting additional targeted research as it frequently manifests in ways that differ from that experienced with other concurrent psychological/psychiatric diagnoses. Further study of this unique dual need for a targeted recovery process has already been documented in relation to eating disorders. Finding a Higher Power to believe in coming from this type of background has often been all the more challenging. Each of the participants, each in his or her own way, expressed the struggles he or she went through

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in searching to reach out to and accept that there was in fact a loving God that they could now turn to as they sought to "find themselves."

It was assumed prior to conducting the interviews that this research would provide an opportunity to understand the spiritual element of recovery through the lens offered by adherence to the Bahá'í Faith's principles and practices. As anticipated, although each participant had his or her own unique experiences of recovery and sobriety, they all gave credit to the teaching and practices of the Faith in bringing a new depth to the spirituality that was part and parcel of the 12-Step approach they ascribed to as well. In fact, many parallels were drawn between 12-Step practices and how Bahá'ís sought continually to better themselves as well as their environments. Both through recovery from substance abuse and in seeking to live a "Bahá'í way of life," participants described a new sense of hope and conviction that life did get better. This was connected to the Bahá'í teachings focused on "independent investigation of truth"–or the "reality" by which every individual makes decisions about his or her life path. One thing that perhaps distinguished the Bahá'í teachings from other religious and/or spiritual approaches was that, in the Bahá'í Writings, man is believed to be inherently noble and innately possessing a number of qualities and strengths that can readily be claimed and encouraged. This was the antithesis of the concept that people are born in sin and must work at overcoming their shortcomings and character defects.

Independent investigation of truth was such a strong tenet for Bahá'ís, and how this related to self-determination and self-efficacy helped demonstrate how participants turned their lives around. This was seen as another key element of interest with regard to the participants' decision to stop drinking/using and subsequently figuring out how to

successfully navigate living "life on life's terms" and then aspiring to expand their perspectives and abilities in increasingly positive, productive, and fulfilling ways. Several participants noted that they had been "dry drunks" for a number of years–even as Bahá'ís–because they had not invested any time or effort in making the necessary changes in their thinking and behaviors. However, all agreed that the tools were there–both in 12-Step rooms and in the Bahá'í Writings and that it was only a matter of making the decision to use these that helped turn their lives around.

This type of transformation–Stage II recovery and beyond to what can perhaps begin to be thought of as "Stage III" or wellbriety–was noted as being essential to addictions recovery and the maintenance of sobriety (Larsen, 1985; Nixon & Solonowiuk, 2008). It represented both a process and the outcome of a person's quest for "sobriety." Each of these themes–self-determination, spirituality, and transformation–along with education, were apparent throughout the participants' sharing of their experiences in response to each of the four main interview questions. While some might see these labels as only slight variations of one characteristic, the nuances presented by the participants, as shared in the preceding chapter as well as recapped below, led to their separation and distinction from one another. Deeper nuances and sub-themes stemmed from the additional questions/prompts that were intended to help participants elaborate further on the four main questions. The need for both "consistency" and "perseverance" in relation to all four themes were emphasized as key elements that supported long-term recovery.

These qualities/assets/virtues were readily apparent in the responses to all four interview questions. The interviews were coded and subsequently demonstrated each of

these themes as they related to each of the research questions until saturation was

achieved, that is to say no new information was forthcoming from any additional

interviews. Again, some might argue that the identified themes are too intertwined to be

presented as separate. In many ways "education" could be viewed as the overarching

theme under which the themes of spirituality, self-determination, and transformation can

be located in a cause and effect relationship–with education being the cause of the

outcomes found in the three others. As will be seen in the discussion below, more

emphasis was given to education with regard to the primary research question which

focused on the aggregate of participants' recovery experiences.

Discussion

> I think that Baha'i and the program are very similar. I think the 12 Steps and
> the Baha'i teachings have a lot in common. They all fit together nicely – you're
> paying attention to a Higher Power, and rely on that for support, and of course
> pray ... every day. … being a Baha'i allowed [me]to accept the 12-Step program
> more readily."   – P-15, emphasis by the participant

It was somewhat surprising that so many Bahá'ís were eager to share their stories.

This was because in the general recovery population the issue of anonymity as

understood in 12-Step programs often precludes participation in research. That said,

because of the targeted approach to participant recruitment, access was definitely not the

issue that might exist in the broader sober population. Within the first 48 hours after

posting the recruitment flier on Bahá'í Announce, over 35 people had responded.

Unfortunately less than half of this initial group of potential participants met the criteria

of being between the ages of 25 and 65, US citizens, and recovering for more than five

years from use/abuse of alcohol and/or other (prescription and/or illicit) drugs. Many of

those turned away were, in fact quite disappointed and stated their interest in participating

should the criteria be modified at a future date or possibly for another purpose. Many had replied to the recruitment email with rather lengthy emails detailing their journey both in becoming Bahá'ís and in achieving sobriety.

It was surprising to note that all but two of this group of individuals began their substance use at a fairly young age–regardless of when and how he or she became a Bahá'í. It appeared that substance abuse was tied in some ways–whether directly or indirectly–to issues of emotional, physical, and even sexual abuse which may have taken place early on. This may set these particular participants apart from the "norm" found in other research, although the focus on childhood abuse and its linkage to substance abuse is only now being explored in any great depth. The connection between childhood abuse and substance abuse was certainly a large part of the issues that came to light in the researcher's clinical practice over the years and played a large role in relapse histories.

Finding a Higher Power to believe in coming from this type of background was often all the more challenging, and each participant in his or her own way expressed the struggles he or she underwent in finding and accepting that there was a loving God that they could now turn to as they sought to "find themselves." A common thread that appeared in these narratives was that in order to remain sober their outlook on life and belief in themselves had to change radically. The review and subsequent coding of each interview and the salient characteristics that emerged provided insights into what these individuals experienced in their journey of long-term sobriety and the role that their spirituality played in that process. What each expressed in relation to their encounter with the precepts of the Bahá'í Faith – acquiring virtues and learning to incorporate these into their everyday thoughts and actions – demonstrated what they termed "a radical"

shift in their belief in a loving and supportive God who would guide them toward a "better life." They also collectively discussed the ways in which the Bahá'í Writings provided them with a "clear roadmap" for the implementation of this "new way of being/new sense of self"–something they has not encountered anywhere else prior to their exposure to the Bahá'í Faith. Many believed that this was a natural outgrowth of the key Bahá'í principle of "independent investigation of truth" as well as the Bahá'í belief about the essential need for spirituality and "systematic scientific exploration" (logic) must be in agreement. Several, however, also expressed how these experiences led to the speculation that there may be other avenues which help bring about similar growth and self-actualization. Generally speaking, the 12-Step programs were described in terms of being necessary for many of the participants in addressing the physical and mental aspects of their addiction(s). The framework that they identified as better suited to their discovery of how to grow spiritually, as found in the Bahá'í Faith, was able to offer additional/stronger emotional comfort and support. For many, being actively engaged in a 12-Step program was essential yet there was also a need for a greater relationship to something that could enhance a more intense spiritual connections.

