Side-Stepping God: How the Nonreligious Find Success in Alcoholics Anonymous

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This dissertation utilized mixed methods research to examine how nonreligious individuals with substance use disorders navigate recovery within—or in spite of—Alcoholics Anonymous (AA). Both the 12-step program itself and Alcoholics Anonymous have long been criticized for being religious and/or spiritual in nature, and some studies have shown that this is particularly challenging for nonreligious individuals seeking recovery. The purpose of this research was to (a) identify differences in recovery resources (recovery capital) between the religious, the nonreligious, those in AA, and those who have adopted alternative forms of recovery; (b) identify barriers that the nonreligious face as they navigate recovery within AA; and (c) identify common factors that underly a successful recovery.

Drawing from a sample of over 500 participants throughout the United States, I found that there were no statistically significant differences in recovery capital between the religious, the nonreligious, those in AA, and those with alternative forms of recovery. Additionally, interviews with 51 (predominantly nonreligious) individuals in recovery identified 6 barriers that the nonreligious face as they navigate AA: (1) Anxieties over being nonreligious and the belief that AA was religious; (2) The religious undertone and “God talk” in meetings; (3) Prayers in meetings; (4) The Big Book; (5) Discrimination; and (6) Fundamentalism. However, despite this, the nonreligious are able to find success in AA by creating their own unique “recovery toolbox” that consists of some, if not all, of the following: not working the 12 steps, creating an
alternative higher power, drawing from outside resources, and practicing gratitude, meditation, and mindfulness. Additionally, the nonreligious create a space for themselves within AA by (a) being active and vocal about defending their nonreligious beliefs at meetings and (b) attending secular AA meetings. Aside from their personal recovery toolbox and actively creating their own space within AA, the nonreligious find the community itself to be the greatest asset to their recovery.

The findings of this research contribute to both public health literature and sociology of religion. It contributes to public health literature by providing a qualitative assessment of the efficacy of AA, specifically for a traditionally stigmatized group. Additionally, it contributes to the limited literature on nonreligious experiences in AA. This research also contributes to sociology of religion, as it offers support for theories that argue secularization and desecularization can be found in everyday institutions—in this case, AA. It also contributes to ongoing debates as to whether religious folks have better health outcomes compared to the nonreligious.
SIDE-STEPPING GOD: HOW THE NONRELIGIOUS FIND SUCCESS IN ALCOHOLICS ANONYMOUS

by

Caitlin Trombley

A dissertation submitted to the Graduate College in partial fulfillment of the requirements for the degree of Doctor of Philosophy Sociology Western Michigan University June 2023

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I would also like to acknowledge my sister, Lauren. Lauren, we did it! Thank you for your unending support and help through this entire process, for listening to my dialogues (mostly with myself), for helping me problem-solve when I was certain I failed, and getting me out of countless spirals. Without your support throughout my entire education, I wouldn’t have gotten this far. I cannot express how much gratitude I have for you. I’d also like to thank my partner, Robert, for keeping me laughing on the harder days and your endless love and support. Thank you for being so uplifting and encouraging throughout my time in graduate school, even when I wanted to quit.

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Caitlin Trombley
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CHAPTER 1: INTRODUCTION

Statement of the Problem

Substance use disorders (SUDs) continue to be an ongoing, serious, public health problem. Approximately 46 million people in the United States had a substance use disorder in 2021, with 29.5 million people having an alcohol use disorder, 24 million having a drug use disorder, and 7.3 million having both an alcohol and drug use disorder (Substance Abuse and Mental Health Services Administration [SAMHSA] 2022). This number more than doubled compared to 2019; in 2019, 20.4 million people in the United States had a substance use disorder (SAMHSA 2020a). Alcohol use disorders continue to be costly—both in terms of costing lives and costing the United States financially. Analyzing lives lost from excessive alcohol use in the United States between 2011 and 2015, Esser et al. (2020) found an average of 93,296 alcohol-attributable deaths (255 deaths per day) and an average of 29 years of life lost per death in the United States each year. In 2010, the most recent year for which widespread data is available, research has found that alcohol misuse, primarily binge drinking, cost the United States 249 billion dollars (Sacks et al. 2015). Given the drastic increase of substance use disorders in the last few years, these numbers are likely much higher now.

One of the oldest and most widely used approach to help substance use disorders, specifically alcohol use disorders, is Alcoholics Anonymous (hereafter, “AA”) and its 12-step program (Atkins and Hawdon 2007; Dodes and Dodes 2014; Hai et al. 2019; Kelly, Humphreys, and Ferri 2020). As of February 2023, AA had almost 2 million members and over 120,000 AA groups around the world (Alcoholics Anonymous 2023). The United States alone has almost 1.5 million members and over 60,000 AA groups (Alcoholics Anonymous 2023). While AA is the
most widely used approach for alcohol use disorders, research remains mixed as to whether or not it is effective.

From the beginning of AA, the founders calculated AA’s success rate at only five percent (Hartigan 2000:91) and an early book review in the *Journal of the American Medical Association* of the “Big Book” (foundational literature for AA) described the book as “propaganda and religious exhortation” (Anon. 1939:1513). Since then, scholars have continued to debate the effectiveness of AA. The Cochrane Collaboration develops systematic reviews on healthcare interventions and strives to use the strongest evidence available. Their reviews on the effectiveness of AA and other Twelve-Step Facilitation (TSF) interventions are extensively cited and considered the most rigorous review of AA/TSF studies (Dodes and Dodes 2014). The 2006 Cochrane Collaboration review included 8 randomized controlled trials and found that “no experimental studies unequivocally demonstrated the effectiveness of AA or TSF approaches for reducing alcohol dependence or problems” (Ferri, Amato, and Davoli 2006:2). However, the 2020 Cochrane Collaboration review was based on 27 studies and found that “compared to other active psychosocial interventions for alcohol use disorder, AA/TSF interventions often produce greater abstinence - notably continuous abstinence - as well as some reductions in drinking intensity, fewer alcohol-related consequences, and lower alcohol addiction severity” (Kelly, Humphreys, and Ferri 2020:35). These reviews, and the studies analyzed in them, have mixed conclusions regarding the effectiveness of AA.

An additional issue related to AA and recovery is religiosity and spirituality. In general, the nonreligious have higher rates of substance use disorders than the religious (Columbia University 2001; Koenig, McCullough, and Larson 2001; Michalak, Trocki, and Jones 2007; Shields et al. 2007). AA and the 12-steps have long been criticized for being religious and
spiritually oriented (Atkins and Hawdon 2007; Chitwood, Weiss, and Leukefeld 2008; Dossett 2013). Some argue that reciting the Serenity Prayer or Lord’s Prayer at meetings and the numerous steps that mention God or Higher Power are a source of struggle for some people (Dossett 2013). It should be of little surprise, then, that the philosophy of the 12-step program has been difficult for nonreligious individuals (Atkins and Hawdon 2007; Dossett 2013). Several studies have noted the barriers that the nonreligious face within AA, ranging from AA being harmful, disliking the idea of a Higher Power, feeling like they don’t fit in, and feeling as if one’s nonreligious identity became problematized (Connors and Dermen 1996; Munro 2019).

Given that studies on AA’s efficacy remain mixed, and that some studies have shown the religious and/or spiritual nature of AA can be a barrier for the nonreligious, it leads one to question whether AA is effective, and if so, for whom? How does recovery within AA compare between the nonreligious and the religious? Are the nonreligious able to make AA work? Or do the nonreligious choose alternative recovery groups because of the religious/spiritual nature of AA? Or do they opt to “stick it out” in AA? And if so, how to they navigate recovery within AA as a nonreligious person?

The Purpose of the Study

The purpose of this study was to examine differences in recovery based on religiosity (religious versus the nonreligious) and type of recovery (AA versus alternative forms of recovery). Additionally, the purpose of this study was to gain a deeper understanding of nonreligious experiences in AA, if they experience barriers, and if so, how they navigate such barriers. To examine and explore these goals, I utilized a mixed methods approach to get a robust understanding of recovery. The quantitative portion of the study sought to identify if, at all, there are statistically significant differences in recovery resources (recovery capital) between the
religious, the nonreligious, those in AA, and those with alternative forms of recovery. While the quantitative portion was able to identify whether or not those differences exist, the purpose of the qualitative portion of this dissertation was to get a deeper understanding of what barriers, if any, the nonreligious face within AA, and how they navigate their recovery as nonreligious people.

This study provides insight into substance use disorder recovery, specifically alcohol use disorder recovery; the efficacy of AA; how recovery compares between those in AA, those with alternative forms of recovery, the religious, and the nonreligious; barriers the nonreligious face within AA, the 12-steps, and recovery; how the nonreligious navigate AA; and how secularization and desecularization plays out in everyday institutions like AA.

Influence and Connection to the Study

It is important to point out that my interest in studying substance use disorders is not out of thin air or that I just happened to find the topic interesting in my graduate studies. While I have not personally been diagnosed or treated for a substance use disorder, I have experienced the effects of it. One of my immediate family members struggled with a substance use disorder for a great deal of their adult life, and it has personally impacted me. Additionally, my cousin passed away from a substance use disorder, and I know far too many people who have been affected by this epidemic. As a result, I have developed both an interest in the subject and a drive to change the way things are. I have seen the 12-step program fail too many people. I have seen the rehab industry take advantage of vulnerable people. It has frustrated me to the point where I seek to not only understand why this is happening, but to also use this research to change the way things are.

Furthermore, my interest in examining the nonreligious is also personal. I myself identify as being part of the nonreligious community and identify as a secular humanist. This has led to
me to think about those who might struggle from being both in recovery and being nonreligious. Related, my initial perspective on AA was not a favorable one due to my standpoint as a nonreligious person and the stories I have heard about the religious nature of AA. However, throughout this dissertation my perspective has changed. Though AA still leaves a bitter taste in my mouth, as a person of science I respect the findings of research despite my own personal opinions. The findings of this study gave me a more favorable view of AA, both personally and professionally.

I have pointed this out to address my limitations of studying this topic as someone who has been personally impacted by this, and as someone who is nonreligious. Therefore, the questions I asked my participants as well as how I interpreted their responses were subject to bias. I will discuss how I handled these limitations in the methodology section. The next section will identify and define pertinent concepts related to this research, such as substance use disorders, recovery and recovery processes, and a review of literature on AA, the 12-steps, AA’s efficacy, the nonreligious in AA, and the recent secular movement within AA. I will then present the methods and findings of this study in the following chapters.
CHAPTER 2: REVIEW OF LITERATURE

Defining Substance Use Disorders

In order to examine substance use disorders and recovery, one must first understand how the concepts are defined in the literature. Early terminology of substance use disorders utilized the term “addictions.” While the earliest use of the term “addiction” dates back to the middle of the 5th century BCE, the medical conception of addiction was introduced around the beginning of the 19th century (Rosenthal and Faris 2019).

In the past century, terminology and diagnosis of substance use disorders have evolved in the Diagnostic and Statistical Manual of Mental Disorders (DSM), which has been regarded as the defining standard for mental health diagnoses and substance use disorders in the United States. In the first edition of the DSM, substance use disorders were referred to as “alcoholism” and “drug addiction” and were placed within the umbrella category of “sociopathic personality disturbance” (American Psychiatric Association 1952; Robinson and Adinoff 2016). The second edition expanded alcoholism into three classifications (episodic excessive drinking, habitual excessive drinking, and alcohol addiction) and renamed drug addiction to “drug dependence” (American Psychiatric Association 1968; Robinson and Adinoff 2016). Drug dependence was classed as “personality disorders and certain other non-psychotic mental disorders” (American Psychiatric Association 1968; Robinson and Adinoff 2016). It wasn’t until the third edition that substance use disorder was classified separately from personality disorders. In the DSM-III and DSM-IV, substance use disorders were classified as “substance abuse” and “substance dependence” in which “the former was equated with pathological use (e.g., social or occupational consequences, including legal problems which may arise from car accidents due to
intoxication) and the later with physiological dependence (i.e., tolerance or withdrawal)” (American Psychiatric Association 1980; 1994; Robinson and Adinoff 2016:13).

The most recent edition of the DSM, DSM-V, has substantial changes. The American Psychiatric Association (2013) stated that the word “addiction” was “omitted from the official DSM-5 substance use disorder diagnostic terminology because of its uncertain definition and its potentially negative connotation” (American Psychiatric Association 2013:485). Furthermore, the DSM-V replaced abuse and dependence with the diagnosis of “use disorder.” Substance use disorder is defined as “recurrent use of alcohol and/or drugs that cause clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home” (American Psychiatric Association 2013). The DSM-V identifies 11 criteria to diagnose the use disorders as mild (two to three criteria present), moderate (four to five criteria present), or severe (six or more criteria present) (American Psychiatric Association 2013). Each of the 11 criteria fall under four major groupings: impaired control, social impairment, risky use, and pharmacological criteria (i.e., tolerance and withdrawal). Lastly, substance use disorders are divided by 10 classes of substances: alcohol; caffeine; cannabis; phencyclidine/hallucinogens; inhalants; opioids; sedatives, hypnotics, or anxiolytics; stimulants; tobacco; and other (or unknown) substances (American Psychiatric Association 2013). The term, substance use disorder, is utilized in this study due to the comprehensive nature of the term. While most of the participants in this study had a primary substance use disorder related to alcohol, many had various, overlapping use disorders in more than one substance class.

Generally speaking, most scholars refer to the DSM-V for defining and conceptualizing substance use disorders. While there is not much disagreement on what classifies a substance use disorder,
disorder, there has been significant disagreement over what it means to recover from substance use disorder, and how recovery should be defined.

Defining Recovery and Identifying Recovery Processes

Defining Recovery

Defining recovery is crucial in both research and clinical practice. Treatment for substance use disorders is typically expected to lead to some form of recovery, and it is the goal of researchers to evaluate the effectiveness of a given treatment. However, when recovery is not clearly defined or agreed upon, this can lead to different findings in how effective a given treatment may be. For example, researcher A defines recovery as total abstinence for a period of 12 months and concludes that only 20% of participants who went to rehab in their study were still in recovery. However, researcher B defines recovery as partial abstinence for a period of 5 years and concludes that 80% of participants who went to rehab in their study were still in recovery. The lack of a clear definition of recovery hinders both academics and clinical practice on how to appropriately treat substance use disorders. It was only as recently as 2007 that scholars began defining recovery specific to substance use disorders (See Table 1)

Table 1. Definitions of Recovery

<table>
<thead>
<tr>
<th>Recovery Definition</th>
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<tbody>
<tr>
<td>Betty Ford Institute Consensus Panel (2007)</td>
</tr>
<tr>
<td>A voluntary maintained lifestyle characterized by sobriety, personal health, and citizenship</td>
</tr>
<tr>
<td>William White (2007)</td>
</tr>
<tr>
<td>The experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life.</td>
</tr>
</tbody>
</table>
Table 1—Continued

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Alexandre Laudet (2007)</td>
<td>In a longitudinal study, over 80% of participants with a prior substance use disorder defined recovery as total abstinence from all drugs and alcohol. Additionally, the majority of the participants considered a bountiful ‘new life’, an ongoing process of growth, self-change and reclaiming the self as important factors of recovery.</td>
</tr>
<tr>
<td>Substance Abuse and Mental Health Services Administration (2010)</td>
<td>A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.</td>
</tr>
<tr>
<td>Jane Witbrodt, Lee Ann Kaskutas, and Christine Grella (2015)</td>
<td>Five typologies of recovery: 12-step traditionalist: strongly abstinence-oriented, including abstinence from prescribed drugs, in support of spiritual elements of the recovery processes, in addition to believing personal growth and development to be central, alongside supporting others in recovery. 12-step enthusiast: less abstinence-oriented and more moderate in their beliefs about the centrality of spiritual elements, personal development and growth, as well as feeling better able to cope with life, were of most importance in recovery. Secular: less abstinence-oriented than the 12-Step typologies, lower endorsement of spiritual elements, primarily defining recovery as a physical and mental health process. Self-reliant: supportive of abstinence and spiritual elements of the recovery process as the 12-step-oriented typologies were, placed less emphasis on giving back and helping others. Atypical: mixed degrees of support for abstinence, mixed views on the spiritual aspects of recovery, and inconsistent views on personal development and relational aspects.</td>
</tr>
</tbody>
</table>
Table 1—Continued

| American Society for Addiction Medicine (2018) | An active process of continual growth that addresses the biological, psychological, social and spiritual disturbances inherent in addiction, and includes the following factors: The aim of improved quality of life and enhanced wellness as identified by the individual An individual’s consistent pursuit of abstinence from the substances or behaviors towards which pathological pursuit had been previously directed or which could pose a risk for pathological pursuit in the future Relief of an individual’s symptoms including substance craving Improvement of an individual’s own behavioral control Enrichment of an individual’s relationships, social connectedness, and interpersonal skills Improvement in an individual’s emotional self-regulation. |
| The Recovery Science Research Collaborative (Ashford et al. 2019) | An individualized, intentional, dynamic, and relational process involving sustained efforts to improve wellness |

While the definitions vary slightly, most of the definitions include the following components of recovery: voluntary/intentional, sobriety, active, and health/wellness (personal, family, and community). When defining recovery, several scholars have stressed that recovery must be voluntary or intentional (Betty Ford Institute Consensus Panel 2007; White 2007; Ashford et al. 2019), meaning that the individual in recovery decided on their own, and was not forced into recovery.

Second, five out of the seven definitions identify sobriety as a key component of recovery. However, their ideas of how sobriety is conceptualized vary. In Laudet’s (2007)
longitudinal study, over 80% of participants defined recovery as total abstinence from all drugs and alcohol. The Betty Ford Institute Consensus Panel (2007) conceptualizes sobriety as abstinence from alcohol and all drugs except for prescriptions. However, both the Betty Ford Institute (2007) and White (2007) understand sobriety as an ongoing process and identify early sobriety/recovery as less than one year, continuing/sustained sobriety/recovery between one to five years, and stable/long-term sobriety/recovery as five years or more.

White (2007) differs from the Betty Ford Institute (2007) in that he identifies reduction in frequency, quantity, and (high risk) circumstances of substance use disorders following a sustained period of harmful use as recovery. In other words, White (2007) does not identify total abstinence from all substances as a qualifier for recovery. Instead, a significant reduction in substance use, a significant reduction in the number and intensity of substance use disorder-related problems, and evidence of enhanced health signify recovery according to White (2007:236). The American Society for Addiction Medicine (2018) takes a similar approach, defining sobriety as abstinence from the substances or behaviors toward which pathological pursuit had been previously directed. The American Society for Addiction Medicine does not imply total abstinence, but rather abstinence from any pathological substances and behaviors. The Recovery Science Research Collaborative’s (2019) use of “individualized” in their definition of recovery priorities the varieties of experiences in recovery and that recovery is not a “one shoe fits all” process. While the Research Science Research Collaborative (2019) does not include any form of sobriety in their definition of recovery, they indicate that due to the variety of experiences of recovery, “recovery must not be constrained or limited by definitional parameters that also seek to constrain the population of interest” (p.183). Thus, the Research
Collaborative (2019) would not advocate for total abstinence from all drugs if it was not best suited for the individual.

The third component of recovery that most definitions include is that recovery be active. By active, scholars have argued that recovery be “more than just a state of being in a given moment” (Betty Ford Institute Consensus Panel 2007); more than a point-in-time decision that requires ongoing effort (White 2007); actively managing their continued vulnerability (White 2007); and a continuing, active, dynamic process of growth and change (American Society for Addiction Medicine 2018; Ashford et al. 2019; Laudet 2007; SAMHSA 2010). In other words, recovery is constant and ongoing, not “an outcome that is static once achieved” (Ashford et al. 2019:184).

Lastly, all definitions of recovery include health and wellness on various levels. In regard to personal health, scholars identify this as having good physical health, psychological health, independence, and spirituality (Betty Ford Institute Consensus Panel 2007); an assertion of the self or from a surrender and transcendence of the self (White 2007); self-change or reclaiming the self (Laudet 2007); personal growth, being better able to cope with life (Witbrodt, Kaskutas, and Grella 2015); having a meaningful, productive life (Laudet 2007; SAMHSA 2010; White 2007) overcoming or managing one’s disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being (SAMHSA 2010); having a stable and safe place to live (SAMHSA 2010); and relief of symptoms such as substance craving, behavioral control, emotional regulation (American Society for Addiction Medicine 2018).

In regard to family and community, scholars identify this as “relationships between individuals, relationships with one-self, and relationships to institutions, ideas, and cultural social systems are the chief wellspring from which the pathological manifestations of substance use
disorder and related mental health pathologies tend to manifest” (Ashford et al. 2019:184); having healthy family and community relationships (White 2007); having relationships and social networks that provide support, friendship, love, and hope (SAMHSA 2010); enrichment of an individual’s relationships, social connectedness, and interpersonal skills (American Society for Addiction Medicine 2018); giving back, helping others, and supporting others in recovery (Witbrodt, Kaskutas, and Grella 2015); and living with regard and respect for those around you (Betty Ford Institute Consensus Panel 2007).

Based on the above literature on recovery definitions, recovery in this research will be understood as being voluntary, intentional, including partial or total abstinence from a given substance(s), an active and ongoing process, and one who is working towards improving physical, mental, emotional, relational (friends, family, acquaintances, etc), and communal health (institutions, culture, social networks, giving back, etc).

Recovery Processes

As mentioned above, recovery can be viewed as a journey or an ongoing process. When the decision has been made to initiate recovery, there are several different pathways to one’s recovery, usually depending on the intensity or severity of the substance use disorder. Inpatient or residential treatment is typically used for more severe, or co-occurring disorders in which the person receives constant medical attention, intensive care, and support and stays in a facility anywhere between 30 to 90 days (short term residential treatment) or longer than 90 days (long term residential treatment) (National Institute on Drug Abuse [NIDA] 2019; NIDA 2020). After inpatient treatment, many choose to reside in recovery housing, which is supervised, short-term housing for those in recovery that aims to help people transition to an independent life by connecting them to support services in the community, employment, how to manage finances,
etc. (NIDA 2019). Additionally, it is extremely common that after inpatient treatment the individual regularly attends their preferred mutual help group (discussed in more detail further in this section).

Outpatient treatment varies on the intensity or severity of the substance use disorder as well (NIDA 2019). Intensive outpatient programs (IOPs) are typically utilized for those who are in need of more support than weekly or bi-weekly sessions provided in traditional outpatient care (McCarty et al. 2014). IOPs allow individuals to remain in their own homes and communities (as opposed to inpatient or residential treatment) while attending a minimum of 9 hours of treatment per week, typically in three, 3-hour sessions (McCarty et al. 2014). Sessions are typically structured individual, group, and/or family therapy as well as drug education and mental health education (McCarty et al. 2014).

For less intense and severe substance use disorders, outpatient services such as cognitive behavioral therapy, motivational interviewing/motivational enhancement therapy, family-based approaches, and mutual help groups are utilized. These services are also frequently employed at inpatient or residential treatment as well.

Cognitive behavioral therapy helps recoverees recognize, avoid, and cope with the situations in which they are most likely to use drugs and encourages self-reflection and self-efficacy (Mendola and Gibson 2016; NIDA 2019). Motivational interviewing and Motivational Enhancement therapy, on the other hand, aim at enhancing the recoveree’s intrinsic motivation for behavioral change, rather than guiding the individual through a step-by-step process of recovery (Mendola and Gibson 2016). Additionally, family-based approaches such as Community Reinforcement Approach and Community Reinforcement and Family Therapy
encourage recovery by changing the recoveree’s social environment (Mendola and Gibson 2016).

Lastly, and the focus of the research presented in this dissertation, are mutual help groups (also called mutual support or self-help). Mutual help groups are “nonprofessional groups comprising members who share the same problem and voluntarily support one another in recovery from that problem” (Center for Substance Abuse Treatment 2008:1). While mutual help groups are not formalized treatments, they provide emotional, social, and informational support for individuals going through recovery. The most widely available mutual help groups are 12-step groups, such as Alcoholics Anonymous (AA), but other popular mutual help groups include SMART Recovery (Self-Management and Recovery Training), Celebrate Recovery, Women for Sobriety, Recovery Dharma, Secular Organizations for Sobriety, etc. (Center for Substance Abuse Treatment 2008; Mendola and Gibson 2016). The latter groups differ from 12-step groups like AA in that their philosophies and/or goals of recovery are more specialized that better fits some people (Mendola and Gibson 2016). For example, Women for Sobriety is specific to women, Secular Organizations for Sobriety is specific to secular and nonreligious people, and Celebrate Recovery is specific to Christians. The majority of the participants in this study were active in AA (and secular AA) and Women for Sobriety.

Mutual help groups, specifically 12-step programs, are recommended and introduced before, during, and after treatment (Vederhus et al. 2010). At some point, almost everyone in recovery comes across AA. Professional organizations and substance abuse experts encourage clinicians to facilitate patient involvement in 12-step programs like AA (Vederhus et al. 2010). In fact, manualized strategies have been developed to help clinicians to introduce the 12-step principles to patients (Kelly, Humphreys, and Ferri 2020). The 12-step model is so prevalent that
surveys of publicly and privately funded treatment programs in the United States suggest that 60-75% of programs indicate that they are best described by the 12-step model (Roman and Johnson 2004; Vederhus et al. 2010). As of 2019, sixty-eight percent of treatment programs still used 12-step facilitation (SAMHSA 2020b). As previously discussed, AA is one of the oldest, most extensively used 12-step program (Atkins and Hawdon 2007; Dodes and Dodes 2014; Hai et al. 2019; Kelly, Humphreys, and Ferri 2020). Below I will briefly discuss the origins of AA and the 12-steps.

The Origins of AA and the 12-Steps

Origins of AA

The evolution of Alcoholics Anonymous can be traced back to Carl Jung and his patient Rowland Hazard (White 2014). Hazard, an investment banker, developed a severe alcohol use disorder and traveled from the United States to Switzerland to place himself under the care of Carl Jung in 1926. Jung, out of ideas on how to help Hazard, suggested that Hazard’s only hope was a spiritual awakening or religious experience (White 2014:170).

Hazard found himself involved with the Oxford Group, a spiritual movement in the 1920s and 1930s whose central idea was that life’s problems could be healed through a movement of personal spiritual change (White 2014). While the Oxford Group was not explicitly a program of alcohol recovery, many found its core ideas and concept compelling. Key concepts of the Oxford Group consisted of the “four absolutes” (absolute honesty, absolute purity, absolute unselfishness, and absolute love), the “five C’s” (confidence, confessions, conviction, conversion, and continuance), and the “five procedures” (give to God, listen to God’s direction, check guidance, restitution, and sharing through witness) (White 2014:170).
Hazard, having found success in the Oxford Group, reached out to a friend, Ebby T., whom he heard was suffering from alcohol use disorder. Ebby T., fascinated by Hazard’s story, became a member of the Oxford Group himself, and then reached out to his friend, Bill Wilson, whom he heard was suffering from alcohol use disorder (White 2014). Wilson suffered from severe alcoholism and was hospitalized December 1934. While in the hospital, Wilson had a religious conversion, or spiritual awakening that he referred to thereafter as his “Hot Flash” (White 2014:171). Having learned about Wilson’s spiritual breakthrough, Ebby T. brought Wilson a copy of William James’ *The Varieties of Religious Experience* in hopes that it would help Wilson understand his experience better (White 2014:172). In fact, James’ book was so influential to Wilson that he attributed his creation of the 12-steps to William James along with the Oxford Group and William Silkworth (White 2014:176).

Wilson continued to remain sober and felt it was his personal duty to tell other alcoholics about his experience and to help them. Wilson was introduced to Dr. Robert Smith (known in AA as “Dr. Bob”) in 1935 in Akron, Ohio (White 2014). Dr. Smith was part of the Oxford Group but was having a difficult time remaining sober. Wilson and Smith quickly became close, and Smith’s last drink and became sober on June 10, 1935—now celebrated as the founding date of Alcoholics Anonymous (White 2014:173). That summer, Wilson and Smith formed a new group that was separate from the Oxford Group and recruited members from both Akron, Ohio and New York, New York. A few years later, the group formally separated from the Oxford Group and named itself Alcoholics Anonymous in 1939 (White 2014).

The Origins of the 12 Steps

During the first few years of AA, there were no 12-steps or 12 Traditions; everything was taken on a case-by-case, person-by-person basis (White 2014). As AA membership increased,
Wilson began writing a book, known as “The Big Book” on AA that both outlined the program and contained a collection of recovery stories (Wilson 2001[1939]; White 2014). The first half, that outlined the program, is how the 12-steps originated. A group of AA members originally came up with 6 principles of recovery, but while writing the book, Wilson expanded these principles into the current 12 steps (White 2014). The 12-steps for recovery are as follows:

Step 1: We admitted we were powerless over alcohol – that our lives had become unmanageable.
Step 2: Came to believe that a Power greater than ourselves could restore us to sanity.
Step 3: Made a decision to turn our will and our lives over to the care of God as we understood Him.
Step 4: Made a searching and fearless moral inventory of ourselves.
Step 5: Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
Step 6: Were entirely ready to have God remove all these defects of character.
Step 7: Humbly asked Him to remove our shortcomings.
Step 8: Made a list of all persons we had harmed, and became willing to make amends to them all.
Step 9: Made direct amends to such people wherever possible, except when to do so would injure them or others.
Step 10: Continued to take personal inventory and when we were wrong promptly admitted it.
Step 11: Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
Step 12: Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs (Wilson 2001[1939]:59).

The original 12 steps were debated by AA members. In particular, Step 2 originally used the word “God” but was replaced with the phrase “Power greater than ourselves.”

Additionally, “as we understood Him” was added to both Step 3 and Step 11 (White 2014:176). AA and the 12-steps were initially local. It wasn’t until the 1940s when AA and the 12-steps became more well-known (White 2014). AA and the 12-step program became popularized through features in magazines and news articles, as well as working
closely with institutions. Early on, AA groups held meetings in psychiatric hospitals and prisons (White 2014). Because of these early connections to institutions, AA and the 12-step program have long been integrated into substance abuse treatment programs—even today. The 12 steps of AA are still used today; members of AA are expected to “work the steps” in which they complete each of the steps in order. Typically, another member of AA that has been through the 12 steps will help the new members go through each of the steps. While AA and the 12 steps are normalized and widely used in recovery treatments, it remains unclear as to whether AA and the 12-steps are effective for substance use disorder recovery. The next section will review the literature on AA’s efficacy.

The Efficacy of Alcoholics Anonymous

In a biography written about Bill Wilson by Francis Hartigan (2000), secretary and confidant of Bill Wilson’s wife Lois, Hartigan states that Bill Wilson and Bob Smith calculated AA’s success rate at only five percent (p.91). In the first edition of AA’s “Big Book” (Wilson 2001[1939]), Wilson included many stories of AA’s earliest members’ recovery. Though, years later, Wilson made notations indicating which individuals had remained sober—around 50% of them had not. (Hartigan 2000:91). In fact, early success claims of AA were so exaggerated that a book review for Wilson’s “Big Book” in the Journal of the American Medical Association stated the following:

“The book under review is a curious combination of organizing propaganda and religious exhortation. It is in no sense a scientific book, although it is introduced by a letter from a physician who claims to know some of the anonymous contributors who have been “cured” of addiction to alcohol and have joined together in an organization which would save other addicts by a kind of religious conversion… The one valid thing in the book is the recognition of the seriousness of addiction to alcohol. Other than this, the book has no scientific merit or interest”(Anon. 1939:1513).
Despite this, AA was continually praised for being successful and having extremely high efficacy (Dodes and Dodes 2014). This leads one to question whether AA and the 12-steps are actually efficacious, or if AA has just been so popularized that it has become the mainstream, accepted form of substance use disorder treatment. There are several large-scale studies consisting of clinical trials, meta-analyses, and systematic reviews that have begun to question AA’s efficacy. I will discuss these studies in chronological order beginning with one of the earliest studies, Brandsma, Maultsby, and Welsh’s (1980) randomized controlled trial.