Having been involved in personal recovery, addictions and trauma counseling for many years, and being a member of the Bahá'í Faith for a good portion of that time, there was little that was surprising that came out in this research. One things that stood out was the emphasis by many of the participants that they needed both 12-Step programs and the teachings of the Bahá'í Faith. It had been assumed from personal experiences– although bracketed during the interviewing, coding and analysis–that many more might have turned solely to the Bahá'í practices and communities as their sole source of

support. While this was indicated by some, it certainly wasn't the norm that had been anticipated. It was assumed prior to conducting the interviews that this research might provide a different opportunity to understand the spiritual element of recovery as presented through the lens offered by adherence to the Bahá'í Faith's principles and practices. As anticipated, while each participant had his or her own unique experience of recovery and sobriety, they all gave credit to the teaching and practices of the Faith in bringing a new dimension and depth to the spirituality that is part and parcel of the 12-Step approach. In fact, many parallels were drawn between 12-Step practices, especially the 10th, 11th, and 12th Steps (the so-called "maintenance steps") how Bahá'ís seek continually to better themselves as well as their environments. Both through recovery from substance abuse and in seeking to live a "Bahá'í way of life" participants described a sense of hope that life would get better. This was connected to the Bahá'í teachings focused especially on "independent investigation of truth"–or the "reality" by which every individual makes decisions about his or her life path. It therefore bears repeating here that one thing which distinguished the Bahá'í teachings from other religious approaches in the minds of the participants was that man is believed to be inherently noble and innately possessing a number of qualities and strengths that can readily be claimed and encouraged.

Strengths and Limitations of the Study

Strengths

While representing a homogeneous group in that all the participants were members of the Bahá'í Faith who had more than five years sobriety, the cultural and earlier religious/spiritual backgrounds of each individual suggested a broader

representation of any larger group of recovering/recovered individuals found in 12-Step programs. Also, because the study was conducted through a nation-wide listserve outreach and search for participants yielded men and women of different ages and different cultural/racial backgrounds living in 10 different states across the country (with one currently in Canada), it was more likely that there would be more heterogeneous qualities as well. The phenomenological study undertaken here was composed of an initial total sample of 17 participants, although ultimately two were disqualified during peer review. Recommendations for the number of participants to be sought for this type of inquiry vary, however all prior research suggests that additional participants by included until data saturation is reached. While this study might have been stopped at 12 participants, the additional ones were included primarily because they added to the demographic characteristics of the sample. In addition, while no new information was brought to light, there were subtle nuanced differences in each participant's perceptions of the single reality that is labeled "long-term recovery/sobriety" as well as the reality of the role of spirituality/religion in that process. Conducting a phenomenological study of this type provided a much richer picture of the lived experiences of those who have experienced the recovery process over time. The participants offered an in-depth appraisal of their journey in long-term sobriety. The rich and thick data derived from qualitative research in this manner far outweigh the potential pitfalls noted by some researchers.

Contributions to the Professional Literature

It is perhaps important to note here that the recommendations stemming from this research add to the body of literature that is increasingly looking for better ways to

support and encourage lasting recovery.   Having gained a better understanding of what helped a specific group of individuals in long-term sobriety – the development and increased usage of character strengths/virtues through spiritual and moral education. The values clarification embodied in the teachings the participants derived from the Bahá'í Writings and prayers that targeted specific needs and/or challenges can serve a wider population of recovering people. These principles are universal in nature and can be found in most sacred texts. They are also embodied in the writings of non-traditional spiritual avenues. A key element offered in the Bahá'í Writings that makes "spirituality" most appealing for many is that it teaches that belief must encompass rational thought and reason to make sense of and out into practice the "divine" teachings. The community recovery "wellbriety" model that has been emerging is well suited to expand the reach of these teachings as they "build the village" where all care for and encourage each other to be the best person they can become–something that is essentially never-ending. As the person who was the addict/alcoholic transforms into a whole and productive being, those around him or her transform as well. This is not some "utopian pipe dream," it was clearly achieved by the participants in this research *"… Thou hast awakened me and made me conscious. Thou hast given me a seeing eye and a hearing ear…"* (Bahá'í Publishing Trust, 1991).

Limitations

One aspect that many see as detrimental to research needs is reliance on a relatively small number of participants, not to mention trust in the accuracy of their subjective accounts and memories of their experiences with the phenomenon of interest, that is, long-term sobriety/recovery.   In this particular research, participants were self-

selected in response to the criteria of being sober/clean for five or more years. No attempt was made to more accurately define whether the participants could be diagnostically defined as substance abusers versus substance users. This was a purely subjective self-labeling. No attempt was made to screen up front for concurrent psychiatric disorders. As such the criteria presented in the Diagnostic and Statistical Manual (DSM-IV-TR, 2005) was not consulted for either substance abuse criteria or dual diagnosis.

Although the recruitment process through the Bahá'í Announce listserve provided a much broader reach than recruitment through the three initially designated potential research sites, distances precluded face-to-face interviewing. This limited researcher's assessment of any non-verbal communication which has proved useful in prior research. It was also expected that the length of sobriety would be somewhat evenly distributed however only four participants reported between five and 10 years sobriety, four additional participants reported between 17 and 21 years sobriety, while the remaining seven had 24 to 41years sobriety. Along the same line, the ages of the participants, with the exception of one participant who was 25, one who was 42, and one who was 49, the remaining participants ranged in age from 53 – 73. It is entirely possible that the results would have differed had the age of the participants and their length of sobriety distributions been more even.

Implications

From the review of the literature, it seemed quite apparent that length of treatment continues to be of shorter and shorter duration. Greater emphasis, therefore, has been placed on service provision within community settings. White (2009) in particular has

explored in some depth what services might be offered in order to support recovering addicts/alcoholics over longer periods of time. This will be especially true as increasing numbers of people in recovery discover significant issues with anxiety, depression, and potentially PTSD–especially, as noted, those stemming from various forms of childhood abuse, neglect, and/or domestic violence. In the past it was common to believe that a person had to be "stable" that is to say abstinent before they could address these co-occurring issues.   The research on relapse triggers and attempts at relapse prevention have not been as successful as one would have hoped for and it becomes all the more important to develop a system of social services in community settings that can support all aspects of the recovery process over time – that is to say physical, mental, emotional/psychological, and spiritual. Nothing to date has proven that treatment of short durations is successful from the first attempts at recovery – in fact quite the contrary has been true.

Practice

Recovery, as defined by Borg and Davidson (2008) was a "social process" that needed to address both the complex as well as the more mundane aspects of everyday life. The beginnings of recovery within a formal treatment setting often promoted a false sense of security as none of the stressors of everyday life had any significant impact since they were generally not directly experienced in these settings. It has therefore become all the more necessary to find alternative supportive services that could be offered over time as individuals encountered difficult situations in the course of everyday life. Some of this, of course, can come through the peer support stemming from participation in the variety of recovery meetings which have proliferated over the years. However, for a

number of the research participants, these meetings felt "too confining" and limited to exploring the struggles of early sobriety and remembering the "bad times" so as not to repeat them. In contrast, taking the strengths-based approach experienced by these participants using spiritual teachings provided a "roadmap" that helped them live more happy and productive lives of service. Because of this, a number of online resources such as blogs, listserve discussion groups, and even counseling services have become available and can be an integral part of the arsenal of services that support the individual's recovery process. There is, however, a need for "more" for a large number of individuals. This comes from a more widespread adoption of a community recovery model where support systems are multiplied and broadened in patterns similar to Bronfenbrenner's Ecological Model of Development. It becomes all the more important therefore that people in recovery examine their values in relation to the person they are trying to become rather than from the perspective of someone caught up in the quagmire of addiction and relapse and the person they only thought they were.

Education

Professional development in the field of addictions counseling can benefit greatly from the findings derived from this research. Understanding that recovery from substance abuse often has deeper psychological antecedents adds important dimensions to the arsenal of tools that must be taught in the addictions counseling field. Training, therefore, must become much broader and deeper, offering a number of different approaches to help highlight and address the myriad needs, issues, and/or concerns that emerge. The challenge is that there is no "one size fits all" approach that will meet the needs of different individuals seeking recovery from as it says in the AA Big Book "… a

seemingly hopeless state of mind and body." Those who have achieved this have much

to offer by way of practical steps and need to be consulted more in tailoring counselor

educational programs to what has worked over time. A practical approach to the spiritual

dimensions of the process can and needs to be incorporated into the paradigm shift that

increasingly recognizes the value of the strengths- and values-based approach shared by

these research participants.

Research

Encouraging the development of the bio-psycho-socio-spiritual "strengths' of

those in recovery become what White, Evans and Lamb (2010) believed were best

developed in what they identified as community recovery settings–something also

highlighted by Landau (2007). The "recovery capital" thus developed (Laudet & White,

2008; White, 2009) often consisted of a large network of connections working together to

help provide a positive structure in which to thrive in recovery. More research as to how

this model develops and reflects those characteristics needed by the "culture" of those

working to recover. As summed up by El-Guebaly (2012), for recovery to be optimal it

needed to embrace a number of different approaches and resources which not only

addressed the needs of the individual, but also the family, and the community as a whole.

What these approaches include and how they compare in their incorporation of tools that

address physical, mental, emotional, social, and spiritual needs–those elements that were

all highlighted by the participants in this research.

Policy

The practical aspects of the emerging wellbriety movement rest in part on a

spiritual foundation which uses a strengths- and/or "virtues"-based context. Part of this

approach also rests on the concept of being of service to family and community. The

new sense of self that developed for the participants was all the more meaningful when

the person recognized the benefits and satisfaction he or she personally derived from

helping others. It is also easy to see how the skills that were developed in this context

then became available to be used in ever-widening circles. As the person's worldview

broadened new possibilities emerged that helped make life more meaningful–especially

when these were shared and held in common with others with others. Faces and Voices

of Recovery (2013), for example, is emerging as a strong proponent of highlighting the

successes of those in long-term recovery rather than focusing on the "failures" seen in the

relapse (prevention) model.

Recommendations for Further Research

Up until fairly recently, most recovery outcomes research remained tied to

treatment and/or some form of aftercare, for the period defined as "early recovery." It

has been difficult to develop a clear understanding of (a) what happens in the "middle

recovery phase" – that is to say between the two- or three-year mark and the onset of

"maintenance" of sobriety; (b) what then actually transpires in the "maintenance" phase

(essentially beyond the three to five or six-year mark); as well as (c) the role religion

and/or spirituality plays in supporting middle and long-term sobriety/recovery.

Furthermore, Hibbert and Best (2010), the Betty Ford Institute (2007), and White

(2007a), suggested that there are significant events and/or changes in beliefs and

practices – turning points – that help delineate the "early," "middle," and "late"

"stages"/aspects of recovery. These must be researched in much greater detail and either

over considerably longer periods of time, or by finding people who have achieved the 10,

15, 20, 25 and longer sobriety and/or recovery milestones, as those who participated in this research.

As the current research focused on the long-term experiences of recovery among a group of Bahá'ís, doing similar research with members of other religions is warranted – especially from differing religious perspectives. This would go hand in hand with then exploring what has helped these individuals maintain sobriety in the long-term (as well as what that concept means to them). Secondly, because of the age distribution of the sample in this study, it would be interesting to find a group of people in recovery who are between the ages of 25 and 50, as well as those with between 10 and 25 years recovery. The age range in this sample was interestingly more heavily skewed toward the "older" population (60 and over). Therefore more efforts need to be made to encourage those who are younger to participate in similar research opportunities as they present themselves.

Research has shown that the likelihood of relapse after entering the late stage of recovery is generally greatly lessened. Determining how individuals have achieved five or more years of abstinence, coupled with what they did in order to comfortably live life on life's terms as their worldview potentially expanded. What they experienced in terms of a "secure sober lifestyle" could greatly benefit those in earlier recovery to avoid the pitfalls that so often lead to relapse. This understanding would no doubt help further facilitate a shift from the paradigm of relapse prevention into one of wellness/"wellbriety" (Hazel & Mohatt, 2001; Laudet & White, 2008; Moore & Coyhis, 2010). While the current research made every attempt to represent as broad a demographic as possible, there are still some ethnic/cultural/racial representations that

were not met. It was expected that more "people of color" and others (African Americans, Native Americans, Latinos, Asians) would want to participate as they are found in many Bahá'í communities across the country, however this did not materialize. It is important to explore this gap in how cultural differences may influence entering recovery to begin with as well as the pathways followed to gain lasting sobriety.   These cultural and racial characteristics are no doubt important to explore in other addictive disorders as well (eating disorders, gambling, sex addiction, and potentially co-dependency as well). This is true not only in and of themselves, but also with regard to the role religion and/or spirituality plays in these forms of addictions.

The "fit" of the 12-Step approach and using the spiritual principles espoused in the Bahá'í Faith together appeared to be of significance for most participants, although it is possible that this finding might be different for those practicing other religions. It was suggested by those who had explored other religions in depth prior to finding and embracing the Bahá'í Faith that they could not find what they wanted/needed in any of the other religions that they explored and attempted to embrace. It is recommended that more research be conducted with participants who are members of other religions. This should also strive to examine experiences at each of the three levels of recovery – early; middle, and long-term.

It would also be worth gaining a better understanding of the "root causes" of the objections many people have to the 12-Step approach as well as any religions connotations that they view in a negative light. This aspect may be noteworthy in light of the fact that a few of the participants in this study did not find it necessary to use a 12-Step program at all. These individuals generally came to the Bahá'í Faith *after*

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recognizing that their substance use might be doing them harm. They then had to *accept* the fact that use of alcohol and/or other drugs was harmful to their well-being, believe that change was possible, and take a conscious step in that direction. The process is very much in keeping with the contemplation and action stages of the transtheoretical model of change proposed by Prochaska, DiClemente, and Norcross (1992). This appeared to happen for some solely through their encounter the Bahá'í Writings and members of the Faith who seemed "different" from other people in very positive ways and reflected longed-for qualities.