Brandsma, Maultsby, and Welsh’s study conducted in the 1970s is one of the oldest studies to examine the efficacy of AA. The study consisted of 260 participants that were predominantly referred by the court (184 court-referred, 76 self-referred). The participants were randomly placed into one of four treatment groups: AA meetings, psychoanalytically-based Insight therapy, lay-led Rational Behavioral Therapy, professionally-led Rational Behavioral Therapy, or the control group which received no treatment at all. Brandsma, Maultsby, and Welsh (1980) found that at the three month follow-up, those assigned to AA had significantly more binge drinking compared to the other groups. However, there was no increase in binge drinking for the AA group 6 months, 9 months, or one year after treatment. Interestingly, the AA group had significantly more dropouts than any of the other groups, including the control group.

Brandsma, Maultsby, and Welsh (1980) concluded that AA was more effective than no treatment at all, but that it was as effective as the three other treatment groups. While the Brandsma, Maultsby, and Welsh study has been applauded for being one of the first studies to examine the efficacy of AA, it has been critiqued due to its methodological flaws surrounding AA attendance. Those who were assigned to AA meetings were not assigned to actual, community led AA meetings, but were assigned to AA meetings administered by the researchers.
Additionally, the control group was allowed to attend AA meetings, therefore leading many scholars to question the validity of the study. Lastly, Dodes and Dodes (2014) have point out that the higher binge drinking at the 3 month follow up among AA attendees, but not at the 6, 9, or 12 month follow ups indicates that those in AA seem to get worse before they get better. This result should be examined more closely. Dodes and Dodes (2014) argue that while it could just be statistical error, it may be that AA only works for those who buy into the program and decide to stay long term, but not necessarily those who initially attend.

The largest and most expensive study to date on AA efficacy is Project MATCH. Project MATCH (1997;1998) was conducted in the 1990s by the National Institute on Alcohol Abuse and Alcoholism and was an 8-year, $27 million project. With 1726 patients, the goal of the Project was to determine whether patients who were appropriately matched to treatments would show better outcomes than those who were unmatched or mismatched. The study investigated Cognitive Behavioral Therapy, Motivational Enhancement Therapy, and 12-Step Facilitation Therapy. The results indicated that all three treatments were equal in effectiveness.

There are four major critiques of Project MATCH. First, there was no control group in the study, making it unclear as to whether or not those in the treatment groups fared better than those who received no treatment at all. Second, the therapists administering the treatment groups were all required to have a master’s degree or Addiction Counselor degree, a minimum of two years experience, and underwent extensive training for the study (Project MATCH Research Group 1997;1998). Thus, it is possible that the results reflected overall improvement and effectiveness due to the quality of the treatment. The highly trained and educated therapists in the study likely do not represent typical therapists available to the public. Third and similar to the Brandsma. Maultsby, and Welsh (1980) study, patients in the Project MATCH study were also
allowed to participate in community AA meetings, thus making it difficult to know the true
effects of the treatments above and beyond AA community meetings. Lastly, Cutler and Fishbain
(2005) re-analyzed the Project MATCH data accounting for those who had dropped out of the
trial prior to treatment and those who had dropped out after one session and found that those who
had dropped out before receiving treatment showed substantial improvement on Project
MATCH’s original primary outcome measures. Additionally, the researchers found that nearly
all improvement in all groups occurred by week one. Thus, they concluded that “current
psychosocial treatments for alcoholism are not particularly effective” and that improvements in
drinking are likely due to selection effects in that alcoholics who decide to enter treatment are
more likely to reduce drinking (Cutler and Fishbain 2005).

The most widely cited data in support of Alcoholics Anonymous is Moos and Moos
participants who participated in professional treatment and AA for 16 years, surveying
participants at the baseline and 1-year, 3-year, 8-year, and 16-years later. They found that
compared to individuals who did not enter treatment in the first year after they sought help,
individuals who obtained treatment (either professional treatment or AA) for 27 weeks or more
experienced better 16-year alcohol-related outcomes (abstinence and fewer drinking problems).
Additionally, compared with individuals who participated only in professional treatment in the
first year, individuals who participated in both treatment and AA were more likely to achieve 16-
year remission.

Like the other studies, the Moos and Moos (2006) study has received substantial
criticism. Similar to the Brandsma, Maultsby, and Welsh (1980) study, Moos and Moos data
showed that people who stayed in AA fewer than 6 months had worse outcomes than people who
never attended AA at all, suggesting that AA might be problematic for those who initially attend (Dodes and Dodes 2014). Second, the researchers discuss that some of the participants died by the 16 year follow up, but do not discuss the influence of those who have died or dropped out of the study on the results. While they started out with 628 participants, the total number of people who remained through the 16 year follow up and also stayed in AA longer than 6 months was 107 of the participants, only 17% of the original sample. And of the remaining 107, the researchers never state the number of participants who improved or stayed sober (Dodes and Dodes 2014:43). This leads one to question the true efficacy of AA alone.

The number of studies examining the efficacy of AA and other forms of professional treatment such as Cognitive Behavioral Therapy, Motivational Enhancement Therapy, and mutual help groups have grown substantially in the past 15 years. Because of this, several scholars have performed meta-analyses on studies that examine the efficacy of certain treatments such as AA. Unfortunately, results of the meta-analyses have been mixed.

Kaskutas (2009) performed a meta-analysis on research examining AA efficacy based on six criterion for establishing causation: magnitude of effect; dose response effect; consistent effect; temporally accurate effects; specific effects; and plausibility. Kaskutas (2009) found evidence supporting all criterion except for “specific effects.” Rigorous experimental evidence establishing the specificity of an effect for either AA or Twelve-Step Facilitation was mixed, with 2 trails finding a positive effect for AA, 1 finding a negative, and 1 finding a null effect. Additionally, studies addressing specificity using statistical analyses also had 2 contradictory findings, and 2 that found significant effects for AA even after adjusting for potential confounders such as motivation for change (Kaskutas 2009).
Humphreys, Blodgett, and Wagner (2014) analyzed 6 datasets from 5 National Institutes of Health-funded randomized trials of AA facilitation interventions. The purpose of the study was to employ a statistical technique to create a selection bias-free estimate of AA’s impact, as a common criticism of research on AA efficacy is that it is vulnerable to self-selection bias. The author’s found that in five of the six data sets, increased AA attendance that was attributable to randomization (i.e., free of self-selection bias) and was effective at increasing days of abstinence at the 3-month and 15-month follow-up. Interestingly, the exception to the main findings was the Project MATCH previously mentioned in this section in which increases in AA involvement caused by the AA facilitation condition did not lead to any significant increase in days of abstinence. It’s possible this may have something to do with some of the criticisms discussed previously.

Perhaps the most rigorous and accepted systematic analysis that exists on AA efficacy are the Cochrane Collaboration Reviews. The Cochrane Collaboration is known for its prestigious reviews. No purely observational studies or uncontrolled studies are permitted in a *Cochrane Review* and their mission is to provide the highest quality, up-to-date reviews with minimal bias (The Cochrane Collaboration 2021). The Cochrane Collaboration undertook a review at the studies of AA and 12-step recovery in both 2006 and in 2020.

The 2006 review included 8 randomized controlled trials and found that “no experimental studies unequivocally demonstrated the effectiveness of AA or TSF approaches for reducing alcohol dependence or problems” (Ferri, Amato, and Davoli 2006: 2). The experimental intervention in the 2006 study was Alcoholics Anonymous or other Twelve Step Facilitation (TSF) programs, while the control interventions were those of no treatment, other psychological interventions (such as Motivational Enhancement Therapy, Cognitive Behavioral Therapy, and
Relapse Prevention Therapy), as well as Twelve-Step program variants (such as spiritual, non-spiritual, professionally led, lay led, etc). Additionally, the 2006 outcome measures consisted of severity of dependence or abuse (using the Addiction Severity Index); retention in, or drop out from, treatment; reduction of drinking; abstinence; and qualitative outcomes regarding patients and relatives’ satisfaction (Ferri, Amato, and Davoli 2006).

The 2020 review, on the other hand, was based on 27 studies that included randomized or quasi-randomized controlled trials, non-randomized studies, and one for economic purposes. The authors found that, “compared to other active psychosocial interventions for alcohol use disorder, AA/TSF interventions often produce greater abstinence - notably continuous abstinence - as well as some reductions in drinking intensity, fewer alcohol-related consequences, and lower alcohol addiction severity” (Kelly, Humphreys, and Ferri 2020: 35). Interestingly, the researchers note that the 2020 review updates and replaces the 2006 review (Kelly, Humphreys, and Ferri 2020: 25).

This would be valid if both reviews were conducted in the same way; however, the two studies have three key differences that does not necessarily make them comparable if the goal is to determine whether or not AA is a more effective treatment for alcohol use disorder compared to other interventions. I will discuss these below.

First, the 2006 study included an outcome measure that is essential to measuring overall effectiveness of AA—retention in, or drop out from, treatment. The 2020 study, on the other hand, did not include this outcome measurement. By excluding patients who have dropped out of these programs, the researchers are arguably excluding populations for which the treatment option was not effective, thereby skewing their results of the true effectiveness of these programs. For example, Brown and colleagues (2002), one of the
studies mentioned in the 2020 Cochrane review, reported that at the end of treatment (following 10-session aftercare) 41.4% of participants that were in the TSF group had left, and at six months from completion 50% of participants had left. In similar studies, it is not surprising that researchers find AA/TSF interventions to be effective if they are only measuring the success of those who have continuously stayed in the program. In the 2020 Cochrane Review, retention and drop out rates were not assessed. Without this measure, one cannot be confident that a study is measuring the real effectiveness of AA and TSF interventions.

Second, the 2020 study concluded that AA/TSF “is superior to other well-established treatments when it comes to increasing abstinence, and is at least as effective as other well-established treatments for other alcohol-related outcomes such as drinking consequences, drinking intensity, and addiction severity” (Kelly, Humphreys, and Ferri 2020: 33). In other words, AA/TSF are uniquely effective regarding abstinence from a substance. Is AA/TSF therefore effective? Is abstinence what makes for a successful recovery? Some scholars argue that total abstinence is not required for recovery (White 2007; Davis and Rosenberg 2013) and that such an all-or-nothing approach can do more harm than good (Witkiewitz 2013). Additionally, programs like Alcoholics Anonymous require total abstinence (Alcoholics Anonymous 1977) so the main finding in the 2020 Cochrane Review, that AA/TSF increase abstinence more than other treatments, can be explained by the requirement of total abstinence in the program. When evaluating whether or not certain treatments or programs are effective, one would need to base their claim on more than just abstinence. Abstinence or a reduction in substance use is only one component of recovery; other components such as psychological and physical well-
being, community involvement, social support, meaning, housing and safety, coping, and recovery experience, etc. are all important factors that should be considered (Groshkova, Best, and White 2013).

Third, neither Cochrane review ultimately confirms that AA itself is effective. In both the 2006 and the 2020 studies, AA is lumped together with other TSFs. A TSF intervention includes “extended counseling, adopting some of the techniques and principles of AA, as well as brief interventions designed to link individuals to community AA groups” (Kelly, Humphreys, and Ferri 2020). Ultimately, the goal of TSF interventions is to engage people with AA (Kelly, Humphreys, and Ferri 2020). Both the 2006 and 2020 also use “Twelve-Step variants” as a comparison group. The authors never clearly define the difference between Twelve-Step Facilitation and Twelve-Step Variants. The only conceptual considerations given for Twelve-Step Variants in the 2006 study were “e.g. spiritual, non-spiritual, professionally led, lay led” (Ferri, Amato, and Davoli 2006:4). By lumping AA and all other TSF groups together, one cannot conclude that AA is necessarily the group that is effective. Perhaps Narcotics Anonymous is more effective than AA, or Women for Sobriety, etc. The results of these reviews do not claim that AA, specifically, is effective.

This section examined research on AA’s efficacy. Overall, the research remains mixed, though most studies have confirmed that AA is at least as effective as other forms of recovery. The mixed results may indicate that AA works for some people, but not others. The next section will examine the efficacy of mutual help support groups in general.

The Efficacy of Mutual Help Support Groups
While there is a substantial amount of research on the efficacy of AA, there is less research on other mutual help support groups, like Women for Sobriety, SMART Recovery, and LifeRing. Though most people are introduced to AA or NA as a primary introduction to mutual help support groups because of their accessibility, participation in alternative mutual help support groups like SMART have greatly increased in the last decade (SMART Recovery 2019). Most of the studies on other mutual help support groups have shown that participants are particularly attracted to the secular approaches of these groups (Laudet 2003; McGeough et al. 2022; Sanger et al. 2019).

For example, McGeough et al. (2022) argue that SMART Recovery may be a valuable resource for LGBTQ+ individuals, as some LGBTQ+ individuals experience barriers in 12-step groups such as the religious messaging and even discrimination targeting their sexual orientations and gender identities. For those who aren’t religious or spiritual, alternative mutual help support groups can be appealing. Sanger et al. (2019) examined five non-12-step alcohol online support groups and found that most important benefit of the groups was finding “someone like me”, something that many did not feel they could do elsewhere, including in AA. For nonreligious individuals, the religious messaging in AA can be unattractive, especially if group members come off as overtly religious. In Laudet’s (2003) study they found that 60% of those in substance use treatment considered the religious aspect of the 12-step program to be an obstacle to participation. Thus, alternative groups like Women for Sobriety, LifeRing, and SMART can be appealing to those who are not religious and/or spiritual.

There is very little research that has examined the efficacy of these alternatives. One study that examined Women for Sobriety, LifeRing, and SMART found that they are equally as effective as 12-step groups (like AA) for those with alcohol use disorders (Zemore et al. 2018).
Others have reported positive characteristics associated with alternative mutual help support groups. For example, Sanger et al. (2019) found that some things participants liked about alternative, non-12 step, mutual support groups was that their groups provided support without requiring them to follow a set program (unlike AA) and their groups respected individuals’ rights to choose their own goal for recovery. Additionally, participants in McGeough et al.’s (2022) study reported that they enjoyed the sense of community, having an enhanced sense of safety, validation, and support, and liked that there were online options because online sessions allowed for greater privacy and convenience.

Regardless of group type, several researchers have identified common components in recovery groups that keep members coming back. Rettie, Hogan, and Cox (2021) identified main components of substance abuse recovery groups and found 12 components that participants found to be important in substance use recovery groups: developing self-confidence, developing coping skills, giving back to others, following a sober lifestyle, bonding and support with others, having a goal to focus on, having a presence of role models, identifying high risk situations, having a structure to follow, having a reminder of consequences, alternative activities, and gaining rewards. The findings in their study reflected the findings of Moo’s (2008) study on substance recovery groups as well, finding only two additional components to Moos’s original 10 (giving back to others and following a sober lifestyle).

In addition to these components, others have found that feeling “at home” with the group, belonging, or having a perceived similarity to other group members contributes to whether or not one decides to stay with a substance recovery group (Kelly, Kahler, and Humphreys 2010; Kurtz
and White 2015; Rodriguez-Morales 2019). Thus, if a person doesn’t feel a sense of belonging and cohesion within mutual help support group, it may result in the person leaving the group.

Some factors that have led some to no longer participate, change groups, or leave 12-step groups like AA are “opposition to the spiritual emphasis of the 12-step mutual help groups, repetitiveness of content, dislike of group meeting formats or other members’ behavior or attitudes, too rigid an emphasis on abstinence from all substances, and lack of support for, or explicit opposition to, the use of general psychotropic or addiction specific anti-craving/anti-relapse medications” (Buxon et al. 1987; Rychtarik et al. 2000; Fletcher 2001; Humphreys 2004; Tonigan and Kelly 2004; Kelly et al. 2008; Kelly and Yeterian 2008 as cited in Kelly, Kahler, and Humphreys 2010:317). This makes sense, given that participants in Sanger et al.’s (2019) study reported that what they liked about their non-12-step mutual help support group was that it didn’t have some of those characteristics and allowed for more flexibility.

While there are various reasons people leave 12-step groups like AA, a commonly cited reason is the spiritual emphasis or religious messaging that members perceive from 12-step groups like AA. Thus, nonreligious individuals have a particularly challenging time navigating mutual help support groups and recovery. The next section will address the little amount of literature that exits on the nonreligious in recovery, specifically within AA.

Nonreligious Recovery

The Nonreligious and Alcoholics Anonymous

There is a paucity of literature that examines nonreligious experiences in Alcoholics Anonymous. As previously mentioned, more than half of those in substance use disorder treatment consider the religious aspect of the 12-steps to be an issue (Laudet 2003). Unsurprisingly, nonreligious individuals in particular find this to be a substantial
barrier to their recovery. In a study of 161 recovering secular substance abusers, 19% of respondents stated that AA attendance had been harmful for them, 61.3% stated they would not attend another AA meeting, 66% claimed they disliked the emphasis on religion and a Higher Power, and 37% felt that they did not fit in (Connors and Dermen 1996).

Even for the nonreligious who stay in AA, they experience difficulties due to their nonreligious beliefs. In a recent study on the nonreligious in AA, many participants stated that their nonreligious identities were problematized upon entering AA and that specifically, a nonbelief in God was frequently interpreted as an impediment to recovery (Munro 2019). Participants noted interactions with other members, what is said in meetings, and readings of AA literature reproduced this idea to them. Additionally, the nonreligious have expressed that their lack of belief in God has been interpreted by others as an inability to “work the program” correctly and that their resistance to the belief in God is just denial, evasion, and not wanting to do the program (Munro 2019). Even when nonreligious participants spoke up about their struggle with the idea of a “Higher Power”, other members used it as an opportunity to share how they only got sober through finding God (Munro 2019).

Not receiving advice or help from other AA members may be one of the reasons why Young (2011) found that atheists, agnostics, and the spiritual but not religious tended to “hit rock bottom” much harder than their religious counterparts. Using AA members’ self-reports of “hitting bottom” (a phrase used in recovery to describe a time or an event that caused an individual to reach the lowest point in their substance use disorder) and seeking help were analyzed using a one-way analysis of variance and chi-square analyses on over 23 dependent variables. The different levels of “hitting rock bottom” were classified as low, medium, and high,
with low being defined as losing nearly everything, such as health, family, friends, and jobs and high being defined as being able to stop before one lost what was important to them (Young 2011). In regard to the nonreligious, Young (2011) found that those claiming a religion (Catholic, Protestant, Jewish, or other religion) were 1.5 times more likely to be high bottoms than were those not claiming a religion (spiritual-not religious or atheist/agnostic). Additionally, the researcher found that the nonreligious were 1.7 times more likely to identify as low bottoms.

It is troubling to think about the nonreligious suffering from more intense “rock bottoms”, and going into AA only to feel unaccepted. For this reason, the nonreligious likely have a higher risk of dropping out of AA than their religious counterparts. Using Project MATCH outpatient and aftercare data, Tonigan, Miller, and Schermer (2002) examined the role of God belief and AA attendance and found that atheists and agnostics attended AA less often and were more likely to discontinue AA attendance relative to others, such as those who identified as religious or spiritual. Additionally, atheists were most likely to avoid AA altogether whereas agnostics were more likely to sample AA but then disaffiliate. While they found that AA was equally effective for all who attended, nonreligious individuals were less like to attend (Tonigan, Miller, and Schermer 2002).

Even the nonreligious who decide to stay in AA do not stay for long. Kaskutas, Bond, and Weisner (2003) examined the role of religiosity in AA involvement and long-term sobriety and found that one in four of the secular respondents (operationalized as atheists and agnostics) and one in five of the unsure (not sure what to believe about God) had quit going to AA meetings by the three-year follow-up. Therefore, even if the nonreligious are attending AA, something about AA was not creating the cohesive, “at home” environment that retains them like it seems
to do for others. What is it about AA that leads people to assume it is religious? And why do the nonreligious, specifically, take issue with AA?

The 12-Steps of AA and The Big Book: A Critique

One of the largest issues nonreligious folks have with AA related to the religiosity/spirituality of the program is the 12-steps themselves and some of the content of The Big Book (AA’s foundational text). It is commonly argued that the 12-Steps themselves are overtly religious and/or spiritual (Magura 2007; Munro 2019; White 2014). In fact, six of the twelve steps make references to God or a “Power greater than ourselves” and three of the steps mention prayer, meditation, and having a spiritual awakening. In AA, successful recovery happens when one “works the steps.” Working the steps refers to meaningfully and willfully, making an effort to go through the 12-steps by oneself or with a sponsor. Therefore, if a person cannot get past the idea of a “Power greater than ourselves” or a “God as we understood Him”, it may pose a challenge to their recovery.

AA has long claimed that they are “spiritual rather than religious” and that anyone can join their program (White 2014; Wilson 2001[1939]). Attempting to be inclusive, the early founders of AA dedicated an entire chapter in The Big Book titled “We Agnostics” in order to address those who may be hesitant to join AA because they are atheist, agnostic, etc. Like the 12-steps, the chapter has been criticized. One criticism of the chapter is that it makes the assumption that everyone who attends AA will eventually find God (Kurtz and White 2015). For example, the beginning of the chapter discusses how half of the original fellowship “were of exactly that type” and “thought we were atheists or agnostics” but that after a while they had to “face the fact that we must find a spiritual basis of life—or else” (Wilson 2001[1939]:44). Towards the end, Wilson states that “…for deep down in every man, woman, and child, is the fundamental idea of
God” (Wilson 2001[1939]:55), making the assumption that the nonreligious all have God belief in them, it has just been neglected.

Additionally, the chapter uses language that suggests that a lack of belief in God is something that atheists and agnostics have simply ignored or resisted, as if they are inherently incapable of having intelligent thought on the existence of a god(s). Wilson suggests that being skeptical of a God, or even ignoring the thought of it is that of “agnostic temperament” and that one must “lay aside prejudice and express even a willingness to believe in a Power greater than ourselves” (Wilson 2001[1939]:46). He states, “our ideas did not work. But the God idea did” (p.52). In other words, atheist and agnostics alike must stop resisting, and just believe in a God or they won’t be able to maintain sobriety.

While Wilson (2001[1939]) argues that God doesn’t necessarily have to be a Christian God but can be a God of the person’s own understanding (or a higher power, faith in the group itself, etc.), none of it matters if atheists and agnostics do not join AA to begin with. A quick Google search of the 12-steps and AA can easily deter those who see the religious and spiritual language of the group problematic. In fact, the 12-steps and the content of AA literature is so religious and spiritual, that federal circuit courts and state supreme courts have ruled that AA is “unequivocally religious” and that participation in AA cannot be legally mandated under the establishment clause of the first amendment (Griffin v. Coughlin 1996; Inouye v. Kemna 2007). Because of AA’s religious and spiritual content, it does not surprise me that the nonreligious would face numerous barriers within AA. Fortunately for the nonreligious, a secular movement within Alcoholics Anonymous has resulted in a secular branch of AA, often referred to as “Secular AA.”

The Secular AA Movement
Although there has always been atheists, agnostics, and nonreligious people in AA, it was only recently that the secular movement within AA has substantially grown. To my knowledge, there are no academic publications on the secular AA movement. The history of this movement is written on a website, AA Agnostica, by one of the founders of the secular movement known as “Roger C.” Fortunately, I had the honor of speaking with him and he even mailed me several books to help with my research.

Nonreligious members of AA first began organizing in the mid-seventies. Don Wilson had tried AA but struggled a great deal due to its religious nature, and with the encouragement of the Unitarian Universalist Church, he started the first AA meeting explicitly for nonreligious members in January 1975 called “Alcoholics Anonymous for Atheists and Agnostics” (also known as Quad A) (C. 2016). Years later, other groups, like “We Agnostics”, “We Atheists”, and “Freethinkers” started to form throughout the United States. While groups were slowly forming, it wasn’t until the 2010s and then again until the pandemic in 2020 that secular AA really began to exponentially grow. The first secular AA conference was held in Chicago in 2009, and secular AA started receiving national attention in 2011 due to national media coverage of two nonreligious Canadian AA groups getting delisted from the national meeting list and website, effectively removing them from Toronto’s network of over 500 meetings at the time (C. 2016; Kassam 2016).

Shortly after, the popular website for nonreligious in AA called “AA Agnostica” (aaagnostica.org) was created so that the nonreligious in AA could have a space to connect and share information about agnostic meetings and that their existence was allowed (C. 2016). The movement quickly grew, with many of the major books and podcasts for nonreligious recovery in AA being published shortly thereafter. For example, the popular podcast “Beyond Belief
“Sobriety” started in 2015, popular books *Beyond Belief* by Joe C. and *Staying Sober Without God* by Jeffrey Munn were published in 2013 and 2019 respectively. As the pandemic halted all in-person meetings, many were introduced to secular AA groups for the first time with their newfound access to the various online AA Zoom meetings available.

In an article on the AA Agnostica website, Chris M. reflects on the pandemic and the explosion of Zoom meetings (M. 2021). Prior to the pandemic, his only secular AA option was to drive 60 miles to the closest secular meeting. In 2019, he even tried to start his own secular meeting but had to close it do to little attendance. Once the pandemic happened, several secular groups began sharing their Zoom meeting information and a new, private, now-popular, Facebook group called AA Beyond Belief were started. During this time, the nonreligious in AA community also compiled a Google Spreadsheet that had every known secular AA meeting listed that was widely shared within the community. In fact, as I will outline in my methods chapter, this is how I was able to access many of the respondents for this study.

The secular movement within AA has continued to grow extensively. After the secular groups in Toronto received national attention in 2011, there were a total of 87 agnostic meetings worldwide listed on the AA website (C. 2016). As of March 2023, the secular meeting spreadsheet had almost 700 meetings listed on their shared, public, Google Spreadsheet (Secular Meeting Spreadsheet 2023). As those who identify as nonreligious continue to increase in the United States (Pew Research Center 2019), it is unsurprising that similar changes are reflected in everyday institutions like AA. As I will discuss in later chapters, the secular movement within AA provides support for literature on secularization and desecularization.

Conclusion
The literature discussed in Chapter 2 has identified several important discoveries: (1) though AA and the 12-steps have long been used as a primary model of recovery, research remains mixed as to its true effectiveness; (2) AA and the 12-steps have religious/spiritual components that are a barrier for the nonreligious; (3) there are very few research studies on nonreligious experiences in AA; and (4) the nonreligious in AA have recently started a secular movement within the organization. Such discoveries led me to question, for whom does AA work best for? How does recovery compare between those in groups like AA compared to other alternative mutual help support groups? Do the nonreligious face barriers in AA? If so, what are they and how do they navigate their recovery as nonreligious individuals? Given that there is little research on nonreligious experiences in recovery groups like AA, this dissertation aims at answering these questions and examining nonreligious recovery experiences within AA and the new secular AA movement. The next chapter will detail the methodology and methods utilized in this dissertation.
CHAPTER 3: RESEARCH METHODOLOGY AND DESIGN

A recent report on the U.S. religious landscape found that 26% of people in the United States describe their religious identity as “atheist”, “agnostic” or “nothing in particular,” an increase from 17% in 2009 (Pew Research Center 2019). Additionally, approximately 24 million people in the U.S. had a substance use disorder in 2021, which doubled since 2019 (SAMHSA 2022). With the recent pandemic, increases in substance use disorders and related deaths have only increased (Abramson 2021; CDC 2020). Given that being nonreligious is a stigmatized identity and having a substance use disorder is a stigmatized and marginalized identity, the combination of both being nonreligious and having a substance use disorder puts this population at a higher risk. As rates continue to increase, it is now, more than ever, important to study this population.

The final goals and objectives for this dissertation shifted due to the collected data. The final sample was predominantly nonreligious folks who regularly attended AA, so the qualitative portion of the dissertation shifted to focus more so on nonreligious experiences in AA, as opposed to how nonreligious and religious experiences compared. However, there was a large enough sample for the surveys that a comparison was still able to be made between the religious, the nonreligious, those in AA, versus those with alternative forms of recovery. There were two objectives for this study:

1. To compare overall recovery between those in AA, those who have dropped out of AA and found an alternative form(s) of recovery, the religious, and the nonreligious.
2. To identify issues within AA, the 12-steps, and recovery in order to gain a deeper understanding of how to improve substance use disorder recovery.
The first objective was met quantitatively, by utilizing the Assessment of Recovery Capital scale to compare recovery capital between the religious, the nonreligious, those in AA, and those with alternative forms of recovery (discussed in more detail later in this chapter). The second objective was met qualitatively via interviews, though due to the sample being predominantly nonreligious folks, the issues identified within AA, the 12-steps, and recovery are from the perspective of nonreligious individuals in AA and other recovery groups, as opposed to an equal representation between the religious and nonreligious.

The final dissertation had four research questions related to the objectives:

R1: Do those in AA have greater recovery capital than those who have alternative forms of recovery?
R2: Do the religious have greater recovery capital than the nonreligious?
R3: What, if any, barriers do the nonreligious face in AA?
R4: What common factors underly a successful recovery for the nonreligious?

To answer these questions and to achieve the objectives of this study, I utilized mixed methods. Before describing the design of this study, I will first discuss how I conceptualized and operationalized recovery, AA versus other alternative forms of recovery, and the religious and nonreligious.

Conceptual and Operational Framework

Recovery

As previously stated, one of the overarching goals of this study was to compare recovery based on religious identity (religious versus nonreligious) and AA involvement (AA versus alternative forms of recovery). To do this requires a way to measure “recovery.” Based on the literature review of recovery definitions, recovery in this research was understood as a voluntary, intentional, active and ongoing process, that includes partial or total abstinence from a given substance(s), and works toward improving physical, mental, emotional, relational (friends,
family, acquaintances), and communal health (institutions, culture, social networks, giving back). Because of this, I found Groshkova, Best, and White’s (2013) Assessment of Recovery Capital scale (ARC) to be the best way to operationalize “recovery” for the quantitative portion of the dissertation.

Groshkova, Best, and White’s (2013) scale takes a holistic approach to recovery. The scale is based on sociological work on social capital and its impact on health behaviors (Groshkova, Best, and White 2013). It measures recovery capital based on 10 different domains: substance use and sobriety, psychological health, physical health, citizenship/community involvement, social support, meaningful activities, housing and safety, risk taking, coping and life functioning, and recovery experience (See Appendix A for detailed description). Compared to other scales (see Table 2), the Assessment of Recovery Capital scale is the most comprehensive for examining recovery. Alternatively, the Recovery Assessment Scale has been the most widely used measure and is the most compatible scale to the ARC. The Recovery Assessment Scale examines various aspects of recovery from the perspective of the individual, placing specific emphasis on hope and self-determination. The Addiction Severity Index is also popularly implemented, though it is lengthy and requires interviews to assess the participant’s substance use disorder severity. The ARC, however, focuses more on recovery resources rather than substance use disorder severity, uses self-report, and covers a broader range of domains that are crucial to recovery at various stages. Additionally, one of the domains in the ARC includes “recovery experience” which is unique compared to other recovery scales. For the purposes of the proposed research, the ARC will have the greatest utility for assessing overall recovery from a holistic approach.
### Table 2. Comparison of Recovery Scales

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<td><strong>Domains</strong></td>
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<td>1. Substance use and sobriety</td>
<td>1. Normal Living</td>
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<td>5. Not being dominated by symptoms</td>
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<td>8. Risk taking</td>
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<td>9. Coping and Life functioning</td>
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<td>10. Recovery experience</td>
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<td><strong>Validity</strong></td>
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<td><strong>Reliability</strong></td>
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<td><strong>Consistency</strong></td>
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<td><strong>Time Frame</strong></td>
<td>Past 30 days</td>
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<td>The day of assessment</td>
<td>Past 30 days</td>
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In the quantitative portion of this research, recovery was operationalized as an individual’s score on Groshkova, Best, and White’s (2013) Assessment of Recovery Capital scale. The higher the recovery capital score, the greater overall recovery. Thus, if person A scores 10 out of 50 and person B scores 30 out of 50, we can conclude that person B has greater recovery compared to person A. These scores were used to compare (a) recovery of those in AA versus those with alternative forms of recovery (b) recovery between the religious and nonreligious and (c) recovery between the nonreligious in AA, the nonreligious with alternative forms of recovery, the religious in AA, and the religious with alternative forms of recovery.