Conclusion

As the participants in this research had successfully negotiated these transitions, they were a source of direct information on "what worked" and "what didn't" in their quest for lasting sobriety. Danesh (1997), Ghadarian (1985, 2007) and Radpour (2011) emphasized that Bahá'í principles were geared to provide a means of achieving greater self-awareness, authenticity, and the ability to maintain a positive lifestyle–all of which have been deemed necessary characteristics for long-term recovery. In addition Herzog (1998) as well as Saint Rain (2003, 2012, 2013) have elucidated processes of mental health and well being based on Bahá'í principles of individuation for self-actualization and self-determination. These principles rest on the qualities of honesty, forgiveness, compassion, and faith (Saint Rain (2013). This is achieved through the development of skills and virtues–"*attributes of God*" (as we are created in His image)–in order to become "fully functioning" and of service to self, family, community, and even humanity as a whole. Striving to become this "higher self" is, according to Herzog, as well as

Maloney (2006), an integral part of the Bahá'í teachings and the quest for spiritual

development.

Epilogue

Free thyself from the fetters of this world, and loose thy soul from the prison of
self. Seize thy chance, for it will come to thee no more.
                                         – Bahá'u'lláh, Persian Hidden Words, #40

… Are these extravagant promises? We think not. They are being fulfilled among
us—sometimes quickly, sometimes slowly. They will always materialize if we
work for them.   – AA "Big Book" – The 12 Promises.

Over the years I have often asked myself what has led me down certain roads

instead of others. Getting to this point has certainly been a journey of discovery and self-

awareness beyond anything I would have imagined. Hearing many aspects of my own

life trajectory echoed in the words and experiences of the participants in this research has

been a confirmation that I was led to experiences that have supported me in becoming

my-"Self." I have been truly enriched by the experiences of my sobriety, becoming an

addictions and trauma counselor, and being led into the Bahá'í Faith. The path of service

is not necessarily a clear or smooth one. This said, I believe that all the experiences and

even the challenges I have encountered along the way were each "divinely guided." I

would definitely not have made certain choices that were put in my path to stumble over

had I been left to my own devices. I thank God that I was able to recognize those gentle

and often not so gentle nudges that have brought me to this place. Doing this research

has helped me to gain clarity about the future direction that rests squarely on what I have

learned about community-building and "wellbriety"–my goal for working in the

neighborhood in which I find myself.

The practice of "meaning-making" which was integral to those transformative learning/educational processes inherent in both 12-Step meetings and Bahá'í gatherings have been guiding me now for over 35 years – more than half my lifetime!. The personal self-actualization that stemmed from this has taken me, I believe, to the pinnacle of Maslow's hierarchy of needs (Maslow, 1943; McLeod, 2007) – that level of transcendence where one embraces the altruistic desire to help others achieve self-actualization   I was therefore not terribly surprised to come across the work done by fellow Bahá'ís in looking at mental health from the perspective of the Bahá'í Writings (Fotos, 1994/1996; Herzog, 1998; Maloney, 2006; Savi, 1994). The sole (Bahá'í) entry tackling substance abuse (Ghadarian, 1985, 2007) added to my impetus to further elucidate this topic in my own research, and in a personal communication he enthusiastically encouraged me to do so. It was not surprising to me that Herzog explored Bahá'í mental health in the context of the contributions of Humanistic Psychology, which I embraced both in my undergraduate studies and during my addiction counseling training some 30 years ago. Perhaps that is what drew me to the Bahá'í Faith in the first place.

Most recently, as part of my research, I came across a movement which is gathering an amazing following that I have now joined – the website and activities of "Faces and Voices of Recovery." *The Anonymous People* (Faces & Voices of Recovery, 2013, manyfaces1voice.org) is still a relatively unheard of documentary where a variety of people in long-term recovery and recognized experts in the field – such as Laudet, White, and the Betty Ford Clinic – share valuable personal insights and experiences of "life after addiction." The documentary was made because those involved believe that

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"recovery, like addiction, has existed too long in the shadows."   According to the documentary, there are over 23 million individuals in long-term recovery (five or more years).   As the write-up of the documentary states:

> When someone puts a face and a voice on recovery with his or her personal story, the general public and policymakers can finally access the powerful message of hope that has resonated for years in underground communities of recovery. No longer defined by their silence, the individuals in the film are stepping up and telling their stories.

It is my hope that this small contribution from one faith's perspective can add to the reality that many do recover and live happy, healthy, and productive lives. In addition to the work this part of my journey will allow me to undertake in the community at large, it is my hope that I can also be of service to Bahá'í communities as well in helping them gain a better understanding of the challenges and needs of those Bahá'ís and their families who may be struggling with addiction and its repercussions and not know where to turn or how to apply the principles of our faith to its resolution. In closing I wish to share some words from the Bahá'í Writings that were set to music by my good friend Eric Dozier. I thank him for permission to share this "supplication" here as it has become part of my daily prayers.

> Wandering down the path of life trying to find my direction; no one to show me the way … searching for a love so true that I thought I would never find, then You stepped in, on time … just when I needed You to–guide me, protect me, from what lieth in front of me, behind and above, on my right, on my left, and below my feet, and on every other side…. Make firm my steps, O Lord, in Thy path and strengthen my heart in Thine obedience. Nourish my soul in the loving shadows of Thy Grace so that the winds of tests will fail to draw me away…. Traveling down the misty highways of life … no peace I seemed to find … felt like I'd lost my mind, but I know that You could be a better friend to me than I can ever be to myself – you even carried me sometimes…. O Lord … I need You to guide me,

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protect me, Lord, from what lieth in front of me, behind and above, on my right, on my left, and below my feet, and on every other side … every other side…. I need You to guide me Lord….

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APPENDIX A

STATEMENT OF ORIGINAL WORK

Academic Honesty Policy

Capella University's Academic Honesty Policy (3.01.01) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also stated in the Policy is the expectation that learners will follow APA rules for citing another person's ideas or works.

The following standards for original work and definition of *plagiarism* are discussed in the Policy:

> Learners are expected to be the sole authors of their work and to acknowledge the authorship of others' work through proper citation and reference. Use of another person's ideas, including another learner's, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1)

> Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else's ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

Capella University's Research Misconduct Policy (3.03.06) holds learners accountable for research integrity. What constitutes research misconduct is discussed in the Policy:

> Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. (p. 1)

Learners failing to abide by these policies are subject to consequences, including but not limited to dismissal or revocation of the degree.

Statement of Original Work and Signature

I have read, understood, and abided by Capella University's Academic Honesty Policy (3.01.01) and Research Misconduct Policy (3.03.06), including the Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the APA *Publication Manual*.