AA and Alternative Forms of Recovery

Given that this research is interested in comparing recovery between those in AA versus those with alternative forms of recovery, it is important to elaborate on differences between these two groups. In this dissertation, the AA group is conceptualized as those who consider themselves to be active members of Alcoholics Anonymous. In the survey, it was operationalized through the survey question “Which of the following best describes you?” Those who chose the answer, “I actively attend AA meetings” were identified as being in AA. For the qualitative portion of the dissertation, AA was operationalized by asking the participant at the beginning of the survey “What, if any, is your primary recovery group?” If participants stated “AA” they were identified as being in AA. Additionally, if they stated they were in AA as well as other groups, all groups were listed (See Appendix C for survey). However, participants identified their primary recovery group so if they attended multiple groups their primary group was listed first in Appendix C.

Those who have alternative forms of recovery are conceptualized as (a) not being a member of AA and (b) having some form of recovery, whether it be regularly attending therapy,
group therapy, regularly attending other recovery groups that are not AA, and so forth. Given that I was interested in those in recovery, those who did not actively consider themselves to be in recovery were removed from analysis. In the survey, alternative forms of recovery were operationalized through the survey question “Which of the following best describes you?” If participants stated “I no longer attend AA meetings but have found an alternative way to support my recovery” or “Other, please specify” they were placed in the alternative form of recovery category. For the qualitative portion of the dissertation, alternative forms of recovery was operationalized by asking the participant at the beginning of the survey “What, if any, is your primary recovery group?” If participants stated anything other than “none/nothing” and did not consider themselves to be an AA member I considered them to have an alternative form of recovery. Additionally, if they stated they were in multiple groups, all groups were listed. Like the above, participants identified their primary recovery group so if they attended multiple groups their primary group was listed first in Appendix C.

Unfortunately, neither myself nor my key informant were aware prior to this study that Secular AA existed and had become so widespread. Due to this, I did not have a way to differentiate between those in the regular, “traditional” AA versus those in Secular AA. As such, “AA” includes both those that attend traditional meetings as well as those who attend the secular meetings. The inability to differentiate between AA and secular AA is a limitation in this study. I will discuss this further in the limitations section.

Though the survey was unable to differentiate between traditional and secular AA, the qualitative portion does. In the qualitative portion of this study, “traditional AA” refers to those who attend AA meetings that are not specified as secular AA meetings. Secular AA meetings are normally titled “secular AA”, “atheists and agnostics in AA” (also known as Quad A),
“agnostics, atheists, and freethinkers”, “We Agnostics”, among other names. Unlike traditional AA meetings, secular AA meetings tend to be more loosely organized and often draw upon outside literature beyond officially recognized, “conference approved” Alcoholics Anonymous literature.

Religious and Nonreligious

In addition to recovery based on recovery type (AA versus alternative forms of recovery) this research also aimed to examine recovery between the religious and nonreligious. The nonreligious was conceptualized based on Smith and Cragun’s (2019) concept of “religion’s other.” It is a broad and inclusive term for the wide variety of different worldviews and labels that people choose in relation to, or contradistinction from religion. Whether it be irreligion, secularity, nones, spiritual but not religious, unaffiliated, etc. all labels fall under the umbrella of religion’s others in that “though clearly different in important ways, are relational, and conceptually tethered in one way or another to the category of religion” (Smith and Cragun 2019: 321). It is common practice to employ the “3B” approach—belief, belonging, and behavior—when measuring religiosity (Smidt 2019) and to do the same for nonreligiosity, just in the opposite direction (i.e. lack of religious belief, belonging, and behavior). However, doing so has been shown to be problematic (Cragun 2019). If one were to only ask a belief question, such as “Do you believe in a Higher Power or universal spirit?”, results for the “yes” category might include those who don’t affiliate with a religion, don’t often think about religion, and/or those who don’t practice religion at all. In fact, if asked, a handful might even consider themselves to be nonreligious. The same can be said if researchers only asked a belonging or behavior question. Even if one were to ask all 3 questions to assess nonreligiosity or religiosity, an executive decision on behalf of the researcher would need to be made. For example, if someone
answered that they believed in a Higher Power, did not affiliate with a religion, but occasionally attended a religious service, would they be considered religious or nonreligious? The researcher ultimately has to determine who is considered religious or not religious based on the criteria being used.

In an ideal world, we would abandon religious/nonreligious binaries and focus more qualitative aspects of religious and nonreligious worldviews. I agree with Cragun and McCaffree (2021) that religiosity/nonreligiosity is on a continuum and that comparing the religious to the nonreligious is to compare apples to oranges. However, I do find value in quantitative analysis and thus, there has to be some way to compare the religious to those who have intentionally distinguished themselves from the religious, whether it be closer to the religious side of the continuum or closer to the nonreligious side.

In this research, the nonreligious was conceptualized as all of those that fall under the category of religion’s others (Smith and Cragun 2019). The religious, on the other hand, was conceptualized as those who consider themselves to be religious. In order to operationalize this, I developed a survey question with the statement, “I consider myself to be religious” with a 5-point Likert scale ranging from strongly agree to strongly disagree. This served as the primary source for creating a religious/nonreligious variable for analysis. My reasoning for choosing this statement is that it a) prioritizes the participants’ understanding of “religious” and b) gets at the strength of how strongly or weakly the participant associates themselves with religiosity. Given that the nonreligious will be conceptualized as those who, in whatever way, distinguish themselves from the religious, the question allows for participants to choose for themselves if they think they are religious. As such, anyone who answers that they disagree or strongly disagree that they are religious are therefore distinguishing themselves from the religious and can
thus be placed in the nonreligious category. Additionally, the Likert scale allows for flexibility regarding being religious or not. Allowing participants to place themselves on a spectrum accounts for the continuum that exists between the religious and nonreligious, thereby including those in between the binary. Those who fall in the “neither agree nor disagree” category will be categorized as “neutral.” Before outlining the research design of this research, the next section will discuss the methodology of this project.

Methodology

Though methodology and methods are often used interchangeably, they are different. Methodologies are particular sets of theoretical assumptions that underlie how one goes about the research process (Francis 2013). Methods, on the other hand, are techniques for collecting and analyzing data (Francis 2013). Five methodological and ethical approaches were utilized as I went about this research: Interpretivism, pragmatism, self-reflexivity, self-disclosure, and humility.

Interpretivism

Max Weber deviated from his peers, such as Emile Durkheim, by taking an anti-positivist approach to sociological investigation. Weber argued that the goal of social sciences should be to understand the purpose and meanings individuals attach to their behaviors (Weber 1949). Weber’s approach, understood as interpretivism, does not seek to utilize positivist approaches that are used in the natural sciences. Instead, the researcher attempts to analyze the purpose and meaning of their participants through the participants’ understanding and point of view.

In this dissertation, I used an interpretivist approach when analyzing the qualitative interviews. Rather than assuming that participants’ social reality and narratives were objective, I interpreted their narratives as subjective experiences that I sought to understand. As such, I
recognize that the meanings the participants in this study attached to their experiences in recovery are subjective, and thus my interpretations of their experiences are also subjective.

Pragmatism

At its most basic level, pragmatism means “acting according to a practical imperative” (Francis 2013:167). Pragmatists reject the idea that scientific inquiry relies solely on one scientific method (Kaushik and Walsh 2019). Instead, pragmatism is based on the proposition that researchers should use a research method or combination of research methods that are best suited to answer particular research questions (Francis 2013; Kaushik and Walsh 2019). In short, pragmatists place priority on research questions; only once the question is established do they begin to consider the best methods for answering that question.

Because pragmatists emphasize the research problem and question, they often utilize mixed methods to understand the problem (Creswell 2009). The original idea for this research stemmed from a series of questions I had when inquiring about substance use disorder recovery. First, do religious individuals have more recovery capital than the nonreligious? Second, if so, why is this? The literature suggested that the religious and spiritual aspects of the 12-step group AA has been problematic for the nonreligious and their recovery. Is AA the source of this recovery imbalance? What barriers, if any, do the nonreligious face when going through AA? What does recovery look like for the religious and nonreligious? Is it the same? Different? If AA is problematic for the nonreligious, what alternatives to recovery are available and which ones do they utilize? These are the sort of questions that lingered in my mind when reading about substance use disorders and that guided my research methods. Some of those questions were best answered through quantitative methods, while others qualitative. Using a pragmatic perspective,
I prioritized these research questions and utilized the best methods to gain a deeper understanding of my topic of inquiry.

Self-Reflexivity

Another area that was exceptionally important when conducting this research is self-reflexivity. Self-reflexivity is having a critical awareness of the researcher’s role in the research process, but also how the research influences the researcher (Corbin and Strauss 2015; Janzen 2016). As mentioned earlier, I had both a personal interest in the topic and was also an outsider given that I am not a person in recovery (Pagano et al. 2018). Because of this, it was important for me to engage in ongoing self-reflexivity in order to be aware of how I might be influencing the research and how the research itself influences my own worldviews.

To best handle this, I kept a journal throughout the research process that included both personal reflections and methodological reflections. This idea stemmed from Grant’s (2014) and Janzen’s (2016) research studies in which they both discussed the value of journaling as a reflexive process when studying those in recovery. Grant (2014) noted that “writing field notes was central to the reflexive production of the knowledge I gained during [her] interviews but also further reflection was gained by being involved in working with their contents” (p.5). Similarly, Janzen (2016) utilized a reflexive journal that consisted of decisions and decision-making processes, personal reflections, and methodological reflections.

My journal was used to summarize interviews as well as a broader reflection. I reflected on the interviews and wrote down my own interpretations of what was said in the interview and made notes if I had doubts that I could have interpreted things incorrectly. I also took notes on areas of improvement. For example, the first couple of interviews I reflected a lot on the way I was asking questions and made changes based on those reflections. One example of this was the
interview question, “How do you think the recovery process could be improved?” The first few interviews I struggled with moments of silence and if it took a while for someone to answer, I started saying things like “for example, AA itself, the rehab industry, healthcare in general, etc.” Fortunately, recognizing this by using my reflexive journal allowed me to come up with a quick solution so I would not continue biasing answers to that question. I started practicing counting to ten, and if the participant didn’t say anything, instead of offering examples, I would instead say “I know it is a broad and big question to answer, so take your time.”

Additionally, I also used the journal to personally reflect on the research in order to be more mindful of my own personal biases and feelings. This was both therapeutic and methodologically useful, as I was able to have a space to reflect on some of the more emotionally heavy interviews as well as a space to “check myself” when I felt like my perceptions might be a product of my own biases. The most common instance of this was when participants explained their own religious or nonreligious worldviews. There were a few participants who described themselves as nonreligious but then started talking about a higher power, spirituality, and prayer. I personally viewed them as more religious than nonreligious, but quickly recognized I was placing my own biases onto the situation. If they viewed themselves as nonreligious, then they were. I was able to look again at their descriptions again and view it in a different way. However, had I not used the reflexive journal, I am not as confident that I would have recognized this. Both the methodological and personal reflections allowed me to “check for signs of biases and assumptions and make note of these when writing about the research” that I would not have caught otherwise (Corbin and Strauss 2015).
Self-Disclosure

Self-disclosure served as an important way for me to address my outsider status and the power dynamics between myself and the participants (Grant 2014). Interviewer self-disclosure “takes place when the interviewer shares ideas, attitudes, and/or experiences concerning matters that might relate to the interview topic in order to encourage respondents to be more forthcoming” (Reinharz and Chase 2001:228). Self-disclosure allows for the relationship between the interviewer and the participant to be more equal, humanizes the researcher, and can put the participant at ease, helping them to be more open and forthcoming about the topic (Reinharz and Chase 2001). While self-disclosure could be problematic if the interviewer dominates the conversation and makes it about themselves, I thought it would be a useful tool at the beginning of the interviews given that I am not part of the recovery community myself. By disclosing my interest on the topic and how it has personally impacted me despite being an outsider, it potentially eased the tension of the participant and allowed for us to have a more balanced, relaxed interview. At the beginning of each interview, I very briefly explained to each participant how I was not part of the recovery community myself, but that I had been indirectly impacted by it and explained my personal interest in the topic. Afterwards, I asked them if they had any questions for me, allowing them the opportunity to ask any questions to feel more comfortable before beginning the interview. Many of them did end up asking more personal questions related to my personal experiences, to which I happily answered.

Humility

Lastly, having humility was beneficial throughout my research process (specifically due to my outsider status). Humility can be defined as “a willingness and openness to reflect on one’s own self as an embedded cultural being, having an awareness of personal limitations in
understanding the cultural background and viewpoints of others” (Hook and Watkins 2015). Practicing humility involves acknowledging one’s own limitations; being respectful and considerate of the other; being genuinely interested in and wanting to understand the other’s perspective; not making assumptions; not acting superior; not assuming that much is already known about the other; and being open to critical feedback without feeling threatened (Hook and Watkins 2015).

While humility is often discussed in the context of differing racial and/or ethnic backgrounds between two people, I think it is also relevant to researching marginalized populations such as those recovering from substance use disorders. As previously stated, I am aware of my status as an outsider and as someone who has not personally been in recovery from substance use disorder, so practicing humility was beneficial research. I approached my interviewees with respect; acknowledged my own limitations and that I do not have the same lived experience; expressed my openness to learn from my participants; I did my best to not make assumptions; and I humbly received feedback. When participants would explain something I was unfamiliar with, I did not pretend to know what they were talking about. When they paused after speaking, I expressed that I was unfamiliar with the term or topic they were discussing and asked if they would be willing to explain. Moreover, at the end of the interviews, I asked participants (a) if there was anything that I had missed that would be useful to include in future interviews and (b) if they had any questions for me. If participants had suggestions, I incorporated them into my interviews. For example, early in the interviews several women suggested that it would be useful to ask about sexism within AA. I had not considered this topic in any way, but it seemed to be a recurring suggestion that was relevant to addressing barriers within AA, so I incorporated into my interviews. Practicing humility was incredibly useful for
this research, as it allowed me to receive feedback and learn from my participants in a way that strengthened the overall research project.

Methods of Data Collection and Analysis

In this section I will discuss my methods of data collection and analysis. This dissertation was approved by WMU’s HSIRB (see Appendix H). All of the data was anonymous, confidential, and stored in a safe, private location according to WMU’s HSIRB protocol. I entered all of the data for the surveys in STATA and transcribed my own interviews. I will first discuss the methods of data collection and analysis for the surveys, followed by the interviews.

Survey Methods and Analysis

A survey was the most logical tool to utilize in order to answer my first two research questions, which you may recall were:

R₁: Do those in AA have greater recovery capital than those who have alternative forms of recovery?
R₂: Do the religious have greater recovery capital than the nonreligious?

These two questions are aimed at answering the “what” when seeking to understand recovery capital accumulation that may contribute to a successful recovery. As mentioned in Chapter 2, research is mixed on whether or not 12-step programs like AA are effective forms of recovery from substance use disorder. It will also help answer the “what” regarding differences in recovery between the religious and nonreligious. Since the research on whether the nonreligious have the same success in 12-step programs like AA varies. Using the ARC scale, I was able to compare the differences between religious and nonreligious recovery capital.

Given that the research is mixed on the efficacy of AA, I hypothesized for the first research question that there would be no significant difference between the recovery capital of those who attend AA and compared to those with alternative forms of recovery. Since the
literature has shown that the nonreligious tend to fare worse, at least in AA, I hypothesized that there would be a statistically significant difference between the recovery capital of the religious and nonreligious for the second research question.

Participants and Sampling

Originally, I had planned to recruit participants for the survey through the AA National Headquarters and snowball sampling. The idea for recruiting through the AA National Headquarters stemmed from a similar study done on Narcotics Anonymous (NA) by Galanter et al. (2020). Galanter et al. (2020) utilized NA’s national headquarters in which the national headquarters distributed the survey to a random selection of meetings across the United States and then after the surveys were completed, NA coordinators sealed the surveys and sent them back to the national headquarters, and then the national headquarters then shipped them to the researcher without reviewing their contents. Unfortunately, AA national headquarters wasn’t quite as accommodating to researchers as NA. When I reached out to AA National Headquarters and asked if they would be willing to assist, they responded stating that:

A.A. is not affiliated with any government, philosophy, religion, or outside organization. As a group, we remain non-professional, and do not engage in education, prevention, or research. A.A. holds no opinion on any outside issue, nor relates to any form of treatment or therapy. Thus A.A. does not engage or participate in research.

When I asked my key informant if they knew about this, they said it sounded like it might be something from AA’s “Twelve Traditions” which are a set of guidelines for relationships between AA groups, its members, the broader fellowship of AA, and society at large (aa.org). As I examined the official Twelve Traditions on the AA website, I didn’t see the exact wording from the email listed in the traditions. The closest I could find in the traditions was tradition six. In tradition six, it explains that A.A. groups may cooperate with anyone, but that such
cooperation should never be in the form of an affiliation or endorsement, actual or implied. It is possible that participating in scholarly research could be seen as “endorsing” the research.

Given that AA does not assist researchers, my next plan of action was to utilize the same sampling methods that AA does for their general membership survey. The AA headquarters aims to conduct a membership every three to four years, though the latest membership survey for the United States was last conducted in 2014 (see Alcoholics Anonymous 2015). I emailed again with the National Headquarters office, asking if they were able to provide information on their sampling methods for their membership survey. Unfortunately, I was given a very vague paragraph and told that “AA doesn’t gather information about the success rate of AA” and that I might want to contact the National Institute on Alcohol Abuse and Alcoholism or the National Council on Alcoholism and Drug Dependence instead. Unsurprisingly, at the time I was a bit baffled that AA, one of the most widely recommended approaches to recovering from alcohol use disorders, didn’t have any interest in examining its success rates and wasn’t willing to assist researchers on conducting research on AA. While frustrated at that time, I reflected further and recognized this might not be ill intent on AA’s behalf, but rather that AA has existed for a long time and their goal is to bring people together to discuss their experiences and to receive support from one another, not to claim that they are the end-all-and be-all for successful recovery. It’s us researchers that have a deep curiosity for best methods and practices, whereas AA’s goal is to just provide help and support for those experiencing alcohol use problems.

Finally, I decided to utilize AA’s meeting locator on their website through their “find AA near you” to create a sampling frame. In January 2022, there were a total of 661 listed AA websites in the United States. There were two major limitations associated with this. One, some of the websites listed were district-level AA sites; each AA district is composed of multiple AA
groups that are all located within a given district. Two, 187 of them were either answering services (n=152), phone lines (n=4), or hotlines (n=31) and not actual meeting groups. Because some of the district websites didn’t list the individual AA groups within their district on their website, I was unable to break those websites down to individual groups. I decided to include the district level websites in the sample, but I eliminated the 187 that were answering services, phone lines, and hotlines which left a total of 470 AA websites (district and local).

Next, I stratified the 470 AA websites based on geographic region¹: North, South, Midwest, and West. With the goal of having a sample that reflected the overall population, and with an estimated population of 470 AA organizations and a 95% confidence interval with a 2.5% margin of error, I would need to sample 362 of the AA organizations. I divided each organization by geographic region and randomly selected each case, taking turns so each geographic region was equally represented. Of the total population, 63 AA groups were located in the North, 168 are located in the South, 96 in the Midwest, and 143 in the West. Of the total 362 AA groups, 63 were sampled from the North, 102 from the South, 96 from the Midwest, and 101 from the West. An email was sent to each AA organization asking if they would be willing to share the survey with their local AA group. I attached a “Call for Participation” flyer (See Appendix B) to each email so that they could distribute the flyer at meetings or post it on the bulletin board at their local meeting place.

As was the case with the AA National Headquarters, many AA groups either didn’t respond, or if they did, cited the 12 Traditions of AA and stated that they were not able to share the flyer for the survey because it would be “endorsing” the research. Other groups, however, were willing to share with their groups. Because of this, there was no way for me to know the

¹ Geographic region reflected the regions used by the United States Census.
response rate for the survey. It is possible that some groups shared the information with their members but never responded to the email to let me know, or it is possible that the individual who received the email didn’t share it with their AA group, but shared it with their personal network of friends, etc. Interestingly, I had originally thought gathering a sample from those not in AA and the nonreligious in recovery would be a much more challenging task than gathering a sample of those in AA. To my surprise, I received a lot of support from Secular AA, Recovery Dharma (a recovery group based on Buddhist principles), and Women for Sobriety.

Participants for this part of the sample were selected by snowball sampling. First, I utilized several key informants for this project, such as a close family member, a personal friend, and a family member located in different regions of the United States. I used the contacts of my key informants to gain access to an initial sample and was able to expand my sample based on the contacts of their contacts and so forth. Second, I disseminated information about the study and the “Call for Participation” flyer (see Appendix B) in several Facebook groups I was informed about, such as “AA Beyond Belief”, “Secular Buddhist Recovery”, and “NA/AA for Atheists and Agnostics.” In one of the groups, a member reached out to me and gave me a Microsoft Excel file that included a list of every secular recovery group in the United States. I was taken aback by their kindness, and sent an email to all of the recovery groups listed in the file (n=989). Fortunately, this put me into contact with Secular AA groups, Narcotics Anonymous, Recovery Dharma, LifeRing, and other miscellaneous fellowships. Many of these groups responded positively to my email and expressed a willingness to share the Call for Participation flyer. I also decided to reach out to Women for Sobriety in hopes of getting a more diverse sample. Women for Sobriety shared the call for participation flyer on their social media sites for two consecutive weeks.
After a few weeks of data collection, I briefly examined the results of the survey. The opposite of what I expected, an overwhelming majority of the responses were from nonreligious folks in AA. In order to try to diversify the sample, I decided to reach out to several religious recovery groups in hopes that I would be able to get a more representative sample. I contacted Celebrate Recovery, Alcoholics for Christ, and Power for Abundant Recovery. Unfortunately, the only organization I heard back from was Celebrate Recovery. I spoke on the phone with a regional representative, and he was willing to share the Call for Participation flyer within his network. However, it was unclear as to whether or not he actually shared the information, as I did not see an increase in survey participation from religious folks or those who listed Celebrate Recovery as their primary recovery group. Recruitment for survey participation lasted for 4 months. Ideally, I would have liked to have a more equal representation between the religious, nonreligious, those in AA, and those in other recovery groups, but I was not seeing a steady response to the survey. Survey responses began to stagnate around month 4, to which I made the decision to close the survey and begin analysis.

Survey Instrument

The survey instrument (see Appendix C) consisted of 67 questions, 50 of which were items from the Assessment of Recovery Capital (ARC) scale. The other 17 were primarily demographic questions, questions pertaining to the type and characteristics of recovery group the participant attends, and questions about one’s religious or nonreligious identity. The survey was conducted using Qualtrics through Western Michigan University. Participants were required to provide their consent by clicking “I agree” before beginning the survey online (see Appendix D for consent form). Additionally, there was an option at the end of the survey that asked for respondents’ contact information if they were interested in participating in a qualitative
interview. A total of 609 people participated in the survey. However, a total of 33 respondents provided their consent to participate in the survey but never started. Additionally, I removed 4 cases that answered “none of the above” to the question asking “which of the following best describes you?” that examined the type of recovery the participant was in. Because I was interested only in those actively in recovery, those who did not express a form of recovery were removed. Together, these cases were dropped from the analysis, with the total sample being 572 participants.

Analysis

After the data collection period ended, I downloaded the data to Excel to begin cleaning it. I removed the 33 cases that never started the survey and the 4 cases that were not actively in recovery and made sure all variables were coded as necessary. For example, one of the questions was an open-ended question that asked the participant what state they resided in. I coded the variable so that it reflected the geographic region instead of individual state.

To answer the research questions, do those in AA have greater recovery capital than those who have alternative forms of recovery? (R₁) And do the religious have greater recovery capital than the nonreligious? (R₂) I planned to utilize a one-way ANOVA analysis to compare the means between (a) those in AA versus those with alternative forms of recovery; (b) the religious versus the nonreligious; and then (c) the nonreligious in AA versus the religious in AA versus the nonreligious with alternative forms of recovery versus the religious with alternative forms of recovery.

Before checking if the data met the assumptions of a one-way ANOVA, I first examined the missing data. Unfortunately, of the main variables of interest, “recovery capital”, had 61 missing records out of the 572 (10.66%). It is important to note that 50 of the 67 questions in the
survey were the Assessment of Recovery Capital scale. Thus, 61 respondents only answered the first 17 questions and then exited out of the survey. This is a limitation to this study, and future research should consider using the abbreviated version of the Assessment of Recovery Capital (called the Brief-ARC; see Vilsaint et al. 2017). The Brief-ARC is an abbreviated version of the Assessment of Recovery Capital that consists of only 10 items as opposed to the original 50. Like the original scale, it also has validity (Vilsaint et al. 2017). Due to the missing data, I decided to use listwise deletion before proceeding.

Next, I checked the data to see if it met the assumptions for the one-way ANOVA. There are six assumptions that must be met for a one-way ANOVA: the dependent variable must be a continuous variable; the independent variable should consist of two or more categorical, independent groups; there should be independence of observation; there should be no significant outliers; the variables should have normality; and there should be homogeneity of variance (Gordon 2012). All assumptions were met except for normality. Unfortunately, the dependent variable had a high negative skew and did not pass the Shapiro-Wilk test for normality. I tried to square root the variable, cube it, and log-transform it, but it still did not pass the Shapiro-Wilk test. Due to this, I opted to utilize a Kruskal-Wallis test instead, as the Kruskal-Wallis test does not assume normality for the dependent variable. The Kruskal-Wallis test has four assumptions: that the dependent variable be ordinal or continuous; that the independent variable consist of two or more categorical, independent groups; independence of observations; and that the distributions of each group have the same shape (Kruskal and Wallis 1952).

Dependent Variable. The dependent variable met the first assumption for the Kruskal-Wallis test. The dependent variable measured participants’ score on the Assessment of Recovery Capital scale. The Assessment of Recovery Capital scale consisted of 50 items on the survey in
which respondents were asked to tick the box if they agreed with the given statement. Recall that the Assessment of Recovery Capital scale had 10 domains. As such, each domain had 5 items associated with it. A score between 0 and 5 (0 being does not agree with any of the statements and 5 being agrees with all statements/ticked all of the boxes in the domain) was able to be identified for each of the 10 domains. Thus, I was able to calculate an overall score for recovery capital by summing the scores for each domain, with a maximum score of 50. A total score of 5 would indicate a low measure of recovery capital, whereas a score of 49 would indicate a high measure of recovery capital. Each respondent was given a score between 0 and 50 based on their responses to the 50 items on the Assessment of Recovery capital scale that was used as the continuous dependent variable in the Kruskal-Wallis test.

Independent Variables. Given that there are multiple research questions regarding differences in recovery capital, three different Kruskal-Wallis tests were administered. For research question one, R_1: Do those in AA have greater recovery capital than those with alternative forms of recovery? The independent variable used was “recovery type.” The recovery type variable was created from the survey question “Which of the following best describes you?” in which respondents had the following answer choices: (a) I actively attend AA meetings (b) I no longer attend AA meetings but have found an alternative way to support my recovery (c) Other, please specify, and (d) none of the above. I recoded the variable to identify recovery type (AA versus other). Those that answered, “I actively attend AA meetings” were coded as “AA” and those who answered “I no longer attend AA meetings but have found an alternative way to support my recovery” were coded as “alternative forms of recovery.” Those that chose option C, “other, please specify” were coded with the “other recovery” category unless the respondent specified that they were in AA. For example, there were several cases in which the respondent
wrote in “secular AA” under the “other” category. Given that secular AA is a branch of AA, they were coded into the “AA” category. Those that chose the answer choice “none of the above” (n=4) were dropped from the analysis given that this research is interested only in those who are actively in recovery.

For research question two, R₂: Do the religious have greater recovery capital than the nonreligious? The independent variable used was “Relig” which was created from the survey question “Currently, I consider myself to be religious.” Answer choices were a 5-point Likert scale ranging from “strongly agree” to “strongly disagree.” Those who answered “strongly agree” or “agree” were coded as religious, those who answered “strongly disagree” or “disagree” were coded as “nonreligious” and those who answered “neither agree nor disagree” were coded as “neutrally religious.”

One additional variable was created to examine differences between (a) the religious in AA, (b) the nonreligious in AA, (c) the religious with alternative forms of recovery, (d) the nonreligious with alternative forms of recovery, (e) the neutrally religious in AA and (f) the neutrally religious with alternative forms of recovery. The categories for this variable were created by combining the categories from the “recovery type” variable and the “relig” variable.

Three Kruskal-Wallis tests were run: recovery capital based on recovery type; recovery capital based on religiosity; and recovery capital based on recovery type and religiosity. For each of the three tests, the null hypothesis was that the mean ranks between each of the groups were the same. In other words, there is no significant differences in recovery capital between the groups (AA versus other; religious versus nonreligious; religious in AA versus nonreligious in AA versus religious in other versus nonreligious in other versus neutral in AA versus neutral in other). The following three chapters will discuss the findings from this study. The next chapter
will discuss the findings from the quantitative analysis, first exploring the demographic information of the sample, followed by descriptive statistics and the results from the Kruskal-Wallis test.

Interview Methods and Analysis

While the survey was able to help me identify the “what” of recovery, in other words, whether or not recovery capital varies among different groups (religious in AA, the nonreligious in AA, religious with alternative forms of recovery, nonreligious with alternative forms of recovery), I still wanted to know the “why” of these similarities or differences. In order to gain a deeper understanding, I interviewed survey respondents to identify what sort of barriers, if any, existed for the nonreligious when navigating AA and the 12-steps and common factors that underlie a successful recovery for the nonreligious (research questions 3 and 4).

Recruitment

Recruitment for the interviews was conducted by an optional response at the end of the survey that asked for the respondents’ contact information if they were interested in participating in a follow up interview. However, as mentioned in the “Survey Methods and Analysis” section, the survey was predominantly taken by nonreligious folks in AA; as a result, participants who volunteered to participate in an interview were predominantly nonreligious people in AA (specifically secular AA). It was apparent that nonreligious individuals in AA had a lot to say, as I had 288 people sign up to participate in an interview. I initiated contact with survey respondents who expressed interest in doing an interview through email. Of the 288 people that signed up, I contacted 152 of them. Of those 152, 51 participants were interviewed for the study (34% response rate). I contacted the participants in batches of 20 to 30 over a period of four months (March through July 2022). I did not attempt a second time to reach those who did not
initially respond to the email, as I had such a surprising number of people who were willing to be interviewed. Originally 54 participants were scheduled for interviews, but three participants dropped out due to scheduling conflicts (two of them) or no longer being interested (one of them). Once a participant confirmed interest to participate in the interview, I scheduled the time/date for the interview, and had the participant read and sign a consent form (See Appendix E) before the interview. I intentionally did not schedule interviews too far out (I kept it within two weeks of initial contact) in order to increase the odds of the person showing up. I also sent an email reminder the day before the interview as well. A few participants initially missed the interview, but every single one of them rescheduled and showed up to the rescheduled interview!

I was surprised by the number of people interested in participating in the interviews, as well as the commitment to following through with them. It is possible that the high level of engagement is due to AA’s commitment to service. Alcoholics Anonymous has the “Three Legacies of AA” which are recovery, unity, and service (Wilson 2021). The 12th step of the 12-steps in the Big Book is centered around service and carrying the message of AA to other alcoholics. Bill Wilson, one of the founders of AA, stated that being of service is anything that “helps us to reach a fellow sufferer — ranging all the way from the Twelfth Step itself to a ten-cent phone call and a cup of coffee, and to A.A.’s General Service Office for national and international action” (Wilson 2021:3). Members of AA are encouraged to participate in service work, whether it be brewing the coffee or setting up the chairs for a meeting, volunteering to read out of the Big Book at a meeting, giving your contact information to a new member, or volunteering to be on a service committee, to name a few. Thus, it is possible that those who volunteered to participate in the interview saw it as an opportunity to be of service. On the other hand, a potential limitation, which I will discuss in more detail in the limitations section, is that
those who participated in the interviews are perhaps exceptionally motivated individuals in general.

The Interviews

The 2020 COVID-19 pandemic drastically changed the way we would traditionally do interviews. Even though I conducted interviews in early 2022 when people had started to go maskless, COVID-19 still presented risk to research participants and WMU’s IRB recommended that all human subject research be done remotely. I ended up conducting interviews through WebEx which had several benefits. For one, I was not confined geographically; I was able to conduct interviews with people from all over the United States. Two, WebEx allows the user to choose whether they want to use the webcam function, giving participants the option to have their webcam off if they felt more comfortable. Three, participants most often participated in the interview from the comfort of their own home, which allowed for a quiet environment making it easy to hear what the person was saying as opposed to a loud coffee shop. Fourth, WebEx has a feature (probably thanks to the pandemic) that automatically generated a transcription of the recorded interview within minutes after the interview ended. While it was not always 100% accurate, it saved me a lot of time when I transcribed the interviews. For the most part, I only had to make minor edits to the transcription. I stored the recordings without identifiers on my WMU One Drive, ensuring more security allowing for the required 3-year data retention at WMU after the close of the study. I also conducted the interviews in a private room using headphones to prevent unauthorized people from hearing the interview. Lastly, per recommendation of WMU’s IRB, I used the “schedule a meeting option” on WebEx rather than the “start a meeting” option to ensure that uninvited attendees could not enter the meeting, as well as locking the room/meeting in both my personal room and scheduled meetings.
Interviews were conducted from April 2022 through July 2022. The interviews lasted anywhere between thirty minutes to two hours. The average interview time was 52 minutes. The interviews were semi-structured and consisted of semi-structured and open-ended questions. While some of the questions were the same for all participants, some had substantive questions based on which recovery group they attended (for example, AA versus Women for Sobriety) and their reported religious or nonreligious identity. The interview guide (Appendix F) was developed by utilizing both my knowledge of the existing literature and my family member’s lived experiences in recovery.

Each interview began with self-disclosure, such as an introduction of who I am, why I am interested in the topic, my personal connection to the topic, and my recognition as an outsider. As previously stated, self-disclosure allows for the relationship between the interviewer and the participant to be more equal, humanizes the researcher, and can put the participant at ease, helping them to be more open and forthcoming about the topic (Reinharz and Chase 2001). Additionally, I started each interview with general introductory questions that are simple to answer in order to build rapport, such as “Can you tell me how long you have been in recovery?” The more substantive questions were later in the interview once participants were more comfortable and conversation was flowing easily. Lastly, at the end of the interviews I asked a series of concluding questions for all participants, such as “What does successful recovery mean to you?” and “How do you think the recovery process could be improved?” I also asked the first 10 participants if there was anything I missed that they thought I should include in future interviews. I also gave all participants an option to ask any questions or if they had any concluding remarks at the end.
The interviews themselves were successful overall. Participants had a lot to say and were happy to help. Because most of them were nonreligious, many of them expressed gratitude at the end of the interview for doing research on nonreligious folks in recovery, either excited because of their knowledge of the growth of secular AA, or happy that someone was finally focusing on their unique experiences. Another reason I found WebEx to be useful was due to the ability of being able to see my facial expressions on the screen during the interview. When you’re in person, you often don’t pay much attention or control your facial expressions. By seeing my facial expressions on the screen, I was able to catch instances where I was looking perplexed or looking uncomfortable to quickly manage my expression.

Additionally, during the interview, I jotted down notes on the interview guide. I also noted things I found important and/or things that I wanted to go back to later in conversation. Following each interview, I took notes in my reflexive journal based on the interview itself, the notes I jotted down, and also on my own impressions, thoughts, and questions which served as an opportunity for me to engage in reflexivity and to note additional areas that may be relevant to the research. One example was that I noticed early on that when asking participants about “how do you think the recovery process could be improved?” I was quick to start listing examples such as treatment centers, health insurance, AA itself, and so on. I recognized that by doing this I was biasing the question. I started practicing counting to ten in my head to allow time for the participant to answer or ask a follow up question if they needed. Writing a memo afterwards was also useful for identifying patterns or areas that seemed to be important that I had not originally thought of. For instance, early on I started to notice that women and men mentioned sexism as a pertinent issue. It ranged from sexism within the literature to personal experiences of sexism within the group itself. I learned about what members call “13th stepping” in which AA members
with a lot of years of sobriety prey on newcomers romantically or sexually. This was originally not something I anticipated in my research, but because of the prevalence in the first ten or so interviews, I began asking future participants about it.

Lastly, taking notes allowed me to keep up with the interview process overall, and was useful for determining when data saturation occurred. I had personally begun to feel as though I was not learning any new information around the 30th interview, but it became clearer in my memos when I would state, “interview X, Y, and Z also mentioned this experience” as well. I was able to go back and review all the memos to see if there was anything new or unique being brought up in the later interviews. I kept thinking, “maybe the next interview will be different!” but as I approached the 48th interview it became clear that I was not going to find anything substantially new and that I had reached saturation (Guest et al. 2006). The last three interviewees contacted me after I had made the decision to close the interview window, but I certainly wasn’t going to deny extra data!

Analysis

Once all interviews were completed, I transcribed the interviews by reviewing/editing Webex’s autogenerated transcription tool. The tool automatically generates a transcription from the video recording but is not 100% accurate. I went back through every interview recording and fixed any errors before beginning coding.

To analyze the interviews, I used a grounded theory approach. Grounded theory refers to “systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories 'grounded' in the data themselves” (Charmaz 2006:2). Rather than having a set of pre-determined codes, I created codes based on the data itself. Utilizing HyperResearch, I began coding by first defining and describing what was being said. For instance, one line stated “Well,
okay, I, I started drinking when I was 12” and I created a code called “first time drinking” to describe participants’ first encounter with alcohol. I continued to do this with each case while also comparing cases among each other and taking down notes (aka memos) of similarities, differences, my thoughts, and potential emergent themes. After about 15 cases, I began a more focused coding that allowed me to take the most significant and/or frequent earlier codes to refine the data (Charmaz 2006). For example, it was becoming an emerging pattern for participants to express issues they had with AA, such as prayers in meetings, certain readings in the Big Book, the 12 steps themselves, and so forth. I organized these codes under a broader category I called “Cons of AA.” Doing this allowed me to reduce the data into more focused, overarching categories.

After coding all the interviews, I utilized the frequency report to get an idea of which categories were most common. Based on the frequency report and my own notes about patterns and themes I noted, I sorted, organized, and specified relationships between the overarching categories to structure the data into a theoretical framework (Glaser 1978). While the frequency report and my own notes were certainly useful in developing a theoretical framework, I also used the theory builder tool in HyperResearch. The tool uses a series of Boolean operators to test the relationship between codes. Specifically, I tested to see if there was a relationship between those who had nonreligious beliefs, difficulty getting through the 12 steps because of their nonreligious beliefs but were able to then make recovery work in AA. The theory was supported for 38 of the cases. This was perhaps the greatest finding of this research—that despite nonreligious beliefs being a barrier in AA, the nonreligious are able to persevere and find ways to make recovery work. Before delving into the findings of this research, it is important to address the reliability, validity, and generalizability in my methods.
Reliability, Validity, and Generalizability

Reliability

In order to ensure that the approaches in this research are reliable, I documented detailed steps of the research process and procedure in a journal. I took notes every step of the way to make sure each step was consistent and reliable. Additionally, I took the following steps as outlined by Gibbs (2007) in Creswell (2009): I checked for errors in the transcripts to make sure they did not contain mistakes made during transcription and I consistently compared data with codes throughout the process and kept memos about how the codes and definitions changed throughout the process. Fortunately, Webex automatically generated a transcript of each interview. However, the program is not perfect and was filled with numerous errors. I did not rely on the auto-generated transcription for accuracy. Instead, I listened to each interview to check for accuracy and consistency. Additionally, once I was done transcribing all of my interviews I randomly chose two interviews (using a random number generator) to assess the accuracy of the transcription an additional time. Had there been significant errors in the transcription, I would have re-analyzed all of them. However, I did not find any major errors in the transcriptions.

Second, I consistently compared data to develop codes and broader themes. For each code, I gave as specific of a definition of the code as possible, so that way there were no discrepancies on which each code meant. For example, the code “leaving AA” was defined as “descriptions of reasons why respondent left AA altogether.” This code was different than the code “traditional AA turning point” which was defined as “the tuning point when respondent decided they didn't want to go to traditional AA anymore and needed to find another option or way to make it work.” While “leaving AA” was more centered around general descriptions of
people who left AA altogether, “traditional AA turning point” is more specific to those who opted to no longer attend the traditional AA style meetings but does not necessarily mean they left AA altogether. Having these definitions clearly defined for all of the codes was important to keeping the coding consistent. Otherwise, I potentially could have accidentally coded something wrong had I not remembered what I meant by the code. Additionally, I also constantly compared and contrasted codes to clearly define and differentiate them from one another. I initially only had the “leaving AA” code but then decided I needed the more specific, “traditional AA turning point code.” As this happened, I went back and re-coded all previous cases in order to ensure consistency and reliability in my coding.

Third, when developing the broader themes in the study, I relied upon both the frequency table in HyperResearch as well as my personal memos in my journal. Throughout the process, I kept memos on patterns I thought were emerging and my reasoning for believing the pattern was becoming apparent. This was useful as it helped me to familiarize myself with the data, to not forget important ideas and interactions, and to reflect on the data in the most logical (grounded in data) way in order to avoid speculative conclusions (Glaser and Strauss 1967; Timmermans and Tavory 2012). However, I also relied on the frequency table of my codes in HyperResearch to give me a more objective look at which codes were most prevalent. I was able to feel more confident in my memos and thoughts when they matched the code frequency in the table.

Validity

There are two main validity strategies I implemented to determine whether the findings of this study were accurate. First, I made sure to clarify any bias that I bring to the study (see “personal connection to the study” section). I also kept a journal in order to reflect on the interviews, reflecting closely about how I interpreted what was said in an interview, how
someone else might interpret what was said, and my reactions to what was said (see “self-reflexivity” section). Second, I used member checking to ensure that the findings in my analysis accurately represent the population in the study. Throughout the study, I checked in with my key informant and reported what I was finding. I asked for feedback and if they thought my findings were likely accurate.

Generalizability

While generalizability is rarely discussed in qualitative literature (Creswell 2009; Payne and Williams 2005), generalization occurs when qualitative researchers study additional cases and generalize findings to new cases (Creswell 2009). The findings in this research sought to produce “moderatum generalizations” (Payne and Williams 2005). Moderatum generalizations are modest generalizations based on shared culture. They are moderate in that they do not attempt to “produce sweeping sociological statements that hold good over long periods of time, or across ranges of cultures” (Payne and Williams 2005:297). Additionally, moderatum generalizations are moderately held, in that moderate generalizations are open to change.

I applied Payne and Williams’ (2005) 5 recommendations on using moderate generalizations, which are similar to criteria that is often used in transferability for qualitative research (Slevin et al. 199). First, they recommend that one will want to consider the breadth of the generalization. In this study, I specifically focused on those in recovery in the United States, those in AA, those who found recovery alternatives, and those who are religious or nonreligious. As such, the modest generalizations of this study do not apply to those outside of this demographic, such as those who dropped out and never found an alternative or those who reside in other countries, for example. I am only able to make moderate generalizations about those who have characteristics similar to the sub-population in which I studied.
Second, *moderatum* generalizations should recognize the limitations of time periods (Payne and Williams 2005). In other words, any generalization that arose from this study should not claim to be valid in the future, as future conditions are unpredictable social changes may invalidate claims made. For example, had I began this research study prior to the rise of secular AA, the results would likely not be an accurate representation of the nonreligious in AA compared to the current time, where secular AA is growing substantially and the nonreligious are more likely to have a positive experience due to the creation of secular AA groups. Therefore, I am not asserting any claims about the future of the nonreligious in Alcoholics Anonymous. I can only make modest generalizations about those during the snapshot of time of this study.

Third and closely related to the first, when generalizing, I did my best to accurately characterize the study topic and considered the parameters of the findings (Payne and Williams 2005). Fourth, I limited my “claims to basic patterns, or tendencies, so that other studies are likely to find something similar but not identical” (Payne and Williams 2005:306). Doing this allowed for the findings to be contingent on the social processes in which they are embedded rather than a grand theory on all nonreligious recovery. Finally, such generalizations were conditional based on the ontological status of the phenomena in question. In other words, I did not try to make claims based on things that were not frequently claimed. In other words, I did not make claims about some of the less prevalent codes in the study.

Conclusion

This chapter laid out the methodology and methods for this study. The first two research questions, do those in AA have greater recovery capital than those with alternative forms of recovery? And do the religious have greater recovery capital than the nonreligious? were best answered using a Kruskal-Wallis test in order to examine if there are statistically significant
differences in recovery capital based on the various categorical independent variables. However, a qualitative approach best fits the goals of research questions three and four which asked, what, if any, barriers do the nonreligious face when going through AA’s 12-steps? And what are common factors that underly successful recovery for the nonreligious? The following three chapters will discuss the findings for both the quantitative and qualitative portions of this study.

This chapter will discuss the findings from the quantitative portion of this study. First, I will describe the demographic characteristics of the survey participants. Next, I will explore basic, descriptive differences between the religious in AA, the nonreligious in AA, the religious in other recovery groups, and the nonreligious in other recovery groups. Lastly, I will report the findings from the Kruskal-Wallis test that sought to examine differences in recovery capital based on various categorical independent variables. This chapter addresses the first two research questions,

R₁: Do those in AA have greater recovery capital than those with alternative forms of recovery?  
R₂: Do the religious have greater recovery capital than the nonreligious?

Demographics

As you’ll recall from the last chapter, after removing ineligible participants and missing data, I had a sample size of 511 participants. Most of the participants were AA members, with 67.06% reporting that they attend AA and 32.94% reporting that they have an alternative form of recovery (see Table 3). The majority of the participants were 56 or older (60.27%) or between 41-55 (26.42), which is similar to the demographics of AA that report the average age of their members being 50 years old (Alcoholics Anonymous 2015). Additionally, there was a relatively even split between those who identified as being a man (47.55%) and being a woman (50.49%). This sample is slightly different than the reported demographics of AA, as AA typically has more male members (62%) (Alcoholics Anonymous 2015). However, given that the sample in
this research included those in other recovery groups, such as Women for Sobriety, it is unsurprising that I had a relatively split sample regarding gender identity.

The majority of participants were white (93.93%) and not of Hispanic, Latinx, or Spanish origin (96.02%). This was also unsurprising, considering that the majority of the sample were AA members and that AA members tend to be predominantly white (Alcoholics Anonymous 2015). Most of the participants reported being from suburban areas (51.76%) and I was fortunate to have a sample that was comparatively representative of each geographic region in the U.S., with 21.19% of participants being from the Northeast, 30.72% being from the South, 22.03% being from the Midwest, and 26.06% being from the West. Additionally, 75.5% of the sample reported that they currently disagree or strongly disagree that they are religious. Lastly, survey participants had relatively high recovery capital, with a mean of 40.9 (out of 50). This was unsurprising, given that the mean reported years in recovery was 16.45 years.

Overall, survey participants tended to be older, white, nonreligious, AA members, with high recovery capital and many years of recovery. This made sense, since AA members also typically tend to be older, white, and with an average of 10 years of sobriety (Alcoholics Anonymous 2015). What is unique about the participants in this sample is that they tend to have slightly higher than average years in recovery and tend to be nonreligious. There are several reasons for this: (a) traditional AA tends to adhere more to the 12 traditions of the organization, whereas secular AA more loosely adheres to the structure and traditions of AA; (b) because of this, secular AA members may have been more likely to share/participate in the survey; and (c) the nonreligious in AA may have been more motivated to participate in the survey if they viewed their nonreligious identity as a barrier throughout their recovery, or specifically within AA.
The demographics of the survey participants closely resembled the demographics of those who participated in follow-up interviews as well (discussed in more detail in the following chapter). After examining the demographics of the survey participants, I then began to explore descriptive statistics relating to the first two research questions of interest: Do those in AA have greater recovery capital than those with alternative forms of recovery? Do the religious have greater recovery capital than the nonreligious?

Table 3. Demographic Characteristics of the Sample (n=511)

<table>
<thead>
<tr>
<th></th>
<th>Mean %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>18-25</td>
<td>0.39</td>
</tr>
<tr>
<td>26-40</td>
<td>12.92</td>
</tr>
<tr>
<td>41-55</td>
<td>26.42</td>
</tr>
<tr>
<td>56 or older</td>
<td>60.27</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Man</td>
<td>47.55</td>
</tr>
<tr>
<td>Woman</td>
<td>50.49</td>
</tr>
<tr>
<td>Transwoman</td>
<td>0.20</td>
</tr>
<tr>
<td>Transman</td>
<td>--</td>
</tr>
<tr>
<td>Nonbinary/Nonconforming</td>
<td>1.17</td>
</tr>
<tr>
<td>Other</td>
<td>0.59</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>0.39</td>
</tr>
<tr>
<td>Asian</td>
<td>0.39</td>
</tr>
<tr>
<td>Black or African American</td>
<td>0.59</td>
</tr>
<tr>
<td>Multiracial</td>
<td>1.37</td>
</tr>
<tr>
<td>White</td>
<td>93.93</td>
</tr>
<tr>
<td>Other</td>
<td>3.33</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Hispanic, Latinx, or Spanish Origin</td>
<td>3.98</td>
</tr>
<tr>
<td>Not Hispanic, Latinx, or Spanish Origin</td>
<td>96.02</td>
</tr>
<tr>
<td><strong>Geographic Area</strong></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>29.81</td>
</tr>
<tr>
<td>Suburban</td>
<td>51.76</td>
</tr>
<tr>
<td>Rural</td>
<td>18.43</td>
</tr>
<tr>
<td><strong>Geographic Region</strong></td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
<td>21.19</td>
</tr>
<tr>
<td>South</td>
<td>30.72</td>
</tr>
<tr>
<td>Midwest</td>
<td>22.03</td>
</tr>
<tr>
<td>West</td>
<td>26.06</td>
</tr>
</tbody>
</table>
Descriptive Statistics of Variables of Interest

Prior to the Kruskal Wallis test, I explored the variations of recovery capital between those in AA versus those in other recovery groups, as well as between the religious and nonreligious. In Table 4, we can see that, overall, there is not a meaningful difference of recovery capital between those in AA, those in other types of recovery, the religious, the nonreligious, and those who are neutrally religious (those coded as “neutral” who responded “neither agree nor disagree” to the survey question asking if R considered themselves to be religious). Those that are neutrally religious have slightly more recovery capital than the religious and nonreligious, but again, it is not a substantial difference.
Table 4. Mean Recovery Capital by Group Type and Religiosity

<table>
<thead>
<tr>
<th></th>
<th>Mean Recovery Capital</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>40.94</td>
</tr>
<tr>
<td>Other Recovery</td>
<td>40.84</td>
</tr>
<tr>
<td>Religious</td>
<td>41.76</td>
</tr>
<tr>
<td>Neutrally Religious</td>
<td>42.11</td>
</tr>
<tr>
<td>Nonreligious</td>
<td>40.64</td>
</tr>
</tbody>
</table>

n=511

I then looked at how recovery capital varied stratified by both group type and religiosity. For example, the mean recovery capital for the religious in AA versus the religious in other forms of recovery, and so forth. As you can see in Table 5, there were relatively few differences between the various group types combined with religiosity. However, the religious in AA and the neutrally religious in AA had slightly higher mean recovery capital scores compared to those in other types of recovery and the nonreligious. This may be due to the religious nature of AA; perhaps those who are already religious or neutrally religious don’t mind the religious nature of AA, or even see it as beneficial, thus generating greater recovery capital. On the other hand, the nonreligious may have poorer experiences within AA due to their nonreligious identity, creating a barrier and thus lower recovery capital. This would also explain why the nonreligious have slightly (though barely) greater recovery capital in other forms of recovery compared to AA. Additionally, it may also explain why there are few differences between the religious, neutrally religious, and nonreligious in other forms of recovery. Other recovery groups tend to be more secular in nature, and thus may not influence recovery capital in either direction.
Table 5. Mean Recovery Capital by Group Type + Religiosity

<table>
<thead>
<tr>
<th>Religiosity</th>
<th>Mean Recovery Capital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious in AA</td>
<td>42.83</td>
</tr>
<tr>
<td>Neutrally Religious in AA</td>
<td>42.73</td>
</tr>
<tr>
<td>Nonreligious in AA</td>
<td>40.52</td>
</tr>
<tr>
<td>Religious in Other</td>
<td>40.69</td>
</tr>
<tr>
<td>Neutrally Religious in Other</td>
<td>40.69</td>
</tr>
<tr>
<td>Nonreligious in Other</td>
<td>40.91</td>
</tr>
</tbody>
</table>

n=511

In order to identify if there are statistically significant differences between those in AA versus those in other types of recovery, and the religious versus the nonreligious, I then analyzed the data using a Kruskal-Wallis test.

All Things Equal? Examining Differences in Recovery Capital by Recovery and Group Type

$R_1$: Do those in AA have greater recovery capital than those who have alternative forms of recovery?

To answer the first research question, I ran a Kruskal-Wallis test in which “recovery capital” was the dependent variable and “recovery type” (AA versus alternative form) was the independent variable. The Kruskal-Wallis test is a nonparametric alternative to the one-way ANOVA. The null hypothesis for Kruskal-Wallis tests is equal population medians (Hamilton 2013). Results showed that there were no statistically significant differences in recovery capital between the two types of recovery $\chi^2(1) = 0.285$, $p = 0.59$. This may be due to the fact that those who took the survey were already in groups that they felt were the “right fit” for them. Overall, most of the participants in the survey had relatively high recovery capital, meaning they already had access to a lot of the tools and resources they needed to aid in their recovery. I had hypothesized that there would not be a significant difference in recovery capital of those who attend AA versus alternative forms of recovery based on studies having mixed conclusions on the efficacy of AA compared to other forms of recovery, which was supported.
**R2: Do the religious have greater recovery capital than the nonreligious?**

For the second research question, a Kruskal-Wallis test was conducted to determine if recovery capital was different for three groups: the religious, the nonreligious, and the neutrally religious. The Kruskal-Wallis H-test showed that there were no statistically significant differences in recovery capital between the three groups $\chi^2(2) = 2.797$, $p = 0.25$. I had originally hypothesized that the nonreligious would have a statistically significant difference in recovery capital given the literature on the nonreligious in recovery. However, as previously mentioned, many of the sample were those who attended secular AA. Similar to the first research question, it may be that those who participated in the survey had already found the “right fit” for their recovery, such as the nonreligious attending the secular version of AA rather than the more traditional AA meetings, thereby aiding in their recovery capital compared to the nonreligious in traditional AA, for example.

Given that I was interested in the unique combination of being nonreligious in groups like AA, compared to being religious in AA, a third Kruskal-Wallis test was conducted to determine if recovery capital was different for six groups: the religious in AA, the nonreligious in AA, the neutrally religious in AA, the religious in other types of recovery, the nonreligious in other types of recovery, and the neutrally religious in other types of recovery. Like the other analyses, the Kruskal-Wallis test showed that there were no statistically significant differences in recovery capital between the six groups $\chi^2(5) = 5.562$, $p = 0.35$.

**Discussion and Conclusion**

This section examined recovery capital between the religious, the nonreligious, those in AA, and those with alternative forms of recovery. There were no statistically significant differences in recovery between the religious, the nonreligious, those in AA, and those with
alternative forms of recovery. It’s possible that resources that promote recovery (recovery capital) have little to do with religious beliefs, but more so provide tools for increasing healthy behaviors and practices. Though the above findings find support for spiritual and/or religious behaviors and experiences, many of the mechanisms are secular in nature, and are adopted by religious and nonreligious alike in recovery. For example, in Robinson et al.’s (2010) study, the increases in spiritual/religious behaviors and experiences were specifically increase in the Daily Spiritual Experiences, forgiveness, positive religious coping strategies, and a sense of purpose and meaning in life. It would be unsurprising that the religious and nonreligious alike improve in areas of forgiveness and having purpose and meaning in life, as this goes with recovery and isn’t unique to the religious. It’s possible that involvement in AA and other forms of recovery provide greater access to tools that support increased “spiritual” behaviors and practices, and thus promote overall recovery, having less to do with religion and more so to do with practices that promote recovery. Thus, this study did not find differences in recovery capital on the basis of group type or religiosity, because those in recovery draw upon a variety of resources, regardless of group type or religion, to promote their recovery. Indeed, as we will see in the following two chapters, aside their nonreligious beliefs, and despite the religious nature of Alcoholics Anonymous, the nonreligious are able to make recovery work by drawing on a variety of resources to promote their recovery.
CHAPTER 5: GET GOD OR GET OUT: NONRELIGIOUS BARRIERS IN ALCOHOLICS ANONYMOUS

This chapter addresses the third research question, “what, if any, barriers do the nonreligious face in AA?” I will first discuss the demographic characteristics of the participants interviewed for this study. Next, I will present the six barriers that the nonreligious interview participants have encountered as AA members. Chapter 6 will then answer the fourth research question, “what common factors underly a successful recovery for the nonreligious?” and will discuss how the nonreligious are able to navigate AA and find success, despite the barriers addressed in this chapter.

Interview Demographics

I interviewed a total of 51 participants for this study. Demographically, the participants were similar to the larger AA population (see Appendix G for participant demographics). They were from various regions of the United States: most were from the South (35%, n=18), followed by the West (25%, n=13), the Midwest (24%, n=12), and the Northeast (16%, n=8). Even within each region, it was not homogenous. For instance, in the South participants were from Alabama (n=1), Florida (n=6), Kentucky (n=1), North Carolina (n=7), South Carolina (n=2), and Virginia (n=1). While participants varied in age, they were mostly middle-aged or older with 80% (n=41) being 41 or older. This is similar to that of the general population of AA, with 75% of AA members being older than 41; the average age of AA members is 50 years old (Alcoholics Anonymous 2015). Participants’ gender and race were also relatively similar to the larger AA population. About half of the participants identified as men (53%, n=27) and as women (47%, n=24). AA tends to be slightly more male-dominated than my sample, with 62% of members
identifying as men and 38% identifying as women (Alcoholics Anonymous 2015). In general, AA tends to be overwhelmingly white with 89% of all members identifying as white (Alcoholics Anonymous 2015); the participants in my study also tended to be predominantly white, with all but one participant being white (98%).

AA also has a noteworthy length of overall recovery time, with most of its members either having less than five years of sobriety (51%) or more than 20 years of sobriety (22%). The sample for this study was mostly those with 20 or more years of recovery. Collectively, participants had over 1,000 years of recovery, with an average recovery time of 20 years (median 17 years). Only four participants who participated in the interviews had less than one year of recovery (8%), seven had between one to five years (14%), seven had between six to ten years (14%), thirteen had between eleven to twenty years (25%), and twenty had more than twenty years (39%). It is important to note that AA’s membership survey reports total years of sobriety, which is sometimes equated with abstinence and sometimes with recovery. The data presented in the demographics chart for this research (Appendix G) reflects recovery time, meaning that if the person deemed themselves to be in recovery (whatever that means to them), then they were counted as being in recovery for the period of time they stated. Sometimes participate would differentiate between recovery and abstaining for alcohol and other drugs. When they did so, I also reported this in the Appendix. For example, Donte stated that he had been in recovery for 14 years, but during that time was in and out of AA and experienced several relapses. However, during that entire 14 years he was actively trying to recover from alcohol. He has been alcohol and/or substance free for 7 years and differentiates between the two. In Appendix H sustained recovery is the amount of time the participant has been alcohol and/or substance free, though not all participants differentiated between the two.
Most of the participants were introduced to AA through a residential treatment center or intensive outpatient program (39%, n=20). This is similar to the data reported from AA’s Membership survey in which 32% of AA members were introduced to AA through a treatment facility (Alcoholics Anonymous 2015). Interestingly, the AA Membership survey reported that the most common way a person is introduced to AA is through another AA member (Alcoholics Anonymous 2015). There were very few people I interviewed that were introduced to AA in this way. If they were not introduced through a residential treatment center or intensive outpatient program, the second most common introduction was their own personal decision to go (31%, n=16). This was also similar to AA’s findings—30% of AA members were introduced through their own self-motivation (Alcoholics Anonymous 2015). The third most common introduction to AA was through family or friends (12%, n=6). In most of the cases, participants discussed family or friends who encouraged them to seek help through AA or helped them find information on AA, or in a couple cases, demanded that the participant go to AA in the form of a family intervention. Other ways participants were introduced or referred to AA were through a therapist (n=2), a doctor (n=2), a court-mandate or requirement to live in a sober living house (n=2), or an employer (n=1). Overall, most participants found their way to AA through treatment programs that were typically 12-step based where they first learned about AA and then continued to attend meetings after they left the treatment program. Additionally, I want to note that all the participants who entered treatment programs made the decision to do so on their own. As such, these participants might be exceptionally motivated to make changes, as SAMHSA (2018) has found that two in five people who perceive the need for substance use disorder treatment do not receive it because they are not ready to stop using.
Lastly, and especially important to this research, the majority of the participants were nonreligious. Twelve identified as atheists (23%), six as agnostics (12%), ten as a combination of an atheist/agnostic identity in addition to another label (for example, identifies as agnostic primarily but also spiritual) (20%), nine as spiritual (18%), eight as other (Apatheist, Heathen, None, Nontheist, Unitarian Universalist, Secular, spiritual but not religious) (16%), and six as Christians/Catholic (12%). Unfortunately, AA Headquarters in the United States does not include a question on their membership survey about religious or nonreligious beliefs. However, a 2020 survey conducted by the Great Britain and Continental European Region of Alcoholics Anonymous (Mehdikhani 2022) included three questions related to spirituality and a higher power\(^2\): (1) Are you spiritual? (2) Do you have a higher power? and (3) What form does your higher power take? While religious and nonreligious beliefs differ between the United States and Great Britain, this survey is the only snapshot we can get about religious and nonreligious beliefs of those in Alcoholics Anonymous from an official source. Mehdikhani (2022) found that 91% of respondents identified themselves as spiritual. This makes sense in the context of AA, given that AA has long claimed that they are a spiritual program and not a religious one (Alcoholics Anonymous 2014; Alcoholics Anonymous 2018) and their emphasis on having a spiritual awakening in order to maintain sobriety (Wilson 2001[1939]). Interestingly, the 2020 survey found that while 95% of AA attendees in Great Britain have a “higher power”, 65% identify their higher power as secular (Mehdikhani 2022). This is similar to those in this study, which I will discuss in more detail in the Chapter 6.

\(^2\) In the report, the author does not specify what the answer choices were for each question.
Interview Findings

My research has revealed six substantial barriers that the nonreligious have encountered as AA members: (1) The belief that being nonreligious was a liability and that AA was religious; (2) The religious undertone and “God talk” in meetings; (3) Prayers in meetings; (4) The Big Book; (5) Discrimination; and (6) Fundamentalism. I will discuss these findings in more detail below, beginning with the first barrier.

Being Nonreligious: A Liability?

It is not uncommon in AA circles to hear people argue about whether AA is religious or spiritual. The side that argues AA is religious frequently mentions, “well God is mentioned 281 times in the first 164 pages of the Big Book!” whereas the other side will often say, “it’s a spiritual program, they explicitly state that they are not associated with any sect, denomination, politics, organization or institution!” It is a never-ending debate, and almost everyone in AA has a strong opinion about it. Greg, a middle-aged man who identified as an atheist took a hard stance that AA is, indeed, very religious. He was previously involved in AA for a long time before he left AA altogether, and even worked as a general service representative\(^3\). He said,

\[\text{AA states, we are not religious. However, we are a spiritual. So, they would always defend themselves in that manner. But yet, we would have to do all these prayers, God's listed a couple of 100 times in the Big Book, you know, a lot of handholding, a lot of chants, a lot of rituals. Well, that's what I find funny about the whole time of me being in AA, it's a lie that I had to live. They talk about being honest but, uh, I lived the lie for 30 years trying to think, you know, this is not religious and it is only for my drinking, but really it is religious.}\]

\(^3\) General service representatives, often referred to as “GSR’s”, attend district meetings and area assemblies and connect their local group to the larger organization of AA.
Regardless of where participants stood on the debate, most initially perceived AA to be religious, and being nonreligious was going to be an issue.