Learner name and date	Colette M. Harrison, September 5, 2014
Mentor name and school	Joan Durante, PhD. , School of Public Service Leadership

The Twelve Steps:
Bahá'í Writings and recovery from substance abuse

by Bahá'u'lláh and Ábdu'l-Bahá

compiled by Baha'is in Recovery Fellowship. (1988)
Retrieved from: http://bahai-library.com/compilation_twelve_step_program
Reprinted with permission (BNASAA, October, 2013)

Step One:
We admitted that we were powerless over our addiction (or for Al- Anon or ACAP) We admitted that we were powerless over the effects of addiction, and that our lives had become unmanageable.

I testify, at this moment, to my powerlessness and to Thy might (Bahá'u'lláh: Aqdas: Other Sections, pages 100-101)

I love, in this state, O my Lord, to beg of Thee all that is with Thee, that I may demonstrate my poverty, and magnify Thy bounty and Thy riches, and may declare my powerlessness, and manifest Thy power and Thy might. (Bahá'u'lláh: Aqdas: Other Sections, page 94)

Every time I venture to make mention of Thee, I am held back by my mighty sins and grievous trespasses against Thee, and find myself wholly deprived of Thy grace, and utterly powerless to celebrate Thy praise. My great confidence in Thy bounty, however, reviveth my hope in Thee... (Bahá'u'lláh: Prayers and Meditations, page 210)

Powerless though I be to rise to the heavens of Thy glory and soar in the realms of Thy knowledge, I can but recount Thy tokens that tell of Thy glorious handiwork. (Bahá'u'lláh: Bahá'í Prayers (US), pages 122-123)

And shouldst thou recognize thy powerlessness, do thou rein in thy passions, and return unto thy Lord, that perchance He may forgive thee thy sins . . . (Bahá'u'lláh: Epistle to the Son of the Wolf, page 83)

O God! . . . We are impotent; give us Thy heavenly power. O Lord! Make us useful in this world; free us from the condition of self and desire. (`Abdu'l-Bahá: Promulgation of Universal Peace*, page 302)

Step Two:
Came to believe that a Power greater than ourselves could restore us to sanity.

"Let every soul be subject unto the higher powers. For there is no power but of God; the powers that be are ordained of God. Whosoever therefore resisteth the power, resisteth the ordinance of God." (Bahá'u'lláh: Epistle to the Son of the Wolf, page 91)

Thou art He Who changeth through His bidding abasement into glory, and weakness into strength, and powerlessness into might, and fear into calm, and doubt into certainty . . . Thou art, verily, the Almighty, the Most Powerful. (Bahá'u'lláh: Prayers and Meditations, pages 249-250)

He, verily, is the Lord of strength and power . . . Repudiation hath not veiled it, and ten thousand hosts arrayed against it were powerless to withhold it from shining. Thou canst excuse thyself no longer. Either thou must recognize it, or - God forbid - arise and deny all the Prophets! (Bahá'u'lláh: Epistle to the Son of the Wolf, page 119)

Step Three:
Made a decision to turn our will and our lives over to the care of God as we understand Him.

O BEFRIENDED STRANGER! The candle of thine heart is lighted by the hand of My power, quench it not with the contrary winds of self and passion. The healer of all thine ills is remembrance of Me, forget it not. Make My love thy treasure and cherish it even as thy very sight and life. (Bahá'u'lláh: Persian Hidden Words, page 32)

The essence of wealth is love for Me; whoso loveth Me is the possessor of all things, and he that loveth Me not is indeed of the poor and needy. This is that which the Finger of Glory and Splendour hath revealed. (Bahá'u'lláh: Tablets of Bahá'u'lláh, page 156)

The Tongue of Wisdom proclaimeth: He that hath Me not is bereft of all things. Turn ye away from all that is on earth and seek none else but Me. I am the Sun of Wisdom and the Ocean of Knowledge. I cheer the faint and revive the dead. I am the guiding Light that illumineth the way. I am the royal Falcon on the arm of the Almighty. I unfold the drooping wings of every broken bird and start it on its flight. (Bahá'u'lláh: Tablets of Bahá'u'lláh, page 169)

O God! Refresh and gladden my spirit. Purify my heart. Illumine my powers. I lay all my affairs in Thy hand. Thou art my Guide and my Refuge. I will no longer be sorrowful and grieved; I will be a happy and joyful being. O God! I will no longer

be full of anxiety, nor will I let trouble harass me. I will not dwell on the unpleasant things of life. O God! Thou art more friend to me than I am to myself. I dedicate myself to Thee, O Lord. (`Abdu'l-Bahá: Bahá'í Prayers (US edition), page 152)

Step Four:
Made a searching and fearless moral inventory of ourselves.

The first Taraz and the first effulgence which hath dawned from the horizon of the Mother Book is that man should know his own self and recognize that which leadeth unto loftiness or lowliness, glory or abasement, wealth or poverty. (Bahá'u'lláh: Tablets of Bahá'u'lláh, pages 34-35)

The essence of all that We have revealed for thee is Justice, is for man to free himself from idle fancy and imitation, discern with the eye of oneness His glorious handiwork, and look into all things with a searching eye. (Bahá'u'lláh: Tablets of Bahá'u'lláh, page 157)

If the fire of self overcome you, remember your own faults and not the faults of My creatures, inasmuch as every one of you knoweth his own self better than he knoweth others. (Bahá'u'lláh: Persian Hidden Words, page 66)

Be not afraid of anyone, place thy whole trust in God, the Almighty, the All-Knowing. (Bahá'u'lláh: Tablets of Bahá'u'lláh, page 190)

God hath in that Book, and by His behest, decreed as lawful whatsoever He hath pleased to decree, and hath, through the power of His sovereign might, forbidden whatsoever He elected to forbid. To this testifieth the text of that Book. Will ye not bear witness? Men, however, have wittingly broken His law. Is such a behaviour to be attributed to God, or to their proper selves? Be fair in your judgment. (Bahá'u'lláh: Gleanings, page 149)

Step Five:
We admitted to God, to ourselves and to another human being the exact nature of our wrongs.

The Universal House of Justice . . . has instructed us to say that there is no objection to Bahá'ís being members of Alcoholics Anonymous, which is an association that does a great deal of good in assisting alcoholics to overcome their lamentable condition. The sharing of experiences which the members undertake does not conflict with the Bahá'í prohibition on the confession of sins; it is more in the nature of the therapeutic relationship between a patient and a psychiatrist. (From letter to an individual believer dated 26 August 1986)

I implore Thee by the blood of Thy true lovers who were so enraptured by Thy sweet utterance that they hastened unto the Pinnacle of Glory, the site of the most glorious martyrdom, and I beseech Thee by the mysteries which lie enshrined in Thy knowledge and by the pearls that are treasured in the ocean of Thy bounty to grant forgiveness unto me and unto my father and my mother. Of those who show forth mercy, Thou art in truth the Most Merciful. No God is there but Thee, the Ever-Forgiving, the All-Bountiful. (Bahá'u'lláh: Tablets of Bahá'u'lláh, pages 24-25)

O Lord! Thou seest this essence of sinfulness turning unto the ocean of Thy favour and this feeble one seeking the kingdom of Thy divine power and this poor creature inclining himself towards the day-star of Thy wealth. By Thy mercy and Thy grace, disappoint him not, O Lord, nor debar him from the revelations of Thy bounty in Thy days, nor cast him away from Thy door which Thou hast opened wide to all that dwell in Thy heaven and on Thine earth. (Bahá'u'lláh: Tablets of Bahá'u'lláh, page 25)

Alas! Alas! My sins have prevented me from approaching the Court of Thy holiness and my trespasses have caused me to stray far from the Tabernacle of Thy majesty. I have committed that which Thou didst forbid me to do and have put away what Thou didst order me to observe. I pray Thee by Him Who is the sovereign Lord of Names to write down for me with the Pen of Thy bounty that which will enable me to draw nigh unto Thee and will purge me from my trespasses which have intervened between me and Thy forgiveness and Thy pardon. Verily, Thou art the Potent, the Bountiful. No God is there but Thee, the Mighty, the Gracious. (Bahá'u'lláh: Tablets of Bahá'u'lláh, page 25)

Step Six:
Were entirely ready to have God remove all these defects of character.

I am but a poor creature, O my Lord; I have clung to the hem of Thy riches. I am sore sick; I have held fast the cord of Thy healing. Deliver me from the ills that have encircled me, and wash me thoroughly with the waters of Thy graciousness and mercy, and attire me with the raiment of wholesomeness, through Thy forgiveness and bounty. Fix, then, mine eyes upon Thee, and rid me of all attachment to aught else except Thyself. Aid me to do what Thou desirest, and to fulfill what Thou pleasest. (Bahá'u'lláh: Prayers and Meditations, page 22)

Step Seven:
Humbly asked him to remove our shortcomings.

O Lord! Thou art the Remover of every anguish and the Dispeller of every affliction. Thou art He Who banisheth every sorrow and setteth free every slave, the Redeemer of every soul. O Lord! Grant deliverance through Thy mercy and

reckon me among such servants of Thine as have gained salvation. (The Bab: Selections from the Bab, page 193)

`Bid them recite: "Is there any Remover of difficulties save God? Say: Praised be God! He is God! All are His servants, and all abide by His bidding!" Tell them to repeat it five hundred times, nay, a thousand times, by day and by night, sleeping and waking, that haply the Countenance of Glory may be unveiled to their eyes, and tiers of light descend upon them.' (Shoghi Effendi: God Passes By, page 119)

Step Eight:
Made a list of all persons we had harmed, and became willing to make amends to them all.

Ye are the fruits of one tree, and the leaves of one branch. Deal ye one with another with the utmost love and harmony, with friendliness and fellowship. He Who is the Day-Star of Truth beareth Me witness! So powerful is the light of unity that it can illuminate the whole earth. The One true God, He Who knoweth all things, Himself testifieth to the truth of these words. (Bahá'u'lláh: Epistle to the Son of the Wolf, page 14)

Exert yourselves that ye may attain this transcendent and most sublime station, the station that can insure the protection and security of all mankind. This goal excelleth every other goal, and this aspiration is the monarch of all aspirations. (Bahá'u'lláh: Epistle to the Son of the Wolf, page 14)

Step Nine:
Made direct amends to such people wherever possible except when to do so would injure them or others.

So if you are offering your gift at the alter, and there remember that your brother has something against you, leave your gift there before the altar and go; first be reconciled to your brother, and then come and offer your gift. Make friends quickly with your accuser, while you are going with him to court, lest your accuser hand you over to the judge, and the judge to the guard, and you be put in prison. (Matthew 5:24-25 (New American Standard))

Be generous in prosperity, and thankful in adversity. Be worthy of the trust of thy neighbor, and look upon him with a bright and friendly face. Be a treasure to the poor, an admonisher to the rich, an answerer of the cry of the needy, a preserver of the sanctity of thy pledge. Be fair in thy judgment, and guarded in thy speech. Be unjust to no man, and show all meekness to all men. Be as a lamp unto them that walk in darkness, a joy to the sorrowful, a sea for the thirsty, a haven for the distressed, an upholder and defender of the victim of oppression. Let integrity and uprightness distinguish all thine acts. (Bahá'u'lláh: Gleanings, page 285)

Step Ten:

Continued to take personal inventory and when we were wrong promptly admitted it.

O SON OF BEING! Bring thyself to account each day ere thou art summoned to a reckoning; for death, unheralded, shall come upon thee and thou shalt be called to give account for thy deeds. (Bahá'u'lláh: Arabic Hidden Words, page 31)

Step Eleven:

Sought through prayer and meditation to improve our conscious contact with God as we understand Him, praying only for knowledge of His will for us and for the power to carry that out.

Intone, O My servant, the verses of God that have been received by thee, as intoned by them who have drawn nigh unto Him, that the sweetness of thy melody may kindle thine own soul, and attract the hearts of all men. (Bahá'u'lláh: Gleanings, page 295)

O God! Refresh and gladden my spirit. Purify my heart. Illumine my powers. I lay all my affairs in Thy hand. Thou art my Guide and my Refuge. (`Abdu'l-Bahá: Bahá'í Prayers (US edition), page 152)

Step Twelve:

Having had a spiritual awakening as a result of these steps, we tried to carry this message to others, and to practice these principles in all our affairs.

Verily, God hath made it incumbent upon every soul to deliver His Cause according to his ability. Thus hath the command been recorded by the finger of might and power upon the Tablet of majesty and greatness. (Bahá'u'lláh: Bahá'í World Faith, page 206)

Unloose your tongues, and proclaim unceasingly His Cause. This shall be better for you than all the treasures of the past and of the future, if ye be of them that comprehend this truth. (Bahá'u'lláh: Gleanings, page 330)

AS A BAHÁ'Í –

You must manifest complete love and affection toward all mankind.

Do not exalt yourselves above others, but consider all as your equals, recognizing them as the servants of one God.

Know that God is compassionate toward all; therefore, love all from the depths of your hearts, prefer all religionists before yourselves, be filled with love for every race, and be kind toward the people of all nationalities.

Never speak disparagingly of others, but praise without distinction.

Pollute not your tongues by speaking evil of another.

Recognize your enemies as friends, and consider those who wish you evil as the wishers of good.

You must not see evil as evil and then compromise with your opinion, for to treat in a smooth, kindly way one whom you consider evil or an enemy is hypocrisy, and this is not worthy or allowable. You must consider your enemies as your friends, look upon your evil-wishers as your well-wishers and treat them accordingly.

Act in such a way that your heart may be free from hatred.

Let not your heart be offended with anyone.

If someone commits an error and wrong toward you, you must instantly forgive him.

Do not complain of others.

Refrain from reprimanding them, and if you wish to give admonition or advice, let it be offered in such a way that it will not burden the hearer.

Turn all your thoughts toward bringing joy to hearts.

Beware! Beware! lest ye offend any heart.

Assist the world of humanity as much as possible.

Be the source of consolation to every sad one, assist every weak one, be helpful to every indigent one, care for every sick one, be the cause of glorification to every lowly one, and shelter those who are overshadowed by fear.