Most participants entered AA holding nonreligious beliefs. However, even before they ever attended an AA meeting, they often assumed that AA itself was a religious organization, whether it was based on what they heard from a friend or family members, Hollywood portrayals of AA, or simply their own observation. As a result, many were anxious or fearful about being nonreligious and had doubts as to whether they were even “allowed” to be in AA. Trey, an older man who identified as an atheist and Jewish, didn’t have preconceived notions about AA, but based on his initial observations, he assumed it was for religious people. He said, “I almost walked out of my first meeting because the steps were on the wall and said God and I presumed it was religious thing.” He stayed for the meeting and is happy he did, as he has regularly attended AA meetings for 35 years. Jerry was another participant who didn’t have a lot of preconceived notions about AA, but also recognized that his nonreligious identity might pose a problem. Jerry was introduced to AA through an intensive outpatient treatment program he attended that required him to go to AA meetings. He identifies as an apatheist and thought that his identity might be a liability for his recovery. He stated,

I came in as a non-believer, and I immediately realized that might be a liability. I was afraid to say I don’t believe. I thought if I tell these people that they'll reject me. Yeah, because the religious overtones come through very strong in some AA meetings.

The preconceived notions about AA and an immediate recognition that one’s nonreligious identity may pose a problem in AA is similar to the findings in Munro’s (2019) study. As you may recall from the literature review chapter, participants in Munro’s (2019) study recognized that their nonreligious identity was going to pose a problem, and others in the group attributed
their lack of belief in God as a liability and told their nonreligious peers that their resistance to the belief in God is just denial, evasion, and not wanting to do the program.

Others had preconceived notions about AA and assumed it was specifically for religious people. Mandy, a younger woman from Alabama who identified as atheist, struggled trying to find her place in AA because she thought she had to pretend to be religious in order to make AA work for her. She even attributes this barrier to her relapses. She has been in AA for 15 years, but it wasn’t until she was seven years into the program that she felt comfortable enough identifying as an atheist. She assumed,

I thought that you had to be religious to be in AA. I thought, I'm not welcome here because I'm atheist. So, I thought I had to lie, and I attribute my not being able to stay sober long term, until now, to that lie. Like, I was lying about what I believed and the whole time they say, fake it till you make it. But it was hollow. All of the work was hollow. It didn't mean anything to me because I hadn't found a higher power that I actually believed in. Um, I was just pretending to believe in somebody else's and thought it would eventually work for me and it kept me dry, but the sobriety that I have now that I'm honest about what I believe in is much different. But my experience before was that I felt like I wasn't welcome here because nobody ever talked different than a Christian. Ever. At least it didn't sound like it to me. And I thought, well, that's the only way. And you hear things in in the rooms that are not in the Big Book like, you know, you're either gonna get God or you're going to go or whatever, like, stuff like that.

Due to Mandy’s initial perception that you had to be religious to be in AA, she went through a series of attempting to be religious (at least in some capacity), determined to make AA work for herself. At first, she just latched on to how others described their higher power and tried to believe in a higher power in general. She recognized that she wasn’t being authentic, so then decided to identify as Buddhist. However, as she was working the 12-steps, she learned a lot about herself and that honesty was an important value to her and her recovery. She thought that if she continued to be dishonest about her beliefs, people were not going to be able to help her and as a result, her recovery would suffer. She decided to be open and honest about her atheism, and
from there was able to maintain sobriety. Eddie, who is also from the South, was similarly reluctant to share about his nonreligious beliefs in fear that people might try to convert him. He mentioned,

I purposefully don't bring up anything about my religious beliefs or anything, because I've heard a lot of stories of people that have brought up yeah, you know, I really don't believe in God and Jesus and all this other stuff, and then they spend the whole rest of the meeting of people talking about how great God is and, you know, basically, trying to, it's a conversion hour and I don't want to deal with that.

While Mandy assumed that being religious was a qualifier in order to be a member of AA, Eddie thought that if he disclosed his nonreligious identity or beliefs, the group might use it as an opportunity to proselytize at him. Eddie has only been a part of AA for five months, and he stated that he has still not disclosed his agnosticism to anyone else in the group. Unlike Mandy, he doesn’t think it will impact his recovery and said he tries his best to just ignore the “god stuff” in AA.

Whether AA is religious, spiritual, both, or neither, initial impressions of AA are that being religious is either a qualifier to being in AA or that AA itself is a religious organization. Perceiving AA to be a religious organization may be a substantial barrier to nonreligious folks seeking recovery in AA. Though the sample in this research are predominantly those who stuck around to make it work, that is not necessarily the experiences of the general population that comes and goes through AA. Even those who know that all are welcome in AA regardless of religious beliefs, a further barrier is the religious undertones in the meetings themselves.

Revival or Recovery? God Talk

Even those who continuously and regularly attend AA meetings, the constant “God talk” in meetings serves as a substantial barrier and point of frustration for many participants. In fact, the religious undertone in meetings is what led a lot of the participants to leave the more
traditional AA meetings and attend the secular ones instead. Or, in some cases like Eleanor, it led to leaving AA altogether. Eleanor is an older white woman from the Midwest who has been in recovery for four years. She chose to stay in a sober living home after she detoxed, and attending AA was a requirement to remain in the sober living home. As an agnostic, Eleanor did not enjoy AA and struggled with her requirement to attend. She stated that “going to meetings it's like going to a revival. Everything that happened good was God, and everything bad that happened was taking their will back from God.” After she left the sober living house, she found out about secular AA from an online Facebook group and really enjoyed those meetings. However, when the pandemic hit she said the online secular meetings were too large so she stopped going to AA altogether. At the beginning of 2021 she learned about Refuge Recovery, a Buddhist recovery group, and has gone to those meetings since.

Even some of the religious participants I interviewed were quick to admit that some of the meetings can be excessive with the “God talk.” Chad, a white man from the South who identified as Catholic, sometimes felt that the religious undertones were too much. He said,

One of the main things I really do dislike about Alcoholics Anonymous when I go to meetings, I don't say it when I'm there, you know, cause it's just not my place, but is when people talk about their Lord and savior. For example, my Lord and savior Jesus Christ got me sober, blah, blah, blah, blah, blah. Well, that's great. But that's not, this isn't the place for that.

Chad and other Christians I interviewed understood such rhetoric can drive people away. Chad was probably the most religious person that I interviewed, and even he said that “you've given a message that has the ability to block somebody from coming back right? And that's not what we are. So there are moments where I feel as though they’ve kind of overdone it sometimes.” Interestingly, Chad said he sometimes prefers to go to the secular AA meetings because he likes
to keep his faith and his recovery separate. He said, “I go to mass for my faith and AA for my sobriety.”

Others discussed the “God talk” in meetings as making them feel unwelcome or insecure about being nonreligious. Martha, a retired woman who has been in AA for 39 years and was very spiritual, said that over the years she’s heard a lot of people talk about their sobriety as being a miracle from God and that “God did for me what I could not do for myself.” Though Martha was very tolerant of “God talk” in meetings, she mentioned that it was daunting over time to hear people talk about their recovery in that way and it made her wonder what they thought about her. She identified as an agnostic, and very much attributed her recovery to her own hard work, and not a higher power. Mandy also felt insecure about what people thought of her as an atheist in AA. Recall that Mandy is from Alabama, and because there was so much “God talk” in meetings she thought she had to identify as religious in order to be a member of AA. Mandy said that one thing that bothers her and makes her feel insecure about being atheist was when people talked about their previous atheism in a negative way. She said, “people speak about themselves and their previous atheism in a negative way. They’ll say like, I used to be, but now I know better or whatever, like that kind of language.” Mandy described that it made her uncomfortable because everyone in her AA group knows her very well and knows that she is an atheist. She explained that that sort of language makes her think that other group members see her as ignorant because of her nonbelief.

It was common for both religious and nonreligious participants I interviewed to mention “God talk” in meetings. Many were concerned about what this sort of talk does for the newcomer who is trying AA for the first time. While certainly not every AA meeting is full of “God talk”, participants mentioned that some meetings are worse than others, and that there is really no way
to ensure that the newcomer doesn’t accidentally stumble into one. The religious undertones and “God talk” identified in this chapter also supports other literature that identifies these as barriers to the nonreligious in AA (Connors and Dermen 1996; Laudet 2003; Munro 2019). Though many participants expressed their frustration about the religious undertone in some meetings, they still understood that the people speaking had the right to talk about their God of their own understanding. However, one thing many participants were not willing to accept, and thought AA ought to remove altogether, was prayers during meetings.

All the Praying

Regardless of geographic region, every single participant mentioned the prayers during AA meetings as a point of conflict and difficult to get past. Though the prayers vary, each AA meeting typically starts and/or ends with a prayer, whether it be the Lord’s Prayer, the Our Father, or the Serenity Prayer. I learned that each of the 12 steps have a prayer associated with them as well. While prayers are done at regular AA meetings, they are not recited in secular AA meetings. In regular meetings, however, they are quite common. Even Donte, a white Christian man, recognized that there is generally a lot of praying in AA. He said, “there’s a lot of prayers. There’s prayer at the beginning and prayer at the end, and then each of the steps have prayers. Like, there's the 3rd step prayer, the 7th step prayer…” For many of the nonreligious folks I interviewed, the prayers during meetings were something they struggled with when they first came to AA and continue to struggle with today. As we will see in the next chapter, for both the God talk in meetings and the prayers, the nonreligious learn to filter it out to make AA work.

Participants understood that praying in meetings can be a barrier to nonreligious members and newcomers. Zedd, a prior atheist that now believes in a higher power and considers himself
to be spiritual, explained that some of the prayers could serve as a barrier if someone doesn’t believe in a higher power. He remarked,

We close with the Lord's prayer, which is very religious. We open with the serenity prayer I think almost everybody opens with serenity prayer. A lot of places close with the serenity prayer. But you still got God in there, and if you have trouble getting past that, then you're going to have trouble with the program.

Zedd suggested that if someone cannot get past the religious nature of some of the prayers, or even the use of the word “God” in the prayers, that they will likely have issues with AA as a program. It is possibly that he was speaking from his own experience, as he came into AA as an atheist and adamantly rejected working the 12-steps at first because of the religious nature of the steps. He was in and out of AA for 20 years, and it wasn’t until he had a spiritual awakening that he was able to make AA work. Zedd’s experience was unique compared to other participants I interviewed. For others, the prayers in meetings were unbearable. Tanner, a white man from Colorado, identified as an atheist and has been consistently trying to make AA work for over 7 years with no such luck. Describing his experience, he said, “but at the end they got up and held hands and said the Lord's prayer. And I'm like I'm done, I'm not going to pretend to say the Lord's prayer when I don't believe in it, so I didn't go back.” Because of the prayers and the religious nature of the program, he hasn’t been able to find success in AA. Despite his 7-year journey of trying to maintain his sobriety, he had only one week sober at the time of our interview. However, he had just found out about secular AA and was feeling optimistic about the secular meetings and his recovery moving forward.

As we will see in the next chapter, many nonreligious AA participants engage in activism within AA to create space for themselves and other nonreligious individuals in AA. Many of them direct their energy towards ending the use of prayers in meetings or replacing them with a
secular alternative. Thus far, I have shown that a central theme associated with barriers for the nonreligious in AA is that, whether it is the intention of AA or not, the meetings appear to be religious to those with a nonreligious worldview. When participants make the vulnerable decision to seek recovery through AA, they are faced with anxiety of not fitting in due to their beliefs, hearing religious talk or prayers during meetings that furthers unease, resulting in frustration or feelings of alienation. The meetings weren’t the only thing that felt religious to participants; as the nonreligious navigated AA, they described the conference approved AA literature, specifically the Big Book, as overtly religious and even offensive.

A Doorknob Greater Than Yourself

Upon joining AA, most people are directed toward the infamous foundational literature of AA commonly referred to as “the Big Book”, written by Bill Wilson ([1939] 2001): *Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism*. As mentioned in Chapter 2, the Big Book serves as a manual for how to recover from alcoholism using AA. The foundation of AA/what AA meetings are centered around are in the chapter “How it Works” that outlines the 12-steps of AA. New members of AA are encouraged to read the Big Book which is free to read online, and many groups will also provide the newcomer with their own copy of the book.

After having witnessed religious undertones in meetings, many participants I interviewed described that they quickly turned to the literature in hopes that it could offer guidance. They learned in the meetings that successful recovery comes from working the steps, and the steps are laid out in the Big Book. However, to their dismay, many found the Big Book to be more overtly religious than meetings, and when they felt comfortable enough to reach out to other members
about their difficulty working the steps as a nonreligious person, they were met with additional barriers.

One of the barriers centered around the Big Book was its outdatedness. The Big Book was written in 1939, a time when over 90% of the United States identified as Christian (Newport 2016) and when we did not have the scientific understanding of alcohol use disorders like we do today\(^4\). As such, a lot of the content is based on the culture of that time. Jocelyn, an agnostic who has been involved in AA for 6 years said,

> I just think the Big Book is a historic document. It's not a manual for recovery in 2022. It's a historic document, that's all it is. It should be put on the shelf. Um, I wouldn't go to a doctor who hadn't updated his skill since 1930-something.

As we will see in the next chapter, many of the participants draw on secular literature and contemporary scientific understandings of alcoholism as a source of support in their recovery. A lot of the participants were highly educated on recent research in the field of substance use disorder recovery and had difficulty understanding why AA still focuses on the Big Book and not more contemporary literature.

Part of the outdatedness that troubled many participants, both men and women, was the sexist language used in the Big Book. Particularly, a chapter titled “To Wives” which was written by Bill Wilson himself, and is meant to be a manual for women married to men with alcohol problems. It goes on to make suggestions to wives of alcoholics such as “the first principle of success is that you should never be angry” and that “patience and good temper are most necessary” (Wilson [1939] 2001:111). It also states that wives should “cheerfully see him through more [drinking] sprees” and that they “…must be on guard not to embarrass or harm

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\(^4\) Recall, the Diagnostic and Statistical Manual of Mental Disorders (DSM) did not include alcoholism until the 1950s. Additionally, the American Medical Association didn’t recognize alcoholism as an illness until 1956 (American Medical Association 1956).
your husband” (Wilson [1939] 2001:113-115), to name a few of the problematic excerpts. Participants were often taken aback by this chapter, and many questioned why AA has kept it in the Big Book in newer editions. Dennis, a secular man who has been in AA for 41 years, attempted to re-write the Big Book without the religious language and said, “I thought what I'm going to do is just take out all the religious parts of it. But as I was going through it, I realized that the book was far more sexist than it was religious.” David, a relatively new member of AA from the South, also described the Big Book as concerning. He said, “I've read the book, some of the things I frankly find offensive. I mean, the chapter to the wives is the, you know, one of the worst things I think I've ever read. It's very sexist.” While none of the participants described it as being so harmful that they left AA over it, many expressed concerns as to why it was still included in the Big Book at all. Lizzie, who has been in AA for 32 years and knows the literature very well, explained that through the different editions of the Big Book, they have edited the chapter to fix minor things like changing “every girl” to “every woman” but have not gotten rid of the chapter entirely. In addition to the Big Book being outdated, the pervasiveness of God as a seemingly Judeo-Christian God was another substantial barrier for the nonreligious attempting to use the Big Book as a guide to their recovery.

As cited in the beginning of this chapter, God is mentioned 281 times in the first half of the Big Book, so as nonreligious participants attempted to read the Big Book, they grappled to find meaning in the text. As Caroline said, “you cannot get around the God part in the Big Book. It’s an essential part of the book. It just is.” Caroline was a 29-year-old in recovery who left AA because of its religious nature. She initiated her recovery after talking with her doctor about her drinking, who recommended AA, but finds regular therapy sessions more beneficial to her
recovery. Others, like Caroline, had difficulty working through the 12 steps of AA through a secular lens.

Almost everyone had no difficulty completing the first of the twelve steps, which is admitting that one is powerless over alcohol and that one’s life had become unmanageable (Wilson [1939] 2001). For most, AA served as a last resort for their recovery, as they previously tried to limit or stop their drinking on their own without success. By the time they got to AA, it was relatively easy to get through the first step in realizing that they didn’t have control over their drinking and as a result, their life became unmanageable. However, the second step is where many explained that they began to struggle. The second step states that the person “came to believe that a Power greater than ourselves could restore us to sanity.” For some, this is the first instance where they had to contend with the idea of a higher power to some degree. For others, they were able to get through the step by recognizing that either (a) there are things in general that are greater than us or (b) the AA group was powerful in itself. Recall Zedd from the previous section, who began his journey in AA as an atheist. When discussing the second step, he said, “I can wrap my head around it a little and it's like, I'm certainly not the greatest power in the universe. I get that. I understood that as an atheist.” Even for participants who were able to get through the second step, the third step was a definite barrier for most of them.

The third step of the 12-step program is that the person “made a decision to turn our will and our lives over to the care of God as we understood Him.” While some participants were able to avoid a concept of God in the second step, they had to face “God as we understood Him” directly in the third step. For most, this was a substantial barrier in AA. In fact, this step led many of the participants to quit the 12-step program altogether. Instead, they attended meetings and remained as part of the AA community, but simply didn’t “work the steps.”
As previously mentioned, AA does not consider itself to be a religious program (Alcoholics Anonymous 2018) and Bill Wilson intentionally framed God as a god of one’s own understanding in order to leave it up to the individual’s own conception of a god. Some of the original AA members advocated for religious terminology, while others did not want god in there at all; Wilson stated that “as an umpire of these disputes, I [he] was obliged to go pretty much down the middle, writing in spiritual rather than religious or entirely psychological terms” (Alcoholics Anonymous 1957: 17). Regardless of intention, contemporary members of AA that identify as nonreligious still struggle with Wilson’s “spiritual” conception of God, and many felt like it was obvious they meant a Judeo-Christian God throughout the Big Book. Jerry, the apatheist who was initially worried about his nonreligious identity being an issue in AA, said “they can call it whatever they want to, but when it’s capital “g” God and capital “h” in Him through all of the book, it's pretty clear who's being talked about here.”

The third step isn’t the only of the 12 steps that mentions God: the 5th, 6th, 7th, and 11th steps all directly (“God”) or indirectly (“Him”) mention God. Consequently, the God-concept was an ongoing issue for those who wanted to work the 12 steps. Many participants turned to their fellow peers in AA to help them with this barrier. The most common responses from other AA members were to offer alternatives for “God” or to recommend the “We Agnostics” chapter in the Big Book. In both cases, participants did not find the recommendations useful, and in some cases found them quite offensive.

Strangely, the go-to alternative recommended to the nonreligious for a God or Higher Power in AA, typically recommended from their religious peers, is often a doorknob. After I kept hearing “the doorknob” so much in the interviews, I asked several participants where the concept of the doorknob came from, but no one seemed to know. As I was writing this section, I tried to
find the origin of it with no such luck. I even went to several secular AA Facebook groups to inquire if anyone knew the origins of the doorknob deity. While it sparked a great discussion, no one was able to confirm the origins. Using the word counter in HyperResearch, I found that “doorknob” was mentioned 36 times throughout the interviews. Regardless, it is common in AA when someone is struggling with the concept of a higher power to say, “it can be anything, like a doorknob!” Jackson, a middle-aged white man from the Midwest, was one of the participants who turned to his AA group for help on overcoming the God concept. He stated,

I would share that like, I just was uncertain about how to do, say, step 3. Uh, you know, and people would say well, just fake it until you make it. And that just was not workable to me. Or some people would say, you know, just let go, you know, the doorknob can be your higher power and I was like, no, that's not going to help me be sober. That's just bullshit.

Others, like Jackson, found the doorknob recommendation to be useless, and even offensive.

Owen, a middle-aged man who identified as an atheist, thought that any substitution offered was just a proxy for a Judeo-Christian God. He remarked,

I mean, every time someone would say, well, you can say higher power instead of God, or you can say anything other than yourself and it just it was all proxies for the Christian Judeo-Christian God. I mean, it was just, you know, potato potato. You can bend yourself into a pretzel trying to turn the word higher power into a doorknob like they say, but if the purpose of the doorknob is to tell you what to do and to offer guidance, guess what? That's what the definition of God is in the form of a doorknob, like you're gonna have to do a better job of why the word God was intentionally kept in the book. I mean, they’ve had 100 years to edit it and they don't. There's a reason. Because this is what people believe and that's fine. But let's not, like I said, piss on me and tell me it's raining.

Owen found alternatives like the doorknob to be offensive, and even insulting to his own intelligence. Several participants stated that they felt like even when alternatives to God were offered, they were either disingenuous or had an implicit understanding that eventually the person would change and comes to believe in a “real God.” Jocelyn, for example, had quite the
tumultuous relationship with her first AA group. She described AA as being very friendly at first, but the longer she stayed, the less friendly and more serious the group got about her commitment to “doing the program correctly.” When talking about the concept of a higher power or God in the 12 steps, she said,

And it's a bait and switch cause they say anything can be your higher power, right? So, they draw you in. Anything can be your higher power. It could be a doorknob. It could be a doorknob, Caitlin, it can be your cat, it can be like, anything you want. Right? So, then someone like me goes in and says, well, I like nature and science, and they say that's great. Come on, that'll do. But it doesn't take very long before you have to get on your knees and pray to “nature” to intervene in your life and so, it doesn't work, it's a bait and switch cause it's like, you can have this very ambiguous kind of idea of nature and the sky and the ocean. You can have those ideas, but then, you'd better get serious, or you're never gonna get sober.

While Jocelyn’s overall experience was not typical to the average participant, her perception that the group eventually expected your replacement God to become a Christian God was common among participants. Interestingly, Chelsea, a middle-aged white woman from California, also referred to this process as a “bait and switch.” She said, “I think it's like, a bait and switch. They want you to find him and for it to eventually be God.” Participants’ perception that alternatives to God are inherently deceptive doesn’t just derive from their encounters with other members, but also stems from their interpretation of the “We Agnostics” chapter in the Big Book.

In addition to higher power alternatives, the other most popular recommendation is a referral to the “We Agnostics” chapter in the Big Book. As discussed in chapter 2, “We Agnostics” was written to address nonreligious folks who are hesitant about God. Like the doorknob concept, participants found the chapter to be unhelpful and even offensive. In many cases, participants came across this chapter per the recommendation of other members in their AA group. Often, it was recommended when the participant expressed that the God concept in the steps was a barrier for them. Eddie, an agnostic from the South who had only been in
recovery for 5 months said, “they're like, oh, just read We Agnostics and I'm like, this doesn't help at all.” Even when the recommendation gave the participant hope at first, once they sat down and actually read the chapter they were disappointed. Bradford, a retired man who has been in AA for 31 years, recalled when someone first recommended “We Agnostics” to him and he sarcastically said, “yeah, read the chapter We Agnostic! It makes you gag.” Participants mentioned that when they read the chapter, they felt offended, as the whole premise is that everyone who attends AA will eventually find God (Kurtz and White 2015). Many perceived it as insulting their intellect, as if they had not thought about the concept of God in depth, and that the chapter was more or less calling them foolish. Owen, who also found the doorknob concept to be insulting, stated, “We Agnostics was, uh, you know, the whole point of that chapter is to say how foolish you were to think there wasn't a God. And at the end of it, you came to believe.”

Between the higher power alternative recommendations and the referral to the We Agnostic chapter, participants I interviewed perceived these recommendations as having a hidden agenda, in that they can have these temporary placeholders, but the underlying expectation was that they’d eventually come around and be like the rest of the group who believes in a Judeo-Christian God. Based on a few of the more spiritually-oriented/Christians I interviewed, their perception seems to be validated. For example, Mary Jane was an older woman from the South who identified as spiritual, believed in the Christian God, read Christian recovery literature, and would likely be someone that participants in my study would refer to as a “Big Book Thumper⁵.” She did not identify as a Christian as she does not like being associated with organized religion, though many of her beliefs and rituals were that of the Christian faith. When I asked Mary Jane how an atheist might find success in AA, she responded, “I don't know

⁵ A Big Book Thumper refers to someone in AA who is very “by the book” and does not agree with deviating from anything outside of the Big Book. This will be discussed more in the section on fundamentalism.
if an atheist could be, they’d have to... I don't think converted is the word, but change of heart maybe. Yeah, um, there's two passages here in We Agnostic…” She continued to go on by reading me excerpts from the chapter “We Agnostics.” Here, we can see that the underlying assumption is that, indeed, the nonreligious would need to have a “change of heart” to be successful. Anna, another person who identified as spiritual and held Christian beliefs (though didn’t identify as being Christian), also quoted out of the “We Agnostics” chapter when discussing with me how an atheist could find success. She referred to nonreligious folks as “not being very open minded” and stated their lack of open-mindedness as a reason why some people might drop out of AA. This reiterates some of the participants’ perceptions that others thought of the nonreligious as foolish, or as if they had not thought about the concept of God in depth.

To sum, this section has highlighted some of the pertinent barriers associated with the Big Book itself. Overall, the nonreligious struggled to find the relevance in the Big Book. Even when they attempted to “work the steps” or seek for answers in the book, they were unnerved by the prevalence of God throughout the steps and the book. As they attempted to turn to their fellow AA members, they were met with unhelpful, and sometimes even offensive recommendations. While it is likely that most of their fellow AA peers were genuine in their advice and meant well, a handful of nonreligious participants experienced blatant discrimination in AA.

If You Don’t Find God, You Won’t Stay Sober

Participants experienced explicit discrimination due to their nonreligious beliefs in AA. While discrimination was often from other AA members themselves, the nonreligious also experienced discrimination from AA central/intergroup offices. Central/intergroup offices are AA service offices that often handle AA inquiries, publish and distribute meetings and other
important information, serve as a clearinghouse for exchanging information throughout all AA groups in a given community, plan area events, publish newsletters, and serve as a resource for accessibility needs (Alcoholics Anonymous 2017a). Most of the discrimination from central/intergroup offices had to do with being recognized and listed as a secular AA group.

In Alcoholics Anonymous, the only requirement for being a member is “the desire to stop drinking” and that “any two or three alcoholics gathered together for sobriety may call themselves an A.A. group, provided that, as a group, they have no other affiliation” (Wilson [1939] 2001: 563). However, many participants who were involved with starting a secular AA group experienced pushback from their area intergroups. Greg, an atheist that has been in sustained recovery for 29 years, explained how he and another person started a secular group and got “delisted” by the area intergroup office and couldn’t get relisted on the area website four years. He explained,

> What happened was well, um, we committed a crime (laughter). We can't stand reading steps with the word god in it, so we just crossed it out and that's originally how we started, just by crossing it out and then, and so, we adjusted our readings. Well to them, that's a crime. You don't touch, you know, those sacred 12 steps of ours and, you know, cause that's gonna throw off a lot of newcomers. And it's like, well, we're scaring off newcomers when we read those god steps. And so when I myself and one other person, when we had a battle this, because we got delisted, they said, well, you're not an AA group if you're just going to change the steps. And our argument is well, no, we are if we say we are, isn't that what your tradition says? And so we had a couple of lost votes for a couple of years and then, after about 4 years, we won. Four years though, took us about 4 years I would say.

Based on AA’s membership requirements, Greg believed that he met the requirements for starting a group, since it was more than two people that considered themselves alcoholics and did not have any other affiliations. Others who experienced similar issues getting their secular group recognized explained that it wasn’t the AA General Service Office (national office) that was the problem; it was the central/intergroup offices that felt uneasy about the secular groups not
sticking to the traditions of AA literature and format. Jackson, who identifies as an agnostic, atheist, and Buddhist and who has been in AA for 15 years, went to start a local secular AA meeting in his area and ran into similar issues that Greg did.

In fact, when we started the local secular meeting, we wanted to get it listed as a meeting option and the, it's called the area intergroup right, and so they're, they're kind of a clearing house and, uh it took about a year and a half because they wanted assurance that we weren't going to read anything that wasn't conference approved and that we weren't going to use any alternative version of 12 steps. Yeah, uh, and so I first got it listed as a clubhouse meeting, there was no pushback from the clubhouse board internally. And so I got it listed, I got some momentum, I got some word of mouth, I also got it listed nationally at the General Service. They didn't require that. And so I could go back to the intergroup to say, you know, this is a meeting that, you know, the Alano club supports, even General Service Org supports, then why won't you support it? And they were still reluctant. Now all of our meetings are listed, but it took about a year and a half.

Like Greg, Jackson had to contest being listed as an official group due to deviating from the traditional literature of AA. However, Jackson does note that he didn’t have any issues with the National Headquarters at the General Service Office or the building that hosts AA meetings. Seemingly, the intergroup offices hold strong viewpoints about keeping within the traditions of AA, despite that the official requirement for membership does not require the group to only read conference approved literature. However, as we have seen, the nonreligious in AA had difficulty with traditional AA literature, and as we will see in the next chapter, they prefer to draw on outside literature as a resource for their recovery.

One of the tasks of area intergroups is to handle AA inquiries, which, in a lot of areas involves answering a 24/7 helpline that helps callers with alcohol use disorders to find meetings or to simply provide a listening ear. Janice, an atheist woman from the South who has been in AA for 17 years, recalled a recent event where a fellow member of her AA groups experienced a relapse and called the helpline. She explained,
There was a guy in the meeting just the other day, he was a mess, I mean, he had a relapse. He was having a hard time. He called one of the AA numbers, you know, and he told the guy he didn't believe in God and that he was secular and the guy said, well, you know, if you don't get the second step as it's written, you're screwed.

Janice went on to describe how mad it made her that this happened to someone. Fortunately, she said the guy ended up finding a secular meeting on his own and went to the first meeting he could find.

As indicated at the beginning of the chapter, there is an ongoing debate about whether AA is religious. Throughout the interviews, I asked participants about their thoughts on this debate, to which many elaborated that it is not necessarily AA as an organization, but more so a select group of people in AA. While the above-mentioned descriptions of discrimination were from “higher up” levels of AA, the individuals involved in the intergroup are not representative of AA as an organization necessarily. As Jackson stated, it isn’t the AA National Headquarters as much as it is members of AA exerting their personal beliefs onto AA. Whether it is a few rotten apples or an accurate depiction of the broader culture within AA, I am uncertain. However, most instances of discrimination were from individual members of AA through the form of harassment.

Dennis was a retired man who identified as secular and has been in AA for 41 years. He lived in a metropolitan area in Florida for most of his life, and recently moved to the mountains of North Carolina for retirement. As he was talking about his transition from his AA group in Florida to the AA group in North Carolina, he explained that he had been confronted by another member after a meeting because of secular identity. He said,

I'd been sober three decades or so, and after meeting this this young man, maybe he's in his thirties, I don't know, cornered me after the meeting. And he said if you don't find Jesus, you will never stay sober. I was like look are you kidding me? I've got over 30 years of sobriety already. Yeah, got it.
As Dennis was telling this story, he mentioned that it no longer bothers him. However, at the time it happened, he bucked back against the person and said the encounter was a huge turnoff for him. After all, he was new to the area at the time and was just trying to find a new AA group to join. Dennis primarily attends secular AA now, and only goes to traditional meetings to catch up with others who have been in recovery for as long as he has. Shonda was another participant who said that someone approached her. Like Dennis, Shonda has also been in AA for a long time—31 years to be exact. She is from the West and considers herself to be spiritual. She explained that “people after meetings have come up to me and told me that, you know, I'm gonna burn in hell and I'm like, okay.” Shonda wasn’t very bothered by the incident either; like Dennis, she explained she had so many years of sobriety at that point and was confident in her beliefs that it didn’t faze her.

For others, the harassment went a bit further. Lizzie, an agnostic from the West coast who has been in AA for 32 years, described several disruptions that occurred when she and others first started an agnostics AA group. She explained,

> When we first started our meeting in person, oh, we got so many visitors who would come and just double down. They would just be like, well, I have a higher power and his name is Jesus Christ and I have a lord and savior and all this kind of like, like next level. Oh, there was this one guy who lived in a county south of us, which is very, very conservative, and he would come and, like, if anybody would cry in the meeting or even just reveal something that was really heartbreaking, like oh, you know, my mom was diagnosed with cancer or something like that, he would zoom in on them after the meeting and start saying, well, you know, it could be because you need God, and God would really help you with this and stuff.

Lizzie voiced her frustrations about this reoccurring pattern of disruptions when she and others first started their agnostic AA group. One of the problems she ran into was AA policy. As mentioned, in AA, “the only requirement for being a member is the desire to stop drinking”
(Wilson [1939] 2001: 563). Because of this, Lizzie and other members of the group were not allowed to kick these dissenters of secular AA out of the group. Instead, they ended up telling the man that he could continue to come to meetings, but he could not say that to anyone during the meetings. The man agreed and said he would just wait until after the meeting to do so. It was common to hear stories of harassment and discrimination from interview participants. In some cases, other AA members explicitly tell nonreligious folks that they are not welcome in AA at all. This happened to John, an agnostic man from the Northeast, who was open about his difficulty getting through the steps as an agnostic, only to be met with harsh words. He recalled,

I was just told to shut up about my agnosticism. I was told that I would drink again if I didn't find a God. I was told that I would drink again if I didn't find a God. I was told to get the fuck out of AA because I was a nonreligious human being, you know, it was brutal. It was, it was truly brutal.

The experiences of discrimination within AA among nonreligious individuals echoes the experiences of the nonreligious in AA in Munro’s (2019) study. Nonbelief in God was frequently interpreted by other AA members as being an impediment to recovery. The nonreligious experienced this through interactions with other members, through talk in meetings, and even within AA literature. Additionally, Munro (2019) found that if the nonreligious struggled with concepts of Higher Power or the religious undertones, they were perceived as unable to work the program correctly, resulting in the nonreligious seeing AA as unwelcoming or an unhelpful space for support.

Unfortunately, the nonreligious are not the only ones who have faced discrimination and harassment in AA. Women and queer folks have faced similar experiences, and worse. While the sexist language of the Big Book was frustrating for many, participants were able to recognize that the book was written in the 1930s and that was the culture during that time. However, what
participants do not see as acceptable or excusable are discriminatory or harmful acts against women and queer people in AA.

The 13th Step and Pronoun Pushback

I learned about the sexism in AA during my second interview. Obviously, the central focus of my research was to examine nonreligious experiences in AA, and I had not considered sexism to be a focus at all. However, interview after interview participants, both men and women, repeatedly mentioned sexism whether it was the Big Book (as mentioned earlier) or of predatory behavior. Either way, I noticed it was prevalent enough that I should start inquiring more about it. Isabella was ironically my 13th interview. Since it was becoming common, I started asking participants, “Some people have mentioned sexism when talking about AA. Do you have any thoughts on that?” Isabella mentioned something called “13th stepping” and had asked me if I knew what it was. I did not, and she informed me that,

The 13th step is “my life is unmanageable and I want to share it with you” and that basically is the predatory nature of 12-step “mentorship” where, here comes the newcomer. The newcomer is the most important person in the meeting, but they're also real vulnerable and older people who have not recovered to the point that they've looked at all their character defaults are like, whoa, somebody that I can control and influence and bend to my will. And it's very often an older man and a, and a younger woman, it's very creepy, very predatory.

While Isabella was more so being facetious and less so giving a dictionary definition of 13th stepping, 13th stepping is a serious concern in AA. Thirteenth stepping is when a person with greater years of recovery preys on a person with less years of recovery, often a newcomer.

Isabella informed me about a recent documentary that had come out about 13th stepping called The 13th Step directed by Monica Richardson (Richardson 2016) that addresses this problem. Though 13th stepping isn’t always a man preying on a woman, it often is. Savannah, a white woman from the Midwest that has been in AA for 38 years, described co-ed “mixed” meetings as
being worse than other meeting types. She said, “the meetings that are mixed, particularly if it's younger, the women are seen as meat.” Even Jessica, an older woman who has been in recovery for 18 years, said she “quit going to one meeting because I got so anxious a few times… too many men.” Jessica ended up leaving AA altogether and going to Women for Sobriety meetings instead. She extensively talked about feeling uncomfortable in AA meetings that were co-ed due to being approached by men after meetings. She tried going to women-only AA meetings but likes Women for Sobriety more.

Mandy, who has been in AA for 15 years, unveiled an organizational problem related to fixing 13th stepping. She described an instance (though over her years in AA knew of plenty more) where a member followed another member to their workplace after a meeting. She explained,

They just banned a guy that I knew who'd been going to [meeting clubhouse] for like, as long as I've been sober, and he fucking stalked a newcomer. He followed her to work to give her a gift, because he thought he was being a good guy. He's delusional a shit but anyway, um, but he's not the first person, first predator I know that's been banned from a property. He's not the first predator I've known of in this program. There are people we know to tell newcomers to stay away from. But we can't tell the old the predator to leave, right, because of Alcoholics Anonymous, the 3rd tradition that we're all welcome there.

Mandy explained that when the group found out about this, they weren’t sure what to do. In some organizations, the next step would be to tell the individual that stalked another member that they were no longer welcome there. However, as Mandy points out, AA’s third tradition, as mentioned in the last section, is that the only requirement to be a member is the desire to stop drinking (Wilson [1939] 2001). Thus, AA cannot kick anyone out of the group. If a person states that they have a desire to stop drinking, then they are considered a member. Mandy explained that this has caused several arguments over the years in her group, as they have encountered numerous incidents like the one described above, and a case of a child predator. In 2017, AA
decided to address this issue and created a “Safety Card for A.A. Groups” that emphasizes the importance of safety and includes a line that says, “predatory behaviors and unwanted sexual advances are in conflict with carrying the A.A. message of recovery and with A.A. principles” (Alcoholics Anonymous 2017b: 9; Alcoholics Anonymous 2022). It also includes a line stating that each group has the right to ask a person to leave if a person endangers anyone or disrupts the group (Alcoholics Anonymous 2022). However, prior to this, groups did not know what to do, and did not kick anyone out. Mandy explained that because of the third tradition, they had to rely on the meeting clubhouse, that was not owned by AA, to take action. Though AA rents the space at the clubhouse, the clubhouse is independent and has the right to kick people off of their property. As Mandy mentioned, the guy who stalked the other member was banned from the property. However, he can attend meetings on other properties.

Predatory behavior in AA was common to hear about, though unexpectedly to me. I did not initially know of this ongoing problem, and I definitely didn’t think that when I first started asking about sexism that participants were going to tell me about 13th stepping and predatory behavior. Another unexpected finding was discrimination against queer folks. I was surprised by this, as several people I interviewed had informed me about the increase in LGBTQ AA groups. However, even when there are LGBTQ groups, this does not mean they are necessarily inclusive. Lee, a young man from Virginia who no longer attends AA, said that he attended a meeting that was called “LGB” that was not inclusive of varying gender pronouns nor transgender people. He explained,

What I have seen is places and spaces that are not queer friendly. Even within a meeting that was labeled LGB, they would not respect gender pronouns. Um, wild, right? And so they, they there were, and I hate to generalize, but there were some old timers, um, you know, and as folks tried to say, you know, my name is Lee and my pronouns are he/him, they would push back, the old timers would push back and say, why are you saying that?
You can't say that, what you say my name is Lee I'm an addict and that's it. Right, but for folks whose pronouns are important for, it's part of their recovery. So I have seen homophobia and transphobia in the rooms.

Lee expounded on this more and said that the specific group intentionally left the “T” off of “LGB” because they were transphobic. Rightfully frustrated, Lee and a few friends started a separate meeting through Narcotics Anonymous that was both trans-friendly and changed the scripts to neutralize gender. They also normalized use of pronouns during introductions at meetings. Lee prefers to go to NA meetings, Refuge Recovery, and SMART meetings, and no longer attends AA at all. Mandy, who is also from the South (Alabama), described a discriminatory instance she witnessed at a meeting she attended as recently as the day before our interview against a young, queer, woman. She said, “yesterday, in our local group, um, one of those guys pulled a young LGBTQ girl out of a meeting and told her she wasn't welcome.”

Such instances of harassment and discrimination in AA, whether it be due to being nonreligious, being a woman, or not being heteronormative, are not only problematic in themselves but serve as serious barriers to people seeking recovery in AA. This leads one to question why this happening: Where does this harassment and discrimination come from? Who is predominantly doing it? Is it the majority? While participants mentioned they don’t necessarily think it is AA as an organization that is the problem, they do believe that a subset of AA members are to blame—Big Book Thumpers.

AA Fundamentalists: Big Book Thumpers

As stated in an earlier footnote, “Big Book Thumpers” were understood by participants as those in AA who are very “by the book” and do not agree with deviating from conference approved literature or the traditions of AA. They were often described as being strict about working the program “correctly” and as it is written. They tended to be described as rigid,
dogmatic, or fundamentalist. Big Book Thumpers got their name due to their similarity to “Bible Thumpers.” Similarly, participants explained that most Big Book Thumpers also tend to be more religious than the average AA member. From what participants told me, Big Book Thumpers do not make up the majority of AA members, though they believed they were an outspoken minority. As Ben, an agnostic man from the South that has been in AA for 42 years stated when asked if AA had changed at all over his 42 years,

I mean, yeah. It's AA fundamentalist, the Big Book fundamentalists. Yeah, I hear more of it, and it's not the majority, but it is kind of getting to be more of a louder minority, I think that people would say it has to be this way, this is what was written, this is what we have to do.

Many participants recalled their own experiences with Big Book Thumpers, especially the nonreligious. The nonreligious participants explained that, often, Big Book Thumpers would be the ones to tell them that they’d need to find a God to be successful in recovery. They also described that the Big Book Thumpers were able to quote out of the Big Book similar to how some Christians can quote verses from the Bible; that they have substantial knowledge about and admiration for Bill Wilson and Bob Smith; and are adamant about keeping the Lord’s prayer as part of the AA meetings. Jackson described them as being akin to a those who identify as “strict constitutionalists.” He suggested,

It's akin to people that will think of themselves as a strict constitutionalist. You know, a constitutional conservative, I think it's like just honoring the founding members, if you will, and I think there's a fear that the power of AA might be diluted.

Others had similar views as Jackson and expressed that because doing AA “by the book” worked for them, Big Book Thumpers were often perceived as being reluctant to change in fear that people won’t be able to achieve a successful recovery if AA gets too lenient about how people
can work the program. Comparing Big Book Thumpers to Evangelical Christians, Selena, an
atheist from the Northeast who has been in AA for 37 years stated,

It’s the religiosity aspect of it, it's like, you know, you don't question the Bible. You don't
question the Big Book. You don't question God, you don't question Bill Wilson like, I
think it sort of is part of that, like, you know, we, we need to, people are afraid that if you
criticize any of that stuff, the whole thing falls apart and, you know, it worked just fine
for 80 years and I'm not gonna mess with it kind of thing.

Selena’s comment provides an explanation for why many participants believed Big Book
Thumpers to be so rigid—they fear that criticism and change will lead to the whole program
falling apart. Thus, to them, the best way to keep AA alive is to continue to do things as they are
written and how they have been for the last 82 years. The feelings towards Big Book Thumpers
in this study is similar to what Sanger et al. (2019) found in their research on non-12-step alcohol
support groups when participants compared their current non-12 step group to their involvement
in AA. For example, in their study one participant described AA as being “my way or the
highway” (p.4). Whilst many disliked AA, they respected others using it, and felt that people
who used AA were welcome in their groups as long as they did not take an “evangelical” attitude
and remained open-minded. To them, the evangelical attitudes were perceived as negative.

In this study, participants didn’t just see the evangelical attitudes as negative, but also that
some of the rigid beliefs that Big Book Thumpers hold were perceived as harmful. Several
participants recalled experiences with Big Book Thumpers who told them they weren’t being
sober “correctly.” According to several participants, for some Big Book Thumpers, being sober
is more than just abstaining for alcohol—it is also abstaining for caffeine, over the counter
medications like cough syrup, and prescribed medications. Lizzie, who no longer attends the
traditional AA meetings (she attends the agnostic ones), described this sort of rhetoric being
discussed during a traditional AA meeting. She said, “I've heard people say in a meeting that
well, you know, if you're taking medication, you're not truly clean and sober. It's like, okay, fuck that. Because I can, I can be on medication.” Lizzie was personally offended by this anti-medication talk in the meeting she attended, as she suffers from anxiety and is prescribed medication for it, though very much considers herself to be sober. Selena also had a confrontation over medicine. Selena had surgery and was given pain medication for her recovery. She never had a substance use disorder, only an alcohol problem, but she was worried about it and turned to her secular AA group for advice. She said they were very supportive and helped her feel better about the situation. However, when she also sought advice from her sponsor, she received a different response. She recalls,

I was struggling with something about, uh, having taken pain medication after some surgery and I wasn't sure if I was taking more than I should and I was talking about how I was struggling to be sure or if I was justifying it cause I like it, or whether it was really appropriate. Um, and I talked about that, you know, and I just got a lot of support and help. Whereas my, AA traditional sponsor said I think you need to, uh, say that you're not sober anymore and that you need to start counting from day 1 and I'm like, whoa, you know, she's a friend of many years.

Selena explained that the response from her sponsor was incredibly harmful for her. Recall that Selena has 37 years of recovery, so to her, having to start back as “1 day sober” because of pain medication would have been, in her own word, “shameful.” She stated that had she actually taken her sponsor’s advice, she likely would have relapsed and binge drank. She said, “like, giving up my time and my status and all of that, I might as well. So I do think that punitive approach would lead me toward a big time binge from which, I don't know if I would recover.”

Selena did not take the advice of her sponsor and expressed how fortunate she was for her secular AA group. She no longer attends the traditional AA meetings, and she didn’t specify whether or not she “fired” that sponsor afterwards or not. Greg, a dropout of AA, said that when he was in AA, “I cannot tell you how many times I had to help someone, where they said the
sponsor said stop taking the medications from your doctor, you don't need them because the 12 steps is everything you need.” These cases reflect how participant’s perceived Big Book Thumpers’ rigidity to be harmful. While participants acknowledged that not all Big Book Thumpers hold the belief that sobriety is total abstinence from any mind-altering substance, they understood that those that do hold this belief may cause harm to other members in AA.

What percentage of AA members fall under the category of Big Book Thumpers, I do not know, but many participants suggested that the Big Book Thumpers are either (a) increasing in numbers or (b) becoming more outspoken in meetings. Many participants attributed this change to be a reflection of contemporary U.S. society, specifically pointing towards the rise of Evangelical Christianity and far-right beliefs. Stephanie, an older woman from California who has been in AA for 43 years, reflected on how AA has changed over time and stated, “but people who are beating other people over the head with this Jesus stuff, um, it's horrible. It's horrible. And, you know, I have no problem with Christianity, but this dogmatic stuff? It has no place in AA.” Stephanie described that AA used to be much more relaxed than it is now. She said it used to be more so about the fellowship (community), and less about doing the 12 steps and reading the Big Book. The perceived rigidity and increasing religiosity of AA led her to leave the traditional meetings; she only attends secular AA meetings now. Others believed that this rise of fundamentalism in AA has led more people to leave traditional meetings and attend secular meetings instead. Jerry claimed that, “over time, that segment of dogmatic Big Book Thumpers got bigger and bigger and more influential in meetings. They drove a lot of people to secular AA.” Even those who didn’t get pushed into secular AA felt that it was getting more influential and felt the need to speak up about it. Bella, an atheist who has been in traditional AA for 35 years, stated,
It's very dogmatic. I mean it feels like it's getting worse instead of better in a lot of ways. I'm becoming more and more outspoken about my non-belief because it’s starting to get more and more annoying to be honest with you.

Based on participants’ interpretations, it appears that as the “fundamentalism” becomes more dominant, so does the secular movement. Or alternatively, as secular AA started to grow, the Big Book Thumpers reacted by getting more rigid in their approach. Oliver noted that “in some areas, I think I'm seeing both the secular AA movement and a conservative approach.”

Interestingly, participants were able to connect what is happening within AA to larger society. Elijah, who used to be an Evangelical pastor that now identifies as a nontheist, stated that “I have seen a change over the last 10 or 15 years, culturally as a whole and I think that that has impacted AA meetings.” Regarding the question of whether the fundamentalists are responding to the secular movement, or whether the secular movement is in response to perceived increase in fundamentalism, Dennis, who is actually one of the founding members of the secular AA movement, reflected on his 41 years in AA and said the following:

People pushed boundaries to a much lesser degree when I first came into AA. And I think it's gotten worse because, like I said, AA is a mirror of society. And I think that as the general population becomes more secular, I think the religious people double down, you know, they have become more fundamentalist or whatever. You know, like, back in the 70s I think it was probably President Reagan… I know I am speaking ancient history to you…but Reagan allowed the Fundamentalist Christians to begin to have this great bigger influence on the Republican Party and they love the idea of having political power. And they started just going with it and that sense of power, that sense of we are right, and they are wrong. It's just like exponentially multiplied since the seventies. And so you're going to see that in AA because that's society.

Participants’ intuition that these broader cultural patterns have trickled into other institutions like AA can offer us insight into sociology of religion literature.
Secularization and Desecularization

Sociologists of religion have long debated secularization. Peter Berger defined secularization as “the process by which sectors of society and culture are removed from the domination of religious institutions and symbols” (Berger 1967:107). Like his predecessors, Berger saw secularization as an inevitable process of modernization. Berger’s work focused on secularization in several spheres of society. He argued that as societies got more modern and more diverse, this would result in a separation of church and state (Berger 1967:130). With the separation of church and state, there is decline of religious contents in public spheres of life such as art, literature, philosophy, etc. Berger believed that as people are presented with a wide variety of religious options, it would undermine the plausibility of religion altogether. However, later in his life, Berger recanted his ideas about secularization and suggested that “the world today is massively religious, is anything but the secularized world that had been predicted” (Berger 1999: 9).

Today, scholars tend to focus on the multidimensional aspects of secularization and desecularization. The multiple dimensions of secularization tend to consist of one or more of the following: decline in belief, belonging, and behavior, rationalization, differentiation, decline in religious authority, privatization, and pluralism. Similarly, proponents of desecularization and religious resurgence focus on the long-term processes in which religion reasserts itself in society. Desecularization can be defined as “a process of counter-secularization, through which religion reasserts its societal influence in reaction to previous and/or co-occurring secularizing processes”

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6 These terms suffer from what Smith (2003) calls “over-abstraction.” The terms are vague and obscure concrete factors that are crucial to understanding secularization.
Since desecularization is parallel to secularization it can manifest itself as a combination of some or all of the following tendencies:

(a) a rapprochement between formerly secularized institutions and religious norms, both formal and informal; (b) a resurgence of religious beliefs and practices; (c) a return of religion to the public sphere (“de-privatization”); (d) a revival of religious content in a variety of culture's subsystems, including the arts, philosophy, and literature, and in a decline of the standing of science relative to a resurgent role of religion in world-construction and world-maintenance; (e) religion-related changes in society's substratum (including religiously inspired demographic changes, redefinition of territories and their populations along religious lines, reappearance of faith-related material structures, growing shares of religion-related goods in the overall economic market, and so on) (Karpov 2010).

Berger noted that “secularization on the societal level is not necessarily linked to secularization on the level of individual consciousness” (Berger 1999:3). Not only are there multiple dimensions of secularization and desecularization as a concept, but there are also multiple levels in which secularization and desecularization can be evident. For example, scholars like Chaves (1994) and Smith (2003) show that secularization can manifest on micro, meso, and macro levels. Chaves (1994) lays out this idea by focusing on religious authority at different levels. At the macro level, one can look at religious authority’s capacity to influence other institutional spheres. At the meso level, one can look at religious authority’s scope within organizations, such as the number of non-Catholic teachers at a Catholic school. While at the micro level, one could look at the extent to which religious authorities are able to regulate actions of individuals, such as seeking guidance from a therapist as opposed to one’s pastor about whether or not to divorce their spouse.

Smith (2003) also examined religious authority and showed how individuals on a micro level can impact meso level institutions. For example, he shows how religion is pushed out of spheres, like higher education, by what he calls “secularizing activists” (Smith 2003:33) who advocated for a European model of education, which led to the displacement of religious clergy from
universities. Through this, we can see that secularizing on a micro level has the ability to influence secularization on a meso level. The individual beliefs of the “secularizing activists”, when organized, can impact the presence of religion in the meso level sphere.

The findings of this dissertation can illuminate the various dimensions and levels of secularization and desecularization. Using a recent study on politics and religion by Campbell et al. (2021), I will argue that the growing political and religious polarization in the United States can be found within everyday institutions like Alcoholics Anonymous. Similar to Smith’s (2003:33) “secularizing activists”, Campbell et al. (2021) identifies “Secularists” and “Religionists” as key players in the ongoing divide. Religionists are characterized as those low in both nonreligiosity and secularism, who are guided by religious beliefs, not likely to say that true beliefs come from factual evidence, frequently attend religious services, and many are born again/evangelical (Campbell et al. 2021:40). Secularists, on the other hand, are characterized as those high in both nonreligiosity and secularism, who are guided by nonreligious sources, believe that true beliefs come from factual evidence, choose a secular identity label, and never attend religious services (Campbell et al. 2021: 40). I will show how both can simultaneously exist in tandem with one another. In the case of AA, the secularists are those that only attend secular AA, and the religionists are the fundamentalist Big Book Thumpers that seek to preserve the traditions of AA. As such, the process of secularization and desecularization can exist at the same time; the movement is not linear, but more of an ebb and flow, with each side responding to perceived threats from the other and seeking control.

Before delving into the ways in which AA can illuminate this, it is first important to understand the socio-religious-historical context of these efforts in the United States. The secularists and religionists tend to have drastically differing opinions on social issues such as
abortion, gay rights, and public schools (Putnam and Campbell 2010). As a result, religious and nonreligious alike tend to vote along such lines; Religious voters tend to be disproportionately conservative and secular voters tend to be liberal (Hout and Fischer 2014; Margolis 2018; Putnam and Campbell 2010). This leaves one to question how did this happen? What does it look like today? How can an organization, like AA, mirror these cultural changes?

The Rise of the Christian Right and the Secular Left

Casanova (1999) does an excellent job at summarizing the history of Protestant Fundamentalism in the United States in which religion essentially “deprivatized” into the public sphere. He classifies it into two mobilizing waves: the first in the late 19th and early 20th centuries, and the second predominantly in the 1970s through 1980s. The first mobilizing wave was in response to the secularization of higher education, teaching Darwinism in public schools, and what to do about “modern, urban, secular America” (Casanova 1999:142). However, as Casanova (1999) points out, the attempt to put modern science on trial ultimately failed, and Protestant Fundamentalism became the religion of the “disinherited” (Casanova 1999: 143). Nevertheless, Protestant Fundamentalists have long been focused on preserving and “restoring” (their perceived understanding of) American life. In this wave, we can see that both secularizing and desecularizing efforts were happening at the same time in response to one another.

While the first wave may have ultimately failed, it is the second wave that is particularly relevant to modern day socio-religious-political relations. Televangelism offered protestant fundamentalists a new way to engage in the public sphere. The term “televangelism” dates back to the 1950s, though televangelism became popular in the 1970s and 1980s (Bekkering 2011). As televangelism was on the rise, Protestant Fundamentalism gained traction in 1976, and was called “the year of the evangelical” by Newsweek (Meacham 2006) and Christianity Today
(Kucharsky 1976). Jimmy Carter was elected as the first “born again” evangelical president, giving hope to the religious right who had previously not been involved in the political arena. As mentioned in Casanova’s (1999: 147) *Public Religion in the Modern World*, “by 1979 the three key social movement organizations of the New Christian Right (the Moral Majority, Christian Voice, and the Religious Roundtable) were in place.”

Many have attributed the beginning of the Christian Right’s heavy involvement in politics to *Roe v. Wade*. However, the *Roe v. Wade* decision was in 1973, three years before the Carter election. The Christian Right was initially optimistic about Carter, but Carter quickly became their enemy; the Christian Right became involved in politics as a response to the IRS withdrawing tax-exempt status to Christian schools and fears about secularism in public schools (Freedman 2005). Additionally, the Christian Right doubted Carter’s character and his “born-again” commitment, as he met with gay and lesbian rights activists, interviewed with *Playboy*, and opposed a constitutional amendment against abortion (Freedman 2005). Again, we see that the Christian Right engages in desecularizing efforts as a response to fears about growing secularism in schools and abortion.

As a result, the Christian Right shifted their allegiance to Ronald Reagan, who supported a constitutional amendment against abortion, advocated for prayer in schools and teaching Creationism, and vowed to appoint evangelicals to his administration (Marley 2006). Reagan even infamously stated to the Religious Roundtable, “I know this is nonpartisan, so you can’t endorse me, but I want you to know that I endorse you” (Marley 2006:853). Leaders like Jerry Falwell, the leader of the Moral Majority, advocated for Reagan’s presidency and even claimed responsibility for his victory in the election (Marley 2006). They firmly believed that he would be the one to implement their agenda. As with Carter, to their dismay, Reagan “was unwilling to

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expend any of his considerable political capital to move those issues forward” (Marley 2006:851). While Reagan consistently kept Christian Right leaders close to him, he certainly did not appoint them to his administration or aid in moving their agenda forward (Marley 2006).

Putnam and Campbell (2010) describe the cultural changes prior to the 1990s as a significant turning point between the Christian Right and secularists. As the number of evangelicals increased and entered the public sphere, so did the discontent from the nonreligious with “the growing public presence of conservative Christians” (Putnam and Campbell 2010:120). This makes sense, considering data that has shown the rise of the religiously unaffiliated beginning in the 1990s (see Figure 1). Putnam and Campbell (2010) show that the consequences of these differences have been polarization along religious and political lines, with the Republican Party attracting social conservatives, and the Democratic Party attracting secular Americans. Hout and Fischer’s (2014) research also show support for this. Examining religious preference, political preference, and generational change from 1987 to 2012, they found that liberals (and many moderates) distanced themselves from organized religion when organized religion became more conservative; in 1987, only 16% of political liberals and 6% of moderates answered “no religion” when asked about their religious preference, whereas 36% of political liberals and 18% of moderates answered “no religion” in 2012 (Hout and Fischer 2014:443).
The polarization along religious and political lines continued under George W. Bush. Following the 2004 presidential election, numerous media sources concluded that President Bush’s narrow victory was, in part, attributable to voter turnout among the Christian Right.
Evangelical voters were particularly value-voters; in 2006, evangelicals split from other voters in the very high level of importance they attached to values issues such as gay marriage and abortion (Claassen and Povtak 2010; Pew Research Center 2007). In fact, 59% of evangelicals said these issues were “extremely important” to their vote in 2006 (Pew Research Center 2007). Unlike previous presidents, Bush did more than provide empty promises to the Christian Right. Bush placed a wide range of Christian Right leaders in his administration, enacted the Partial-Birth Abortion Ban Act, promoted abstinence-only sex education, and appointed two conservative Supreme Court Justices (Kaplan 2005; Partial-Birth Abortion Ban Act 2003; United States Senate 2022). As Figure 3 shows, the rise of the religiously unaffiliated continued to increase, likely the continuation of liberals distancing themselves from organized religion (Hout and Fischer 2014).

This trend also continued through the Trump presidency, with the largest number of individuals who identify as religiously unaffiliated yet (Pew Research Center 2022). In 2016, white evangelicals supported Trump by 77% compared to only 16% for Hillary Clinton. This number jumped in 2020, with 84% of White Evangelicals supporting Trump (Smith 2021b). Interestingly, between 2016 and 2022 those with “warm views toward Trump were far more likely than those with less favorable views of the former president to begin identifying as born-again/evangelical Protestants, perhaps reflecting the strong association between Trump’s political movement and the evangelical religious label” (Smith 2021: para 8). Based on what we have seen so far, it is unsurprising that the religiously unaffiliated were not fans of Trump; the religiously unaffiliated had the lowest level of approval among different religious groups, ranging from 17% to 27% while the president was in office. (Schwadel and Smith 2019).
Both the Christian Right and the growing secular population are concerned with religion’s role in the public sphere (Campbell et al. 2021) and sociopolitical topics such as abortion, gay rights, and public schools (Putnam and Campbell 2010). While the Christian Right value the religious heritage of the U.S., the rising secular population tends to value the separation of church and state. Similar to Bush, Trump did more than provide false promises to his evangelical supporters. During his presidency, Trump appointed three conservative Supreme Court Justices (United States Senate 2022) which resulted in the overturning of *Roe v. Wade* and abandoning the constitutional right to abortion (*Dobbs vs. Jackson Women’s Health Organization* 2022), as well as allowing nonprofits and for-profit businesses to make religious and moral objections to a Department of Health and Human Services mandate that required coverage of contraception. (*Little Sisters of the Poor v. Pennsylvania* 2020). Additionally, the Trump administration advanced other evangelical goals: Trump signed an executive order, Promoting Free Speech and Religious Liberty that ended the ban on tax-exempt organizations, such as churches, to engage in political speech (Executive Order 13798, 2017); enacted the transgender military ban policy (Wamsley 2021); removed nondiscrimination protections for LGBTQIA+ people when it comes to health care and health insurance (for example, permitting denial of care to transgender people) (Simmons-Duffin 2020); and a whole other range of anti-LGBTQIA+ initiatives (see Human Rights Campaign Staff 2020).

As I have shown, the history of religion and politics has been long been intertwined and has continued to increase significantly in the last 40 years. Scholars have shown that the growing polarization in the United States can be attributed to the intersection of religion and politics and how over time liberals (and many moderates) have distanced themselves from organized religion as organized religion became more conservative (Hout and Fischer 2014). A recent study by
Campbell et al. (2021) expanded on this, but instead of focusing on the binary of “religious” versus “nonreligious” they categorized United States Americans into four categories: religionists, secularists, non-religionists, and religious secularists. The basis of these categories is founded on personal nonreligiosity as well as personal secularism. Religionists are characterized as those low in both nonreligiosity and secularism, who are guided by religious beliefs, not likely to say that true beliefs come from factual evidence, frequently attend religious services, and many are born again/evangelical (Campbell et al. 2021:40). Secularists are characterized as those high in both nonreligiosity and secularism, who are guided by nonreligious sources, believe that true beliefs come from factual evidence, choose a secular identity label, and never attend religious services (Campbell et al. 2021:40). Non-religionists are high in personal nonreligiosity but low in personal secularism, who are not guided by nonreligious or religious sources, do not believe that true beliefs come from the natural world, are unlikely to attend religious services, and do not typically adopt a secular identity label (Campbell et al. 2021:40). Lastly, the religious secularists are low in nonreligiosity but high in personal secularism, who endorse secular beliefs like being guided by nonreligious sources and valuing factual evidence, but also attend religious services regularly and do not adopt a secular identity label.

A central thesis of Campbell et al. (2021) is that the polarization in the United States is not between the generally nonreligious and religious (non-religionists and religious secularists), but rather there is a partisan divide between the religionists and secularists. They argue that the recent rise of the secularists has the potential to be more than just political preference, but a birth of the Secular Left analogous to the Religious Right that has the potential to mobilize. They

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7 In Campbell et al. (2021:27-28), personal secularism embodies three core principles: a commitment to science and objective evidence as the basis for understanding the world; human experience and knowledge are key to understanding the world and making ethical judgments (humanism); and human development and understanding should be based on logic and reason (freethought).
show that secularism can drive political views, and politics can drive secularism, a feedback loop polarizing Americans apart from one another between the two major political parties resulting in a religious-secular fault line. Based on the narratives and interpretations of participants in this study, Campbell et al.’s (2021) categories were conceptually useful when examining polarization in everyday institutions, like Alcoholics Anonymous. Though I use Campbell et al.’s (2021) categories to expound upon the polarization within Alcoholics Anonymous, the goal of this dissertation was not to use the categories as an objective model of polarization in AA, but rather for their conceptual utility.