In brief, let each one of you be as a lamp shining forth with the light of the virtues of the world of humanity.

Be trustworthy, sincere, affectionate and replete with chastity.

Be illumined, be spiritual, be divine, be glorious, be quickened of God, be a Bahá'í. (`Abdu'l-Bahá: Promulgation of Universal Peace*, page 453)

Bahá'í Quotes on Virtues

Retrieved from: www.bahaiquotes.com/quotepage.php?Quotes%2FVirtues

As for the spiritual perfections they are man's birthright and belong to him alone of all creation. *'Abdu'l-Bahá, Paris Talks, p. 72*

O friends! Be not careless of the virtues with which ye have been endowed, neither be neglectful of your high destiny. *Bahá'u'lláh, Gleanings from the Writings of Bahá'u'lláh, p. 196*

Some *Virtues* to be cultivated: assertiveness, caring, cleanliness, compassion, confidence, consideration, courage, courtesy, creativity, detachment, determination, enthusiasm, excellence, faithfulness, flexibility, forgiveness, friendliness, generosity, gentleness, gratitude, helpfulness, honesty, honor, humility, idealism, joyfulness, justice, kindness, love, loyalty, mercy, moderation, modesty, obedience, orderliness, patience, peacefulness, prayerfulness, purposefulness, reliability, respect, responsibility, reverence, self-discipline, service, steadfastness, tact, thankfulness, tolerance, trust, trustworthiness, truthfulness, unity.

Behold the courage, firmness, detachment, unity, co-operation, zeal and enthusiasm with which these loyal lovers of the Beloved daily face their tests and prove and demonstrate to the world, with radiant and shining faces, their purity, their heritage, their quality, and their virtue. With the utmost meekness, truthfulness, wisdom, and courage they meet the challenges presented to them, the challenge of defying the enemies, dispelling misunderstandings which are a result of the proliferation of calumnies and false accusations. They have met their fate with acquiescence, have bowed their heads in the valley of submission and resignation, and have borne every tribulation with radiance, for they know with absolute certainty that the fulfilment of divine prophecies will coincide with dire events and the bearing of innumerable afflictions. *The Universal House of Justice, Messages 1963 to 1986, p. 440*

Bahá'ís believe that human beings are inherently noble, and that the purpose of life is to cultivate such attributes, skills, virtues and qualities as will enable them to contribute their share to the building of an ever-advancing civilization. True education releases capacities, develops analytical abilities, confidence, will, and goal-setting competencies, and instills the vision that will enable them to become self-motivating change agents, serving the best interests of the community. *Bahá'í International Community, 1990 Mar 08, Teacher's Situation Determining Factor of Quality*

The virtues and attributes pertaining unto God are all evident and manifest, and have been mentioned and described in all the heavenly Books. Among them are trustworthiness, truthfulness, purity of heart while communing with God, forbearance, resignation to whatever the Almighty hath decreed, contentment with the things His Will hath provided, patience, nay, thankfulness in the midst of tribulation, and complete reliance, in all circumstances, upon Him. These rank, according to the estimate of God, among the highest and most laudable of all acts. All other acts are, and will ever remain, secondary and subordinate unto them. *Bahá'u'lláh, Gleanings from the Writings of Bahá'u'lláh, p. 290*

The spiritual qualities acquired by the soul in the course of a lifetime—qualities such as knowledge, wisdom, humility, love and other virtues—are acquired gradually. The individual grows in maturity with the passage of time. The spiritual growth of the soul is similar to the organic growth of living creatures. To return to the metaphor of the tree, whose life begins with the planting of a seed: it grows gradually, bringing forth branches, leaves, shoots and offshoots one after another, until the time comes when it produces its fruit. The stage of fruition may be said to constitute the crowning achievement of the tree; it is that stage in which the tree has fulfilled the purpose for which it was created. But the tree cannot produce its fruit by itself. It acts as a female and has to be pollinated by a male element which fertilizes its ovules. Other living creatures which produce their young also go through the same process of intercourse with their male counterparts. *Adib Taherzadeh, The Covenant of Bahá'u'lláh, p. 17*

APPENDIX D

Selected Quotes from the Bahá'í Writings cited by the Participants

O compassionate God! Thanks be to Thee for Thou hast awakened and made me conscious. Thou hast given me a seeing eye and favored me with a hearing ear, hast led me to Thy kingdom and guided me to Thy path. Thou hast shown me the right way and caused me to enter the ark of deliverance. O God! Keep me steadfast and make me firm and staunch. Protect me from violent tests and preserve and shelter me in the strongly fortified fortress of Thy Covenant and Testament. Thou art the Powerful. Thou art the Seeing. Thou art the Hearing. O Thou the Compassionate God. Bestow upon me a heart which, like unto a glass, may be illumined with the light of Thy love, and confer upon me thoughts which may change this world into a rose garden through the outpourings of heavenly grace. Thou art the Compassionate, the Merciful. Thou art the Great Beneficent God. *~ 'Abdu'l-Bahá*

O God! Refresh and gladden my spirit. Purify my heart. Illumine my powers. I lay all my affairs in Thy hand. Thou art my Guide and my Refuge. I will no longer be sorrowful and grieved; I will be a happy and joyful being. O God! I will no longer be full of anxiety, nor will I let trouble harass me. I will not dwell on the unpleasant things of life. O God! Thou art more friend to me than I am to myself. I dedicate myself to Thee, O Lord. *(attribution to 'Abdu'l-Bahá not authenticated)*

["3ʳᵈ Step"] I bear witness, O my God, that Thou hast created me to know Thee and to worship Thee. I testify, at this moment, to my powerlessness and to Thy might, to my poverty and to Thy wealth. There is none other God but Thee, the Help in Peril, the Self-Subsisting.   *~ Bahá'u'lláh*

["Prayer for Addiction Healing"] O Divine Providence! Bestow Thou in all things purity and cleanliness upon the people of Bahá. Grant that they be freed from all defilement, and released from all addictions. Save them from committing any repugnant act, unbind them from the chains of every evil habit, that they may live pure and free, wholesome and cleanly, worthy to serve at Thy Sacred Threshold and fit to be related to their Lord. Deliver them from intoxicating drinks and tobacco, save them, rescue them, from this opium that bringeth on madness, suffer them to enjoy the sweet savours of holiness, that they may drink deep of the mystic cup of heavenly love and know the rapture of being drawn ever closer unto the Realm of the All-Glorious. For it is even as thou hast said: 'All that thou hast in thy cellar will not appease the thirst of my love -- bring me, O cup-bearer, of the wine of the spirit a cup full as the sea!' *~ 'Abdu'l-Bahá*

O Lord! Thou art the Remover of every anguish and the Dispeller of every affliction. Thou art He Who banisheth every sorrow and setteth free every slave, the Redeemer of every soul. O Lord! Grant deliverance through Thy mercy, and reckon me among such servants of Thine as have gained salvation. ~ *The Báb*