Religionists and Secularists in Alcoholics Anonymous

Campbell et al.’s (2021) four categories can be applied to Alcoholics Anonymous. The Religionists in AA (n=8), like Campbell et al.’s (2021) study, were high in personal religiosity (and/or spirituality), low in personal secularism and not likely to say that true beliefs came from factual evidence. However, they differed in that they were not necessarily affiliated with a particular religion or even regular church attendees, but more highly religious on a personal level and highly committed to the traditions of Alcoholics Anonymous and conference approved literature. Religionists are those that were referred to as “Big Book Thumpers” that only attend traditional AA meetings and, who, as mentioned in the section on AA Fundamentalists, tended to be those that would: tell the nonreligious they’d need to find a God to be successful in AA; that are able to quote out of the Big Book similar to how some Christians can quote verses from the Bible; that have substantial knowledge about and admiration for Bill Wilson and Bob Smith; and are adamant about keeping the Lord’s prayer as part of the AA meetings. Religionists in AA also tended to be reluctant to changes in AA, fearing that people won’t be successful in AA if AA gets too lenient about how people can work the program.
An example of a Religionist from this study would be Mary Jane. Mary Jane was an older woman from the South who has been in AA for 17 years, only attends traditional AA, grew up Southern Baptist, but doesn’t like the idea of associating herself with organized religion so she identifies herself as “spiritual.” However, throughout the interview, Mary Jane explained that she adheres to the values and beliefs of Southern Baptists and believes in the Judeo-Christian God but doesn’t like organized religion. She was able to quote scripture, told me detailed information about Saint Francis of Assisi, and even has a statue of Saint Francis in her front lawn. She prays multiple times a day and has a religious ritual that is associated with her recovery. She explained,

I do prayer and meditation every day. I like to sit in my backyard with my flowers and my birds and I read from three books every day. When I first get up, I invite God to be with me all day, to stay with me, and to help guide me through my day. I read from three books, which are AA approved literature or from Hazelden. One is called *Daily Reflections* that has things for alcoholics by alcoholics in AA for each day of the year. Um, so I read from that and the other two books, one is called *A Day at a Time* and I open it up in the morning and based on the date, I turn to that page and it gives a prayer to read and an inspirational thought, and I forget what the last book is called, but it’s three little things that all have to do with the same topic.

Mary Jane frequently pulled out the Big Book or other AA literature during our interview to read me prayers or passages. She does not want to see AA change at all and multiple times throughout the interview said AA is the only way to recover, despite not having ever been to any other type of recovery group. She also does not believe in taking cough syrup and explained a time when she accidentally took some and didn’t know it had alcohol in it and felt remorse. Recall from the “Doorknob Greater Than Yourself” section, when I had asked Mary Jane how an atheist might recovery in AA, she had said she wasn’t sure how an atheist could recover in AA, and that they’d

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8 Hazelden Publishing is part of the Hazelden Berry Ford Foundation which is one of the top publishers of substance use recovery and is generally pro-AA and 12-step based models of recovery.
have to have a “change of heart maybe”, and then proceeded to recite out of the We Agnostics chapter.

Secularists in AA (n=6), on the other hand, were high in their nonreligiosity as well as their personal secularism. They typically adopted a nonreligious label, valued scientific knowledge on recovery over AA literature, predominantly attended only secular AA meetings, and see the rise of the fundamentalist Big Book Thumpers as a threat to Alcoholics Anonymous as an organization. Secularists were likely to see Big Book Thumpers as harmful and expressed concern for those who attended the traditional meetings. While the generally nonreligious also expressed prayers in meetings and the “God talk” as frustrating and problematic, the secularists were those who were so bothered by it that they could no longer bear attending traditional meetings or engaging with Religionists.

An example of a secularist from this study would be Jocelyn. Jocelyn was a middle-aged woman from the Midwest who identified as an agnostic, though said some days she identifies as a devout atheist. She found traditional AA to be more than just frustrating, but harmful. She felt like traditional AA members expected her to eventually come around and believe in a Christian God. She had been in an abusive marriage when she first sought recovery in AA, and members told her that she needed to pray for her husband because “resentment was the number one offender” and she needed to keep praying and be open to accepting God. She considered the people in traditional AA to be “horrible people” and that AA literature is outdated and “is not a manual for recovery in 2022.” She ended up leaving traditional AA and explained,

I just thought they're just going to say the same thing again. They're just going to tell me to do the same thing again and send me to that stupid book. I'd rather slash my wrists and read that stupid book again and sit with those stupid people. Telling me stupid things that don't work.
She believes secular AA is more logical, science based, and full of more intelligent people. Jocelyn expressed that if it were up to her, the entry point in AA would be secular AA and that recovery should be evidence-based best practices. She said, “if you have diabetes, they don’t send you to a witch doctor” referring to AA. A large portion of her identity is centered around her secular beliefs and her recovery. She made herself a relapse prevention plan that has measurable objectives, she regularly listens to the Beyond Belief podcast, she engages with others in online secular recovery Facebook groups, and regularly reads secular literature. Jocelyn was open about her dislike for traditional AA and expressed that she would never go back to it.

Though there were a handful of religionists and secularists that I interviewed, the majority were those who were generally nonreligious (n=28) and still attended traditional AA, or those who left AA and/or predominantly attend other groups (n=9). Connecting this to Campbell et al.’s (2021) categories, most of the others interviewed were similar to the “non-religionists” and “religious secularists.” Most of the religious secularists were those that were spiritual or loosely religious that either dropped out of AA altogether or attended other recovery groups that better fit their needs. Religious secularists were those that recognized AA was not the only way, valued current scientific understandings of alcohol and substance use disorders, and were loosely religious and/or spiritual.

An example of a religious secularist was Sammy. Sammy was a young woman from the South who identified herself as a Christian but does not associate herself with a specific denomination. She has been in recovery for 9 years and left AA altogether after 7 years. She valued her time in AA and thought it helped strengthen her religious faith. Her decision to leave was not due to the religiousness or growing secularists, but rather that she felt comfortable enough in her recovery that she didn’t see it as a necessity anymore. Sammy found AA literature
and the program itself to be life changing, though she also stays up to date on current scientific
studies on recovery and best practices. Sammy, like other religious secularists, are both
personally religious and hold secular worldviews.

Most of the people I interviewed were non-religionists. The non-religionists typically
floated between AA and other groups, whether it be secular AA, AA women’s groups, AA
Agnostics groups, etc. The non-religionists sometimes identified with a secular label and were
more likely than the secularists to identify themselves as spiritual. Generally, they saw benefits
in both traditional AA and secular AA. While they, too, were frustrated by the religiosity of
traditional AA, they were able to make it work and didn’t see it as a large enough barrier to leave
AA altogether. They also enjoyed periodically going to secular AA meetings as well. However,
unlike secularists, they often complained about some of the “bashing” that happens in secular
meetings, in which secular AA members bash traditional AA. Non-religionists saw this as
unwarranted, especially since they frequented both traditional and secular AA meetings.

An example of a non-religionist in this study is Martha. Martha was an older woman who
has been in recovery for 39 years, attends both traditional AA and secular AA, identifies as an
agnostic, and considers herself to be spiritual. Martha loves seeing her old friends in traditional
meetings and likes the nostalgia of AA literature. However, like the secularists, she gets
frustrated with prayers in meetings and isn’t afraid to advocate for change within traditional AA.
It doesn’t bother her enough to stop going to traditional meetings, but she does think that it
should be changed to be more inclusive for everyone. Outside of AA, she is open to attending
church with her daughter because she knows it means a lot to her daughter when she does, but
she wouldn’t necessarily choose to go to church on her own. She also considers herself to be
spiritual and having had a spiritual awakening, though she doesn’t see it as religious. Her
sobriety came as a result of a suicide attempt, and when she was in the hospital she woke up and had no desire to drink again. She considered this to be a spiritual awakening like the one she read in the Big Book but doesn’t consider it to be a result of a divine intervention. When discussing it, she said

I don’t know what the hell happened there and I don’t have any sort of explanation for it, but I’m really a very fortunate person, you know, and, uh, I think good luck kinda comes my way. But I'm not saying that is God working in my life. You know, I don't believe that.

Like Martha, many non-religionists were personally nonreligious but open to the varieties of belief systems, resources, and recovery experiences.

Though religionists and secularists used to coexist within AA broadly, the polarization between the two has increased so much that the secularists only attend secular AA and the religionists only attend traditional AA meetings. Even among the non-religionists and secular religionists that attend both traditional and secular AA, many of them were well-aware about the growing polarization within AA, and in some cases, even influenced by it. For example, though Martha was a non-religionist who attended both traditional AA and secular AA, the growing polarization has led her to be more aware of the religious nature of traditional AA. While talking about a yearly “AA traditions breakfast” she attended, she explained how she was frustrated to hear the Lord’s Prayer at the breakfast. She recalled,

It didn't bother me so much when I was new, but it bothers me a lot now and especially that I've kind of become a secular AA meeting go-er and, uh, you know, I've been to those traditions breakfasts, probably every Sunday in March, you know, all of my sobriety and I don't, I don't know if my thinking changed so much or were they not doing it before? But this, this particular time really, really turned me off.

Martha was not the only non-religionist who has started increasing their time in secular AA.

Many of the participants that attended both AA and secular AA preferred secular AA and
typically only attended traditional AA to see old friends or to remind themselves of where they started. Regardless, the growing polarization in Alcoholics Anonymous is similar to that of the growing polarization in the rest of society—the majority have not yet jumped on board with the religionists or the secularists, but the secularists are growing in size and are beginning to have influence in Alcoholics Anonymous as an organization. Like Campbell et al.’s (2021) finding that “politics drive nonreligiosity” (p.20), we can see that the politics within Alcoholics Anonymous, as described in this study, has led many to leave traditional AA and attend secular AA. In the next section, I will discuss the reasons behind the growing polarization of religionists and secularists in AA, and much like that of the Religious Right and Secular Left, their fight for domination in the public sphere (or in this case, AA).

Tradition, Perceived Threat, and the Fight for Control in Alcoholics Anonymous

In general, the Religious Right in the United States have long been concerned with “preserving” or “restoring” the religious heritage of the United States (Casanova 1994; Putnam and Campbell 2010) and sociopolitical topics like abortion, gay rights, and public schools. Secularists, on the other hand, value the separation of church and state and tend to be more liberal, or progressive, on sociopolitical topics like abortion, gay rights, and public schools (Campbell et al. 2010). Like the Religious Right and the Secular Left, the ideologies of both sides mirrors the ideologies between religionists and secularists in AA. Both sides believe their vision for the United States (or AA) is the correct and best one. In AA, the growing polarization between religionists and secularists can be attributed to (a) maintaining tradition and (b) perceived threat from the other side.

Similar to how the Religious Right and the Secular Left in the United States disagree on whether conservative or progressive policies are the best direction for the country, the
religionists and secularists in AA disagree on the direction of Alcoholics Anonymous. The religionists advocate for upholding the traditions of AA with a “if it ain’t broke don’t fix it” mentality, and the secularists advocate for change within the organization.

Like the religious right in the United States values the religious origins of the United States and traditional family values, the religionists in AA value the religious origins and early foundations of Alcoholics Anonymous. The religionists have substantial knowledge about the history of AA, the founders Bill Wilson and Bob Smith, typically have read the Big Book cover to cover on many occasions, are comfortable with “God talk” in meetings, and advocate for keeping the Lord’s prayer in meetings. The religionists believe strongly in the success of Alcoholics Anonymous and it was not uncommon for them to discuss the awe and appreciation they had that something written in the 1930s could still hold true today.

Because they are personally strongly religious and/or spiritual, they did not see any flaws with the religious nature of the Big Book, the 12-steps, or the origins of Alcoholics Anonymous. Recall from the early chapter on the history of AA, that AA was inspired by the Oxford Group, a spiritual movement in the 1920s and 1930s whose central idea was that life’s problems could be healed through a movement of personal spiritual change (White 2014). Religionists in AA are big proponents of having a spiritual awakening or religious experience to have a successful recovery. Thus, that is why so many of the nonreligious in AA mentioned finding a higher power as such a large barrier or feeling like it was a bait and switch.

Religionists would describe the nonreligious in AA who hadn’t found a higher power as “dry drunks”, a term describing someone who is sober but hasn’t dealt with the issues that led them to drink in the first place. Religionists would describe them as “not being serious enough” about their recovery. This is similar to what Munro (2019) found in their study on the
nonreligious in AA; participants’ nonreligion was seen as a symptom of their alcoholism in which “the underlying motivation in their non-religion is really just an unwillingness or lack of readiness to quit drinking” (p.205). This was present in this study as well, in which the nonreligious received remarks from religionists such as “fake it until you make it”, encouraging them to choose anything to be their higher power in hopes that they would come around to believing, or encouraging them to read the “We Agnostics” chapter in hopes it would sway them to come to believe. Because religionists believe so strongly that God-belief is necessary to have successful recovery, the end goal is always finding God. Thus, this is why religionists I interviewed, when asked how an atheist might get through the 12-steps, mentioned they’d have to have a “change of heart”, or that they’d have to become “more open-minded.” Additionally, this is also why religionists feel the need to proselytize during meetings, such as being explicit when stating “I have a higher power and his name is Jesus Christ”, and to tell their nonreligious peers that they need to find God if they are serious about their recovery.

The Big Book states that, “rarely have we seen a person fail who has thoroughly followed our path” (Wilson 2001 [1939]:58), and to religionists, the path is following the 12-steps as they are written and not deviating from the path. Thus, not doing the steps, loose interpretations of the steps, not having a sponsor walk you through the steps, or having an alternate version of a higher power that is secular is unacceptable to religionists, as religion is central to recovery. To them, to change the traditions of AA or to deviate from how it is written would lead to failure. This is similar to the emphasis the religious right places on the religious heritage of the United States. To them, Protestant Christianity is foundational to the social and political makeup of the United States and should very much have sway in sociopolitical issues. Like the religionists, the
religious right value tradition and upholding that tradition, fearing what might happen if those traditional values are abandoned.

Secularists in AA, on the other hand, view the traditions of AA and the Big Book as historical artifacts that are important to the history of the organization, but not necessary for recovery. As we will see in the next chapter, many non-religionists and secularists alter the program and the 12-steps to make it work for them. They view the steps as guiding principles, but do not think their success relies on their ability to complete the 12-steps. Secularists were those that advocated for ditching the Big Book altogether, felt strongly that it was religious and sexist, and didn’t believe that sponsorship was necessary. Secularists advocated for change within AA, such as keeping prayers out of meetings, replacing the Big Book with modern scientific literature on substance use disorders, and saw secular meetings as more progressive, intelligent, and inclusive.

Like religionists, secularists had substantial knowledge about the history and origins of Alcoholics Anonymous. Though unlike the religionists, they saw the history as overly religious and sexist, and desired it to be abandoned rather than honored. Secularists saw the traditions of AA, the literature, the praying in meetings, and the mention of God as inherently problematic to recovery and not inclusive for the general population. They felt that less praying, less mention of God, and more modern literature would be an improvement for AA that would attract more members. Secularists in AA are relatively similar to the secular left in that they value the separation of church and state, wish to limit religion in the public sphere, do not adhere to traditional values, and favor progressive ideologies. Because religionists and secularists have such differing values, they see one another as a threat to the stability and future of AA.
Perceived Threats and the Fight for Control

Interestingly, religionists saw the overall direction of AA as a threat to the stability and future of the organization. On an individual level, religionists feared that secular interpretations of the 12-steps and bringing in outside literature would lead to the entire organization falling apart. This is also why religionists were often described as “rigid” when it comes to adhering to working the program. By being rigid in their approach, they keep those who aren’t serious about the program out of it. To religionists, heterogeneity undermines the overall fellowship. On an organizational level, religionists saw the increase in secular AA groups as a threat to the traditions of AA. Consequently, some try to stop secular AA groups from being listed on the AA website. I will discuss this in more detail in the following section.

Secularists did not see the overall organization of AA as a threat to their values, rather, they saw the religionists as the primary threat to the future of AA. Secularists were quick to applaud AA at the organizational level regarding their acceptance and promotion of the growing nonreligious population. The organization has recognized secular AA groups, and has put out a pamphlet titled “The God Word: Agnostic and Atheist Members in AA” to help nonreligious members of AA understand that they are welcome and can be successful in the program despite their nonbelief (Alcoholics Anonymous 2018b). The organization has even intervened on cases in which secular AA groups were not being listed on the district websites. Instead, secularists point to religionists as being the biggest threat, citing the prayers, God talk in meetings, harassment, and overall dissent of secular AA’s existence as primary examples. To secularists, the overarching religiosity will be a turn off for newcomers who will potentially find an alternative recovery group to join instead of AA.
What is noteworthy about these differing worldviews is that despite the organization as a whole stating that nonreligious folks are welcome in AA, on an individual level, members still feel they know what’s best for the organization despite what the organization itself says. The basis of the drastically differing worldviews is centered around how strict or loose the organization ought to be about working the program. To religionists, AA ought to crack down and make sure everyone is adhering to the Big Book and the 12-steps as they are written. To secularists, AA should “get with the times” and incorporate more outside literature, be open to nonreligious interpretations of the 12-steps and stick to the basic principle of “the only requirement for membership is the desire to stop drinking.”

The internal conflict and organizational structure is similar to that of religious congregations. Iannaccone (1994) theorized that strict demands strengthen churches by raising overall levels of commitment, increasing participation, and enhancing the net benefits of membership. Specifically, these strengths are possible because the limit free riders that would have otherwise contributed little to the group. In the case of AA, religionists advocate for rigidity in the program on the basis that it eliminates free riders who are not serious about recovery, and thus increases commitment and participation in AA. Iannaccone (1994) defines strict churches as those that “proclaim an exclusive truth—a closed, comprehensive, and eternal doctrine” (p.1182). They often demand adherence to a distinctive faith, morality, lifestyle, condemn deviance, shun dissenters, and repudiate the outside world (Iannaccone 1994:1182). Similarly, the religionists in AA view AA as the only path to a successful recovery, are rigid in their approach, believe that the correct way to work the program is exactly how it is written, and do not have favorable opinions of alternative recovery groups or alternative ways to work the 12-steps. By engaging with nonbelievers and others who are, to them, not doing the program
“correctly”, they may feel that they are helping the organization by eliminating free riders who they believe are not “serious” about recovery in AA.

While Iannaccone (1994) theorizes that strictness strengthens churches, he also recognized that there are some exceptions to the rule. Iannaccone (1994) explains that there is an “optimal level of strictness” and if a group becomes too strict, they will “scare off many potential members with what are perceived as excessive demands” (p.1202). In the case of AA, the rigidity of the religionists may strengthen the overall organization, or, if other members perceive the religionists as being “too rigid” it may lead to members dropping out of AA altogether or joining secular AA. It is possible that this is what has led many nonreligious folks in AA to branch off into secular AA. The previous section has shown that some of the largest barriers can be attributed to religionists in AA telling the nonreligious how to do AA “correctly” through praying, talking about God in meetings, encouraging nonreligious members to find God, and citing from the Big Book. While the non-religionists in AA may not find the religionists to be “too strict” to the point of leaving AA or finding a different AA group, the secularists felt that the religionists have exceeded the “optimal level of strictness” to the point where they no longer attended traditional meetings and only attended secular meetings, which they viewed as much more lenient in their approach.

To secularists, the strictness of the religionists in AA is the biggest threat to the overall organization of AA. As Iannaccone (1994) mentions, strictness has the ability to scare off potential members. Secularists fear that newcomers who first enter AA by attending a traditional meeting might be scared off and/or not get the help they need. Due to secularists worry that newcomers will be scared off from traditional AA, most of the secularists advocated for secular
AA to be the entry point for newcomers. To religionists though, the strictness is necessary to weed out newcomers that are not “serious enough” about their recovery in AA.

Aside from the organization itself, Iannaccone (1994) also points to societal changes as pivotal to how well strictness will be accepted. He states that,

to remain strong, a group must maintain a certain distance or tension between itself and society…maintaining this “optimal gap” means walking a very fine line in adjusting to social change so as not to become too deviant, but not embracing change so fully as to lose all distinctiveness. (Iannaccone 1994:1203)

In other words, a group has to balance its religious traditions with changing social norms. In the case of AA, religionists will need to balance their adherence to the traditions of AA while also acknowledging the growing nonreligious population in society at large and within AA. It is possible that if the rigidity of religionists continues in AA, more members could leave AA altogether and attend another type of recovery group like Women for Sobriety or Refuge Recovery, or, if they opt to stay, might choose to alternative AA groups like secular AA.

Religionists and secularists perceive each other as threats to the future of AA as an organization. On the one hand, religionists believe that the future of AA depends on keeping tradition and not deviating from what has been done for so long. To religionists, secularists and secular AA are too lenient, which will undermine the legitimacy of AA and will result in the organization losing members. On the other hand, secularists see the religionists as overly strict, which will turn members away from AA and result in lost membership. Both religionists and secularists care about the future of AA, they just have drastically different worldviews. One party favors keeping religion and tradition alive in the organization, and the other party wants to keep religion out of recovery altogether. Both are coexisting with AA broadly, trying to control the future direction of the organization.
The growing polarization between religionists and secularists in AA is very similar to that of the growing polarization between the Christian right and the secular left in the United States. Both parties have the best interest of the country in mind but see each other as a threat to the future of the country. The Christian right values tradition and upholding the religious heritage of the U.S., and the secular left values progression and the separation of church and state. Just like the “in-between” non-religionists and religious secularists are the majority of those in AA, they are in the United States as well. The secularists and religionists are a growing, loud, minority that ultimately impacts the non-religionists and religious secularists.

This section has shown that everyday organizations mirror society, and that the parallels and tensions between secularizing and desecularizing forces in the culture at large play themselves out in AA. The growing polarization along religious and political lines is evident in institutions beyond the church and ballot box. Each side perceives the other as a threat and is actively mobilizing to gain control. While Campbell et al. (2021) acknowledged that the secular left has not yet actively started mobilizing, if AA is any indication of what is to come then one can expect the secular community to become more active. Additionally, the case of AA has shown that secularization and desecularization are not a linear process (at least not in the United States). As we have seen, both religionists and secularists co-exist and seek to make AA more, or less, religious. Just like religionists and secularists throughout United States history, AA is also a battlefield for both groups to maintain control. Processes of secularization and desecularization are simultaneously existing. Throughout history and within AA, I do not see support for a linear process of secularization or desecularization, but rather elements of both competing for control on various levels.
This chapter has shown the various barriers that the nonreligious face in AA. What is remarkable, is that despite these challenges, most of the nonreligious find a way to make AA work. They create their own “recovery toolbox” that is unique to their own needs as a person in recovery. I conclude that the most valuable aspect of AA that makes the barriers worth hurdling over, is the community itself. The next chapter will uncover the various ways the nonreligious find success in AA.
CHAPTER 6: SIDE-STEPPING GOD: HOW THE NONRELIGIOUS FIND SUCCESS IN ALCOHOLICS ANONYMOUS

As we saw in Chapter 5, the nonreligious encounter substantial barriers as members of AA. Despite this, they find a way to be successful in AA by creating their own unique “recovery toolbox”. This chapter addresses the fourth research question: What common factors underly a successful recovery for the nonreligious? The “recovery toolbox” that the nonreligious draw upon to create a successful recovery consists of some, if not all, of the following: not working the 12 steps, creating an alternative higher power, drawing from outside resources, and practicing gratitude, meditation, and mindfulness. Additionally, the nonreligious create a space for themselves within AA by (a) being active and vocal about defending their nonreligious beliefs at meetings and (b) attending secular AA meetings. Aside from their personal recovery toolbox and actively creating their own space within AA, the nonreligious find the community itself to be the greatest asset to their recovery.

Making it Work: Take What You Want and Leave the Rest

The phrase “take what you want and leave the rest” is common to hear within AA circles. It is used in the context of working the program, in that AA members should utilize resources in AA that they find helpful for their recovery and leave aside those they do not find helpful. In a sense, it is promoting the idea of creating one’s own recovery toolbox. Though the phrase is not directly out of the Big Book or from Bill Wilson, many validate the phrase by pointing to a section in the Big Book that states “our book is meant to be suggestive only. We realize we know only a little” (Wilson 2001[1939]:164). To many, this phrase grants AA members the flexibility

11 While I am referring to the concept as “community”, it is commonly called “fellowship” within AA.
to take what they find useful in AA and to add/remove whatever they need to create their own sort of “recovery toolbox.” This was especially common among the nonreligious in AA, who, as we saw in the previous chapter, encountered considerable barriers to their recovery as a nonreligious person in AA.

For some, AA and the 12-steps weren’t enough, and they sought to add more resources to their recovery toolbox. Isabella, a woman who has been in recovery for 27 years and identifies as an atheist or “heathen”, said,

I realized that what I had learned during the relapse was that the 12-step model was not a big enough support because I wasn't being 100% authentic. I was trying to fit my recovery into this paradigm and my recovery needed more than that. So when I came back, I said, I'm not going to hedge, I'm going to do exactly what my recovery needs to fit authentically to myself. I'm not going to worry about making other people comfortable and I'm not gonna worry about it making sense to anyone else either. So I just kind of started my thing for me.

Isabella recognized that after she experienced a relapse she needed to do more if she was going to be successful in her recovery. She discussed how she tried sticking to the 12-steps in AA and Narcotics Anonymous but it wasn’t enough for her. After she realized this, she started to incorporate a variety of resources into her recovery. Isabella perhaps had the most diverse set of tools she draws upon, ranging from meditation, Buddhist principles, atheist values, satanic philosophies from the Temple of Set, literature and practices from AA, NA, Dharma Recovery, Sex and Love Addicts Anonymous, and even from Dharma Punx (Levine 2009) which she described as “old, angry, punk rockers who got addicted to drugs and their life spiraled and they bottomed out and they found Buddhist meditation helpful to them.” She also described her personal recovery approach as bio-psycho-social-and environmental and constantly making sure all of those needs are met.
Jocelyn, an agnostic in AA that we met in Chapter 5, also described her experience as collecting a variety of tools to make her recovery successful. She said, “I started collecting tools like listening to the Beyond Belief podcast, going to secular meetings on Zoom, downloading books like *The Alternative 12 Steps: A Secular Guide to Recovery*” (Cleveland and G 2014). She further explained that she met people in the secular Zoom meetings and other secular AA women’s groups like the Sober She Devils and Stonehenge Women and she reached out to several of them to see if they’d be interested in starting a small group. She then formed a group of about five women who would get together, listen to the Beyond Belief podcast and/or read from the *Alternative 12 Steps* book (Cleveland and G 2014), and discuss it together. Additionally, she uses the Sam Harris meditation app, NPR radical forgiveness podcasts and worksheets, therapy, and the ABC Model of Cognitive Behavioral Therapy. One fascinating thing Jocelyn did for recovery was to develop a relapse prevention plan for herself, drawing from the work of Steven Melemis, which consisted of measurable goals and objectives. It was truly remarkable to hear about the level of detail Jocelyn put into creating her recovery toolbox and relapse prevention plan.

The nonreligious in recovery had detailed toolboxes they created for themselves to promote a successful recovery. Captivatingly, the resources they drew upon were from their own personal research into alternative recovery methods outside of AA. Many stumbled across these resources on their own, with no help from their peers in AA. Generally speaking, the recovery toolboxes consisted of some, if not all of the following: not working the 12 steps, creating an alternative higher power, drawing from outside resources, and practicing gratitude meditation and/or mindfulness.
Unpacking the Toolbox: Not Working the 12-Steps

While everyone in AA is familiar with the 12-steps, the nonreligious often stumbled across secular versions of the 12-steps through their own exploration. As we saw in Chapter 5, the religious nature of the 12-steps can be challenging for the nonreligious. I had asked Janice, an atheist woman from the South who has been in AA for 17 years, if she had ever been offered a secular version of the 12-steps during her time in traditional AA and she said, “I wasn't offered so I went looking for it because I wasn't happy with what I was getting. No one offered it to me.” Even when they find secular alternatives to the 12-steps, many of the participants had little to no interest in going through them in a secular way. In fact, most participants made the decision to not work the 12-steps at all.

Selena, who you may recall from the previous chapter that has been in recovery for 37 years, was only recently introduced to secular alternatives to the 12-steps and found them to be unappealing. She said,

I was just talking in a secular meeting last night about how doing the steps secularly is weird to me, cause there's like 10 different sources for secular steps. I think most of them are not appealing to me like, it just doesn't call to me or whatever, but maybe it's just because it is so steeped in the original ones, which I also don't like.

For Selena, even secular alternatives for the 12-steps felt too much like the original 12-steps and she didn’t find them either of them to be useful. Selena wasn’t the only one who felt this way. Isabella described the secular 12-steps to Splenda, the popular sugar substitute, saying,

It's kind of like Splenda, you know, it's still the same framework that you're processing. You know, there's the Wiccan 12 steps that basically change a Christian white higher power to a feminine higher power, it's just a different version of God so they've just swapped the anthem for a different deity but it’s still a deity and I'm like, you know, we have to take some ownership in our own lives too. God’s not going to get you out of the crack house, you can't pray your way out of the crack house. You kind of got to get on your feet and walk.
Isabella’s description of the secular version being like Splenda is similar to the way Owen, from the last chapter, described swapping out the concept of a higher power to a doorknob when he said “potato, potato.” Similarly, many of the nonreligious participants felt that swapping out the 12-steps for a secular version were disingenuous and unhelpful. As a result, many chose not to do the 12-steps at all. The nonreligious tended to place a great deal of emphasis on their personal responsibility for their recovery. As Isabella mentioned, ultimately, it was her own doing that got her to this point in her recovery. Similarly, Eddie felt that he didn’t need to do all of the 12 steps, and that what was more important was practicing mindfulness and caring about other people. He had started working the steps with a sponsor but decided to not continue working them. He said,

I haven't gone through the rest of them, because I kind of feel like not necessary. And the whole, let's just give it up to God stuff doesn't apply to me anyway. So I can just skip right to the don't be a jerk, you should care more about other people than you do about yourself. So I kind of don't necessarily feel like I need to do all the rest of that stuff.

Because the 12-steps are such a large part of AA and working the program “correctly”, some of the nonreligious felt guilty about not doing them. During the interviews, I had asked participants if they felt like the 12-steps influenced their nonreligious beliefs or identity at all. It was this question that many participants admitted that they didn’t actually do the 12-steps and many acted embarrassed or assumed they would be judged for not doing them. Chelsea, for example, felt the need to validate her lack of 12-steps by telling me her therapist said it was okay. She explained,

Luckily, I had a psychiatrist I was seeing and when I was talking to him about AA, he was like, kind of down on AA, and I thought that was weird. And he was like, well, let's look at the steps and he was telling me how the steps are about giving up your agency and identifying your defects. And he was like, why be so negative about yourself? And I was like, okay, I agree so I have his permission to reject the steps, even though I still think AA is the best game in town.
When Chelsea first tried the 12-steps, she felt like it made her feel worse about herself and would more likely lead to a relapse if she kept working them instead of recovery. Fortunately, her therapist gave her the validation she needed to skip over them. Even though Chelsea doesn’t have a sponsor, doesn’t work the 12-steps, and doesn’t have a higher power, she still believes that AA is “the best game in town.” This is a prime example of how the nonreligious create their own unique recovery toolboxes, picking and choosing what works best for them to promote their recovery. For Chelsea, that meant being part of AA, but choosing to do it her way. Given that religionists in AA are quick to assert that one is not getting “sober correctly” unless they are reading the Big Book and following the steps as written, it is pretty substantial that a lot of nonreligious participants ultimately ended up not working the 12-steps. Many of those in secular AA that do not work the 12-steps have sustained recovery as well. Chelsea, for example, had 3.5 years of sustained recovery time, all without working the steps. Another way many nonreligious are able to make AA work is by creating an alternative that serves as a placeholder for a higher power.