O Lord! We are weak; strengthen us. O God! We are ignorant; make us knowing. O Lord! We are poor; make us wealthy. O God! We are dead; quicken us. O Lord! We are humiliation itself; glorify us in Thy Kingdom. If Thou dost assist us, O Lord, we shall become as scintillating stars. If Thou dost not assist us, we shall become lower than the earth. O Lord! Strengthen us. O God! Confer victory upon us. O God! Enable us to conquer self and overcome desire. O Lord! Deliver us from the bondage of the material world. O Lord! Quicken us through the breath of the Holy Spirit in order that we may arise to serve Thee, engage in worshiping Thee and exert ourselves in Thy Kingdom with the utmost sincerity. O Lord, Thou art powerful. O God, Thou art forgiving. O Lord, Thou art compassionate. ~ *‘Abdu’l-Bahá, The Promulgation of Universal Peace, p. 457*

Make firm our steps, O Lord, in Thy path and strengthen Thou our hearts in Thine obedience. Turn our faces toward the beauty of Thy oneness, and gladden our bosoms with the signs of Thy divine unity. Adorn our bodies with the robe of Thy bounty, and remove from our eyes the veil of sinfulness, and give us the chalice of Thy grace; that the essence of all beings may sing Thy praise before the vision of Thy grandeur. Reveal then Thyself, O Lord, by Thy merciful utterance and the mystery of Thy divine being, that the holy ecstasy of prayer may fill our souls—a prayer that shall rise above words and letters and transcend the murmur of syllables and sounds—that all things may be merged into nothingness before the revelation of Thy splendor. Lord! These are servants that have remained fast and firm in Thy Covenant and Thy Testament, that have held fast unto the cord of constancy in Thy Cause and clung unto the hem of the robe of Thy grandeur. Assist them, O Lord, with Thy grace, confirm them with Thy power and strengthen their loins in obedience to Thee. Thou art the Pardoner, the Gracious. ~ *‘Abdu’l-Bahá*

O friends! Be not careless of the virtues with which ye have been endowed, neither be neglectful of your high destiny. Suffer not your labors to be wasted through the vain imaginations which certain hearts have devised. Ye are the stars of the heaven of understanding, the breeze that stirreth at the break of day, the soft-flowing waters upon which must depend the very life of all men, the letters inscribed upon His sacred scroll. With the utmost unity, and in a spirit of perfect fellowship, exert yourselves, that ye may be enabled to achieve that which beseemeth this Day of God. Verily I say, strife and dissension, and whatsoever the mind of man abhorreth are entirely unworthy of his station. Center your energies in the propagation of the Faith of God. Whoso is worthy of so high a calling, let him arise and promote it. Whoso is unable, it is his duty to appoint

him who will, in his stead, proclaim this Revelation, whose power hath caused the foundations of the mightiest structures to quake, every mountain to be crushed into dust, and every soul to be dumbfounded. Should the greatness of this Day be revealed in its fullness, every man would forsake a myriad lives in his longing to partake, though it be for one moment, of its great glory—how much more this world and its corruptible treasures! Be ye guided by wisdom in all your doings, and cleave ye tenaciously unto it. Please God ye may all be strengthened to carry out that which is the Will of God, and may be graciously assisted to appreciate the rank conferred upon such of His loved ones as have arisen to serve Him and magnify His name. Upon them be the glory of God, the glory of all that is in the heavens and all that is on the earth, and the glory of the inmates of the most exalted Paradise, the heaven of heavens. ~ *Bahá'u'lláh, Gleanings, pp. 196 – 197.*

One must search in the right place in order to find spiritual riches which are compared to gemstones, floral fragrance and lilies. Gems are appropriate symbols of spiritual wisdom. Small yet valuable. Treasure hunters spare no expense to acquire them. Yet due to their small size they are easily lost or overlooked…. Bahá'u'lláh goes on to describe the initiation process. The seeker cannot acquire knowledge on his own. The divine message is directed toward the heart and is passed from one heart to another. The illumined heart of another must be experienced by the seeker before his own heart can become enlightened. Thus, a spiritual teacher is needed. A worldly education does not give one understanding of spiritual mysteries. The search is like a long arduous journey. The journey starts with at single step…. The heart must be prepared before it can provide lodging for the divine mysteries. The heart must be cleansed of "dust," the knowledge that seekers carry with them into the search that can often be a hindrance. Preconceptions are like a cloud of dust that obscure new vision. *[The "Tablet" of the True Seeker is actually part of Kitab-i-Iqan, pp 192 - 200. In a moving plea for moral rectitude as a prerequisite for spiritual growth, Bahá'u'lláh sets down practical steps … The "Tablet" first appeared in Gleanings of the Writings Of Bahá'u'lláh (CXXV)]*

We must strive with energies of heart, soul and mind to develop and manifest the perfections and virtues latent within the realities of the phenomenal world, for the human reality may be compared to a seed. If we sow the seed, a mighty tree appears from it. The virtues of the seed are revealed in the tree; it puts forth branches, leaves, blossoms, and produces fruits. All these virtues were hidden and potential in the seed. Through the blessing and bounty of cultivation these virtues became apparent. Similarly the merciful God our creator has deposited within human realities certain virtues latent and potential. Through education and culture, these virtues deposited by the loving God will become

apparent in the human reality even as the unfoldment of the tree from within the germinating seed. ~ *'Abdu'l-Bahá, Bahá'í World Faith, p. 267*

Is there any Remover of difficulties save God? Say: Praised be God. He is God. All are His servants and all abide by His bidding. ~ *The Báb*

Say: God sufficeth all things above all things and nothing in the heavens or on the earth but God sufficeth. Verily, He is in Himself the Knower, Sustainer, the Omnipotent. ~ *The Báb*

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… the spiritual dimension of human nature can be understood, in practical terms, as the source of qualities that transcend narrow self-interest. Such qualities include love, compassion, forbearance, trustworthiness, courage, humility, co-operation and willingness to sacrifice for the common good … Once tapped, this powerful and dynamic source of individual and collective motivation will release such a profound and salutary spirit among the peoples of the earth … ~ *Bahá'í International Community, 1993 Apr 01, Sustainable Development: Human Spirit*

… the Teachings of God are as a healing balm, a medicine for the conscience of man. They clear the head, so that a man can breathe them in and delight in their sweet fragrance. ~ *'Abdu'l-Bahá, Selections from the Writings of 'Abdu'l-Bahá, p. 23.*

Unless the spirit be healed, the cure of the body is worth nothing. All is in the hands of God, and without Him there can be no health in us. ~ *'Abdu'l-Bahá, The Divine Art of Living, p. 56.*

Bahá'u'lláh stressed:
- Unity.
- Honesty.
- Chastity.
- Generosity.
- Trustworthiness.

- Purity of motive.
- Service to others.
- Deeds over words.
- Work as a form of worship.

Bahá'u'lláh forbids:
- Lying.
- Killing.
- Stealing.
- Gambling.

- Drug abuse.
- Consumption of alcohol.
- Gossip and backbiting.
- Adultery and promiscuity.

[Source: www.bahai.com]