Unpacking the Toolbox: Higher Power Alternatives

While most of the participants didn’t find working the 12 steps to be useful or necessary, all of them attempted working the 12-steps at some point in their recovery. Typically, most of the participants were exposed to the 12-steps early on, attempted to work them, attempted to find a higher power, and decided later in their recovery that the 12-steps were not for them. As discussed in the last chapter, having a higher power is central in AA circles whether one is going through the 12-steps or not. The nonreligious in AA, being adamant about making AA work for them, had creative solutions for dealing with the higher power concept.
Damien, an agnostic man from out West who has been in recovery for 13 years, struggled with the concept of a higher power at first but was ultimately able to make it work by reminding himself that he didn’t have to have a clear definition of what it was. He recalled,

I mean, I've only tried surfing once, but try and surf once and it's really obvious that the gravity is powerful and that the forces of the ocean are powerful. It's also true that you can have a nice time doing it, but it's equally true you can get a mouth full of sand if you try and defy the higher power in question. You've got to work with your higher power, or you're going to wind up with a mouth full sand or worse. I guess, I'm looking out my window here our yard is on the edge of a city reserve, and I'm looking at birch trees that are 175 feet tall, so they're a higher power, higher than I can see out in the window. Um, so the higher power thing, other than the fact that I don't define it very well, and that was one of my big breakthroughs was that I didn't have to define it really well, this isn't a theology class.

Damien was one of the more spiritual-oriented participants when it came to picking a higher power. However, he views his higher power as purely secular, and more of being in tune with, and in awe of, nature. For a long time, he struggled with the concept of a higher power which resulted in several relapses. Once he came to the realization that it didn't need to be perfectly defined, and that it is okay if it changed, he felt more comfortable with the idea of a higher power.

Karen, who considers herself to be spiritual and who has been in AA for 17 years, was another participant with a more spiritual-oriented higher power. Like many, she struggled with the concept and would overthink it to the point where it would become stressful. Fortunately, her sponsor reminded her (similar to Damien’s experience) that she didn’t need to overthink it and that it was okay if she changed her idea of a higher power at any point in time. Her sponsor was vital to her creating a higher power. She explained,

She reminded me that I didn't have to overthink anything about a higher power, it didn't have to be any conception of anyone else's higher power she didn't give a fuck. She didn't care. If it worked for me than it worked for me, and if it worked for me today, then
that was great. And if I had to pick something else tomorrow then I had to pick something else tomorrow. But, um, her suggestion was for me to write down a list of the attributes that I would like my higher power to have. And that really worked for me. So that is loving forgiving, thoughtful, a wicked sense of humor. Um, it is people, beautiful connections, and those chills you feel when you walk into a room. It's also nature, it's also the warmth of the sun on the back of my neck, that's my higher presence being around me at all times.

Her experience with her sponsor was fairly unique as most participants either didn’t have sponsors, or had unpleasant, and sometimes traumatizing, experiences. However, her sponsor’s innovation proved to be helpful for Karen. Karen’s description of her higher power including connections with others and nature were the most common forms of alternative higher powers. To most, it was the connection with others, specifically the connection with those in AA, that worked as a higher power for them.

Lee, for example, had a relatively humanist approach to his understanding of a higher power. Lee considers himself to be spiritual and has been in recovery for four years. He described his higher power as the following:

I came to define God or higher power as like this universal connection, um, I do think that we are all connected, all part of one, but that one isn't necessarily a singular God that's above us, it's almost, you know, some people write about, like, the God within us, and I think that's what resonates with me more.

Like Karen, Lee saw the uniqueness in the human connection that he uses as his personal higher power. Adrian was a bit more specific in his interpretation of connection with others as being a higher power. Adrian didn’t just identify human connection as his higher power, but the actual AA group itself. This, like the doorknob, is a common suggestion offered to the nonreligious in AA for alternative higher powers. Adrian was a middle-aged man from the West coast who has only been in recovery for 3.5 months, but as a “none” he was quick to use his AA group as his higher power. He explained that “it goes back to the community, like the other people that are in
there, the higher power is kind of like the group consciousness of, you know, I mean, they're there to help whenever you need it.” Similarly, Savannah, who has been in AA for 38 years, saw not only her AA group as a higher power, but saw a higher power in a variety of people. She said,

I really look at it, to be honest, my AA group is what got me there. And now I see a higher power in all kinds of ways, in people, you know. My shrink for example, he's got a specific expertise, my therapist, you know, different providers, but yet I don't revere them. It's just a case of oh, okay, yeah, they're a power greater than me and they can help me with a specific area, my sponsor, you know, other people, the universe, my cats.

Whether it be a universal human connection or the intimate connection AA members have with one another, the nonreligious found it to be incredibly valuable to their recovery when it came to finding a higher power. Even though many of the participants identified something as their higher power at some point in their recovery, they were quick to assert that they didn’t see their higher power as religious. To most, it was a secular alternative centered around nature, the human connection, or practicing mindfulness to appreciate the world around them. Janice, who you’ll recall from the last section, summarized this simply by saying “it’s not a higher power, but really a higher purpose.” While almost everyone grew to be comfortable describing these ideas as a “higher power” the longer they stayed in AA, they ultimately viewed it as something greater than themselves, but through a secular rather than a religious lens.

This supports previous literature that has argued that health and well-being are not different between the religious and nonreligious (Frost 2019; Galen 2018; Hwang, Hammer, and Cragun 2011; Levin 1994; Levin and Vanderpool 1987; Miller and Thoreson 2003; Zuckerman 2008), just that many mechanisms of well-being among the nonreligious are often categorized as spirituality as opposed to underlying factors like strong worldviews, social engagements, and normative cultural fit (Galen 2018). This also supports research like Zukerman (2008) and Smith
and Halligan (2020) that examines well-being and meaning making among the nonreligious, and argues that the nonreligious, just like their religious counterparts, interpret their everyday experiences through secular worldviews, and that they are not that different than the religious—they seek fulfilling relationships, meaningful lives, ponder big questions, and build purposeful, happy lives with no less sense of awe and wonder than their religious counterparts (Zuckerman 2008). Like the participants in these studies, the participants in this study centered their recovery and meaning around things like nature, human connection, or mindfulness—though instead of interpreting the meaning of life and their recovery through a religious worldview, they interpreted it through a secular worldview.

As I have shown, the nonreligious learn to seek out alternative explanations or alternative resources to create a recovery toolbox that works for them. It is probably no surprise, then, that the nonreligious utilize a variety of outside resources like literature outside of the AA-approved conference literature, podcasts, and online groups for their recovery.

Unpacking the Toolbox: Outside Resources

As I described in the last chapter, the nonreligious took issue with AA literature. Specifically, the outdatedness of the Big Book, the sexist language, the We Agnostics chapter, and the perceived religiousness throughout. However, the nonreligious still wanted to engage with resources that would help promote their recovery. Through their own searching, many came to find outside literature, podcasts, and online resources to be an asset to their recovery.

The most popular secular literature that almost every single nonreligious participant mentioned were readings from the AA Agnostica website (aaagnostica.org), Staying Sober Without God: The Practical 12 Steps to Long-Term Recovery from Alcoholism and Addictions by Jeffrey Munn (2019), Beyond Belief: Agnostic Musings for 12 Step Life: finally, a daily
reflection book for nonbelievers, freethinkers and everyone! by Joe C. (2013), and A Secular Sobriety: Including a Secular Version of the First 164 Pages of the Big Book by Dale K. (2017). AA Agnostica is a website dedicated to the nonreligious in AA across the world. It was the first website to be dedicated to the nonreligious in AA and contains a variety of resources as well as informative articles written by those in AA. Bella, an atheist who has been in AA for 35 years, said “it's nice reading AA Agnostica and realizing that there actually are a lot of us out there. I find that reassuring, even though there's not a lot of it around me.” Bella didn’t have any in-person secular AA meetings near her and found AA Agnostica to be a helpful resource. Other popular literature were books like the previously mentioned Alternative 12 Steps: A Secular Guide to Recovery (Cleveland and G. 2014) and Modern 12 Step Recovery: Alcoholics Anonymous for the 21st Century by Glen Rader (2021), both of which take a contemporary spin on the 12 steps, with the latter book drawing on information from recent science and psychology studies.

Many of the nonreligious spoke highly of literature that focuses on modern scientific understandings of substance use disorders. They tended to be up to date on the latest scientific studies and literature that existed. In fact, a handful of literature I ended up reading for this dissertation came from my participants. Carlos, for example, frequently reads literature in positive psychology, Owen recommended a book by Carl Fisher called The Urge: Our History of Addiction that offered a detailed history of addiction in the United States, and Greg told me all about how literature is mixed on whether AA is effective, citing sources I had already written about in my literature review. The nonreligious were extremely well-versed in the latest literature—perhaps because AA literature wasn’t enough. Other notable mentions were centered around women’s unique experiences in AA, specifically related to self-esteem and going through
the 12 steps. Female participants frequently mentioned the books *We’re Not All Egomaniacs: Adapting the Twelve Steps for Alcoholics with Low Self-Esteem* by Beth Aich (2021) and *A Woman’s Way Through the Twelve Steps* by Stephanie Covington (1994). Notably, most of the books that the nonreligious draw upon have been published within the last 10 years, likely due to the growing secular population within AA and society at large.

In addition to outside literature, many of the nonreligious mentioned that they listened to a podcast called *Beyond Belief Sobriety*. *Beyond Belief Sobriety* originally started as a podcast that highlighted issues specific to the nonreligious in AA, and recently began expanding their topics to include addictive disorders beyond alcohol use disorders and secular methods of recovery beyond 12-step programs (*Beyond Belief Sobriety* 2022). Their content ranges from personal stories to featuring experts in the field of addiction science. Jocelyn explained that listening to the podcast “harkens back to my time at the treatment center. It talks about different tools, techniques, books, and other things.” Recall that Jocelyn gets together with several other women regularly to discuss readings and the *Beyond Belief* podcast. For her and others, listening to the podcast is just as much part of her recovery as reading the Big Book is for those in traditional AA.

Lastly, many participants, religious and nonreligious alike, discussed the value of online groups they are a part of. Almost all of them referred to Facebook groups specifically, though several of the participants that attend Women for Sobriety discussed online forums through the Women for Sobriety website as a useful source. As I was recruiting for this research, I stumbled across many of the Facebook groups and followed them regularly throughout my dissertation. They are highly active groups, with around 20 and up to 75 posts a day depending on the group.
Eleanor, who left AA altogether because of its religious nature, said that the Facebook groups are crucial to her recovery. She explained,

I was able to meet with a wider population of people and it made me realize that my recovery is my own, it's not what somebody else tells me I should be doing. And that was like a big revelation to me. But it was great to be on the Facebook boards and read what people said who felt like me in regards to a higher power and AA.

For a long time, Eleanor felt like her lack of success was a personal flaw. The Facebook groups helped her realize she wasn’t alone regarding her feelings about AA. Through the Facebook groups, she was able to feel validated by her choice to leave AA altogether due to her frustration with the concept of a higher power in AA. In addition to outside literature, podcasts, and online resources, many participants found that regularly practicing gratitude, meditation, and mindfulness was a useful form of self-reflection that fostered their recovery.

Unpacking the Toolbox: Gratitude, Meditation, and Mindfulness

Kurtz and White (2015) examined the varieties of spiritual experiences in AA, focusing on religious, spiritual, and secular pathways of recovery and identified gratitude as a core facet of secular spirituality in AA. It is unsurprising that the nonreligious in AA practice gratitude, as Kurtz and White (2015) point out that AA members who express difficulty with the 12-steps are “often encouraged to write out a gratitude list” (p.68). Carlos was one of many who was recommended a gratitude list. He even created a blog to make his list public for everyone else to enjoy. He explained, “I really worked hard on gratitude. That was one of the things they talk about—a gratitude list. Actually, I’ve created a blog and have blogged like 1500 times about gratitude, and that really changed my thinking.” For Carlos, consistently practicing gratitude is important for his recovery because it shifted his thoughts from being pessimistic about his life and what led to his alcohol use disorder, to being more positive and grateful for how far he has
come and appreciating the world around him. Eddie, a middle-aged agnostic from the South, also practices gratitude. He explained that he likes to journal before bed because it helps him gain perspective, ending his entries with something that he is grateful for. He said “even if I have a terrible day and everything is going wrong, I have to find at least one good thing that I’m happy about and that I am thankful for in my life.”

Just like Carlos and Eddie, Sammy also practices gratitude to gain perspective. Sammy was a 30-year-old woman from the South who has been in recovery for 9 years. When I asked her about what works best for her recovery, she elaborated, “being able to switch my perspective to state of gratitude and how grateful I am for how far my life has come. It's just like something simple that I feel like helps you deal with life on life's terms.” This is similar to Kurtz and White’s (2015) description of gratitude within AA culture as “a gift of sobriety” in which AA members frequently reflect on their sobriety and express gratitude for how far they have come in their recovery which enables them to recognize “new realities, realities previously ignored or taken for granted or simply not seen” (p.68). Sammy explained how proud she is of herself for her recovery and makes sure to constantly reflect on her life pre-recovery and to practice gratitude for how far she has come.

In addition to practicing gratitude, many participants drew from Buddhist principles and practices like meditation to promote their recovery. Jackson, who you may recall identifies as agnostic, atheist, and Buddhist, found Buddhist principles and meditation to be central to his recovery. He explained that if it weren’t for his sponsor suggesting a Buddhist interpretation of the 12-steps, he might not had been able to make AA work for him. He said, “I did meditation and he [sponsor] suggested that we look at the Eightfold path and Buddhism as a way for me to do the steps, and that really seemed to work for me.” Buddhist meditation also served as a way
for Jackson to cope with his daughter’s cancer. His daughter Elizabeth was pregnant and found out at a prenatal appointment that she had Stage 3 breast cancer. It was incredibly difficult for him and his family to cope with, and she eventually passed away 6 months after giving birth to her son. Jackson used meditation as a way of finding inner peace and manifesting positivity while his daughter was sick. He recalled,

I found peace within Buddhism, I mean, I just started using in my meditation and meditating, “may Elizabeth get what she needs today, may Elizabeth be at peace today, may Elizabeth be free today, may I get what I need today”, and I still do that now for people that are suffering. It was something I resisted at first because it was so uncomfortable, but then it became part of my practice. And I did notice that it changed how I felt.

For Jackson, meditation was central to both his recovery and his overall well-being. Jerry also considered meditation to be central to his ongoing recovery. Like Jackson, Jerry was introduced to meditation and Eastern philosophies through his sponsor, Hunter. He said,

I started the meditation practice very early in my sobriety at the suggestion of Hunter. He said you seem a little agitated have you tried meditating? And I said what's that? He said to go down to Borders [bookstore] and find yourself a book on meditation and pick an easy one to do. And part of that helped me to start reading more on Eastern religions, Buddhism, Hinduism, Daoism, and they all ended up informing my sobriety a lot. They really do. So, that's been the journey for me basically, and that continues. That's why I'm here.

Jerry believes that he wouldn’t be where he is at with his recovery if it weren’t for meditation and being exposed to Eastern philosophies. Recall from the last chapter that Jerry almost immediately recognized that his nonreligious identity was going to pose a problem in AA, and that he struggled a great deal with the religious aspects of AA. Zedd also saw meditation as a helpful practice to incorporate into his recovery. He told me that he has been practicing meditation every day for about a year. He said,
I still kind of suck at it, but I'm up to about 8 minutes. My mind wanders all the time, but the meditation I've noticed that even as bad as I am at it and if I cut it out, when I skip it for any reason, I kind of have a slightly shittier day.

It was fairly common for participants to mention Buddhism as a specific source that has influenced their recovery. Most of the time, Buddhist readings, principles, and meditation were introduced to them at some point during their recovery, whether it be from a sponsor, a therapist, a friend, or exploring different recovery groups that offered meditation. Charlotte, an agnostic woman who has been in recovery for 17 years, stated,

I started working with a therapist several years ago and getting into mindfulness practices and that was what led me into some of the Buddhist stuff. That and the mindfulness practices was, you know, partly working on managing emotions for the things that I used to manage by drinking. So the mindfulness practices and slowly helping to build some other coping mechanisms is what led me into Buddhism.

It is noteworthy that so many nonreligious participants have an interest in Buddhism. This builds upon existing literature on Secular Buddhism, which emerged in the West at the end of the 20th century (Batchelor 1997; Finley 2021). Participants did not see their adoption of Buddhist principles and practices as religious, rather, they viewed it as secular ideas and practices that have been used for centuries and have utility. To them, Buddhist principles and practices are just another tool in their toolbox. Their use of Buddhism in their recovery is very much aligned with the emergence of Secular Buddhism, which “removes the religious, metaphysical, monastic, and cultural aspects of traditional eastern Buddhism, and adapts the core teachings of the historic Buddha/Siddhartha Gautama to allow its practitioners to partake in only the philosophical teachings and meditative practices of Buddhism” (Finley 2021:123). For the nonreligious in AA, participants use Secular Buddhist practices and ideas to enhance their recovery, but none of them (with the exception of one) considered themselves to be Buddhist in any capacity. Even for the one participant who identified as Buddhist, they identified primarily as agnostic or atheist.
As I have shown, the nonreligious in AA create unique toolboxes, ranging from, but not limited to, not working the 12 steps, creating an alternative higher power, drawing from outside resources, and practicing gratitude meditation and/or mindfulness. While their toolboxes serve as personalized resources that aid in their individual recovery, they also find that participating in and engaging with others in AA to be important for their recovery. Specifically, the nonreligious create a space for themselves within AA by (a) being active and vocal about defending their nonreligious beliefs at meetings and (b) attending secular AA meetings. This is in essence, the deprivatization of nonreligion within AA. While the recovery toolboxes are more so the private and personal sources of recovery, the nonreligious also find that it is both necessary and advantageous to create space within the organization itself.

Taking Space and Making Space: Nonreligious Activism Within AA

As mentioned in the last chapter, the nonreligious faced barriers within AA, such as receiving pushback when starting secular AA groups or being discriminated against due to their lack of God belief. As we saw, the nonreligious advocated for the secular AA groups and persevered, even if it took multiple years. Unsurprisingly, the nonreligious also advocated for themselves and pushed back against derogatory comments made about their nonreligious beliefs. I found that the largest form of nonreligious activism within AA was speaking out against other members who insinuated that God belief was necessary to maintain sobriety.

Due to the rise of the more fundamentalist religionists in AA, many of the nonreligious have started putting their foot down about their nonreligious beliefs in response. Bella, who was one of the people in the last chapter that expressed concern over the fundamentalism in AA, recently started speaking out at meetings and becoming more comfortable stating her nonreligious beliefs. She explained,
I've been more and more open about the fact that I’m an atheist, like, especially if I hear anybody with a, “you have to have God to get sober” I mean, like, I will immediately raise my hand and say, no, you know. I was like, don't even go there with me.

Shonda also talked about how she isn’t afraid to get vocal at meetings. You may recall that Shonda had previous experiences of people coming up to her after meetings and telling her she was going to burn in hell. As a result, she feels the need to speak out at meetings if she thinks someone is trying to push their beliefs on others. She sternly stated,

I'll be very vocal in a meeting if somebody says something that is specifically religious, and even hints at the idea that you have to, you know, your soul is not going to be saved unless you claim Jesus Christ as your Lord and savior. I will absolutely interrupt them and say that's not true, you can pick anything as your higher power.

When the nonreligious spoke out at meetings, they explained that it is almost always in response to something they perceived as problematic. Additionally, many explained that they worry about newcomers being turned off by the religious nature of AA and felt that speaking out would help newcomers feel more comfortable and that they had a place in AA regardless of their religious beliefs. Janice, for example, explained that,

Sometimes you're in a meeting and the God issue comes up and I really feel like I have an obligation to myself and any newcomers to express how I do this, because there may be other people in that room who are brand new, who are confused and who don't believe in God either. And I think it's important that everyone hears that you can have long term recovery and sobriety without a God. That's just really important.

In this case, Janice was responding to God talk in the meeting and she felt the need to share how she makes AA work as an atheist just in case a newcomer is nonreligious. Janice, like many others, worry that newcomers will not come back or not get the help they need if they perceive AA to be religious. Stephanie, who normally only attends secular meetings, explained that she occasionally shows up to traditional AA meetings because she worries about newcomers thinking they have to be religious to recover in AA. She said, “that's why I still go to meetings.
too, because I will say ‘I am an atheist in Alcoholics Anonymous’ just so other people know if they're new and they're having a struggle that it can be done.”

A lot of the nonreligious who speak out at meetings do not do so to try and proselytize about their nonreligious beliefs or to convince others that they should join secular AA. Rather, they do so because they either feel the need to stick up for themselves as nonreligious members of AA, or because they feel concern or worry for newcomers. For instance, Mandy elaborated,

When I tell my story, I talk about my atheism very briefly and I tell people, it's not because I'm trying to stand up here and be different. It's because I want you to hear me say that no matter what you believe in, even if it's nothing, you can still stay sober. Like, you can do the work. You don't have to get God to be good. I can still grow and be a better human being without ever once picking up a God.

Mandy, like many other nonreligious AA members, want to make sure that AA is a space for all sorts of belief systems, nonreligious worldviews included. Aside from speaking out that you don’t have to believe in God to get sober, nonreligious AA members also try to activate change and create a more neutral atmosphere within AA by getting rid of prayers at meetings. Unfortunately, several explained to me that their attempts were ultimately unsuccessful due to the fact that AA uses what they call a “group conscience” to implement changes. Basically, the group hears each other’s arguments (and in some groups, only those with the minority opinion get to speak) and then the group collectively votes and moves forward based on the majority vote. However, as some participants pointed out, this has often been unsuccessful for the nonreligious given that the nonreligious are almost always the minority in traditional AA meetings.

Savannah, a Unitarian Universalist who has been in AA for 38 years, was adamant about getting rid of the Lord’s prayer at her local meeting. Even though she was unsuccessful the first
time she tried to get rid of it, she persisted until she got enough votes to make the change. She explained,

There is a meeting that I go to, and they would always close the meeting with the Lord's prayer and there were a couple of times that people tried to push through the group conscience to get rid of that. And it was unsuccessful. I did, and there was another person who pushed for it, and it ended up being a very intense conversation. And finally it ended and people said, well, whatever the group votes fine, I'll go with it. And I think, I don't know, maybe it was 6 to 5 or something, in favor of dropping it, but there were two people who were just said screw you, I'm gone. But anyway, so we just close with the responsibility statement now.

Bella explained to me that she had heard success stories about getting rid of the Lord’s prayer in meetings via the group conscience and that she was planning to do the same. Even though she wasn’t optimistic about the outcome, she said “it's not going to get passed, but I want to hear the discussion. I want there to be a discussion about it. You know, we say we're not religious and that we're not affiliated with any sect or denomination or whatever. So why are we praying?” Though she doesn’t think it will change, Bella thinks it is important to get the conversation started and hopes that over time, more and more members will side with getting rid of the Lord’s prayer at meetings.

The nonreligious in AA “take space” for themselves by openly talking about their nonreligious beliefs at meetings, pushing back against proselytizing during meetings, and trying to implement changes within the organization such as abandoning the Lord’s prayer. As I showed in the previous chapter, most of the nonreligious in AA are well-aware that the nonreligious are technically allowed and welcomed in AA as an organization. Because of this, they feel empowered to take space within AA to not only feel comfortable themselves, but to create a welcoming environment for newcomers who also might be nonreligious. In addition to taking space within AA, the nonreligious also make their own space through secular AA groups.
Taking Space and Making Space: Finding a Home in Secular AA

As discussed in the last chapter, many of the nonreligious felt unwelcomed in traditional AA and full of religious undertones and God talk. Due to this, many make the decision to attend secular AA meetings instead. Though secular AA meetings have been growing significantly over the last 10 to 20 years, many found out about secular AA meetings as a result of the COVID-19 pandemic and continued going ever since. Prior to the pandemic, most participants had been attending in-person, traditional AA meetings and only a select few had in-person secular AA options available to them. However, once the pandemic happened and meetings shifted to online platforms, many of the nonreligious discovered secular AA for the first time via online Zoom meetings. Regardless, a majority of the nonreligious participants in this study prefer secular AA meetings and predominantly attend secular meetings.

When I asked why they prefer secular AA or why they no longer attend any other meeting types, they often described secular AA as being more intellectually stimulating, having similar worldviews as others in the group, or they used it as an opportunity to differentiate themselves or their group from traditional AA. For the majority, secular AA was like finally finding their home within AA.

One of things participants liked about secular AA meetings is that, unlike traditional AA, secular AA draws upon more recent literature and resources and tends to be more intellectually engaging. For example, David, who has only been in AA for 6 months and prefers secular AA meetings said about his secular AA freethinkers group, “I find it more engaging. I find that the discussion in the freethinker’s group generally tends to be more interactive and I think it's more genuine, you know.” Participants explained to me that while traditional AA is more structured about their topics relating to Alcoholics Anonymous texts like the Big Book, secular AA is more
loosely structured and incorporates broader discussions based on material outside of the AA, conferenced approved literature.

Both Janice and Carlos mentioned that they enjoyed that their secular AA groups draw from material aside from the conference approved literature. Janice, an atheist woman from the South said that she felt that,

The secular are more open minded and we have much broader topics and they delve deeper into concepts and rely on some other avenues of development like psychology, sociology, that kind of. You know, there's less emph-, well, there's no emphasis on God as being the delivery. Oh, and there's a much stronger focus on your part in it, your, you know, my recovery is because of what I have done not because some God did it for me.

Carlos also mentioned that he enjoys how secular AA draws from outside resources. He said, “they use current best practices from psychology, addiction medicine, positive psychology, you know, or whatever.” On the other hand, traditional AA tends to stick to the traditional, conference approved literature. Recall in the previous chapter, many described it as extremely rigid. Not only did they find secular AA to be intellectually stimulating, many also liked that other members in their secular group tended to match their level of intellect. Selena, for example, said she loved her secular group because of how smart everyone is. She explained,

I love my secular group. Partly because I don't know, I'm sure this is totally self-selecting but these people are smart, way smarter and more intellectually interesting than anyone I've previously met in AA. I feel like I have found people who are more in tune with my understanding of it all, and I feel really good about it.

You may recall from the previous chapter that Selena ran into issues in traditional AA when she was given pain medication after a minor surgery. Her secular group provided a listening ear and were supportive of whatever decision she made, whereas her sponsor told her she would need to consider it a relapse and start back from day one. To Selena, instances like this are why she
prefers her secular AA group and feels like the people in her group are more in tune with her understandings of recovery.

Eleanor also valued the intellect of the members of her secular AA group. Though Eleanor no longer attends traditional or secular meetings, she did reflect on her secular AA group and said, “they were fabulous. They were smart. They were talking about relevant shit and not, you know, miracles and stuff. They were brainy, they were useful, I loved them.” Eleanor struggled a great deal with traditional AA and was relieved when she found secular AA.

However, to her, even secular AA was still AA at its core. She said she “couldn't even tolerate the idea of having to sit through ‘How it Works’ and the steps again.” Instead, Eleanor found a home in Refuge Recovery where she feels more comfortable.

In addition to feeling intellectually stimulated by the secular AA group, many participants also expressed that one of the best things about secular AA is that they feel at home, and feel that other group members share similar worldviews. Lizzie and Dennis, for example, explain that they “found their people.” Lizzie said, “as far as agnostic AA, I just think it's like, these are my people, really. And I don't have any other expectations. I can really say how I feel.” Lizzie, who no longer attends traditional AA, feels at home with her agnostic AA group, and is relieved by the level of comfort it provides compared to the traditional group. Recall from earlier, Lizzie had problems when she tried to start the agnostic group and was also told in traditional AA that you can’t really be sober if you take medication. Like Lizzie, Dennis was relieved to find his secular group. He mentioned, “they were like my people, you know, they were my tribe. They understood me, I understood them, and it was like this big, refreshing thing.”
Because many of them had been in traditional AA for so long, they found secular AA to be liberating. In secular AA, many felt that they could be their authentic selves for the first time. In traditional AA, participants felt like they had to consistently filter things out to make it work. For example, Chelsea described her time in traditional AA as “mental gymnastics.” She explained it was difficult as an atheist to constantly filter the religious language out of the text or at meetings. Chelsea would frequently try and swap “God” for secular alternatives like “ocean” but explained it was difficult to both be trying to maintain sobriety while also consistently filtering things she read or heard at meetings for secular alternatives.

Stephanie was also relieved when she found secular AA because she didn’t have to filter things out anymore. She explained,

> There's nothing to filter. I don't have to operate on more than one level and also people talk more from the heart. They aren't quoting from the Big Book, they aren't comparing higher powers, the whole, you know, my higher power is bigger than yours. There is a big difference. There's a lot more, I think compassion. They're a lot gentler and people seem to be relieved. When you see people that are relieved to find something like a secular meeting, it's pretty grand.

Stephanie no longer attends traditional AA meetings and like Chelsea, she did a lot of filtering during her time in traditional AA that felt like she was operating on multiple levels just to make AA work for her. To her, the best part about secular AA is that she can be her authentic self and doesn’t feel like she is being judged. Like others, she felt like the people in secular AA were “her people” who shared her worldview and likes that they are a compassionate, gentler group compared to her experience in traditional meetings. As we can see, a lot of the discussions of about what participants liked about their secular meetings involved differentiating the secular meetings from their experience in traditional meetings.
Bradford, a “none” who has been in AA for 31 years, differentiated his secular group from the traditional group by explaining that in the secular group “there’s more discussions. You can interrupt somebody and say, hey, I don’t get that point. Can you explain? You know, that kind of stuff. That is a lot more helpful to me than a rigid series of monologues that you see in traditional AA.” Almost all of the participants who prefer secular AA over traditional meetings expressed that they liked that the secular meetings were more loosely structured. This is unsurprising, given that one of the main critiques of traditional AA was how rigid it feels.

Because secular AA tends to be less rigid and more loosely structured, those who chose to not work the 12-steps, to not have a higher power, or to have higher power alternatives feel less stressed about the pressures of doing AA “the right way.” Those who chose to do the 12 steps secularly also explained that doing so secularly was beneficial because there is less emphasis on religion and more emphasis on personal responsibility. Interestingly, some of the nonreligious participants felt that going through the 12-steps as a religious person would be more difficult than going through them as an atheist. Jackson explained,

I think secular AA is more straightforward, more obvious, maybe even a little easier to accept personal responsibility. Uh, because, you know, like say step 6 and 7 that refer to character defects, in traditional AA you identify them and then you petition God through prayer to remove them and then I think the most strictly religious people just assume that God's going to remove those in God's time and, and for me, I was able to identify patterns of behavior and continuously work on them and I think that was helpful. I don't hear people in secular AA lament about, you know, say, still procrastinating about something that could set them up for relapse. It's more just something I continue to have to work on.

One thing Jackson appreciated about secular AA was its emphasis on personal responsibility. Rather than relying on a higher power to help with their recovery, the nonreligious often rely on the toolboxes they create and their own willpower. Jackson explained that he thought the strongly religious would have a more difficult time in their recovery compared to the
nonreligious if they believed that God would eventually heal them as opposed to consistently putting in the work to improve overall well-being. Because the nonreligious faced barriers in traditional AA, they were forced to find resources outside of AA to promote their recovery, thus leading them to create their own unique toolboxes. Part of what the nonreligious loved about secular AA was that it didn’t feel as rigid, it felt more personal, and felt like it was okay if there were bumps in the road along the way. In other words, almost everyone in secular AA, having had been previously exposed to traditional AA, had already developed their own toolboxes as a result. Thus, when they found each other in secular AA, there was a sort of unspoken understanding, and openness to, the varieties of recovery experiences.

The findings of this section support the literature on motivations for staying or leaving a recovery group. Studies have found that feeling “at home” within the group, feeling a sense of belonging, or having a perceived similarity to other group members contributes to continued engagement with a substance recovery group (Kelly, Kahler, and Humphreys 2010; Kurtz and White 2015; Rodriguez-Morales 2019). In the case of AA, the nonreligious may not have stuck with AA long-term had the creation of secular AA not been established. The fact that secular AA is able to create a space for the nonreligious to recover that makes them feel “at home” is substantial. Additionally, the nonreligious in AA also reflected the findings in several studies that have shown that people may stop participating, change groups, or leave a 12-step group on the basis of “opposition to the spiritual emphasis of the 12-step mutual help groups, repetitiveness of content, dislike of group meeting formats or other members’ behavior or attitudes, too rigid an emphasis on abstinence from all substances, and lack of support for, or explicit opposition to, the use of general psychotropic or addiction specific anti-craving/anti-relapse medications” (Buxon et al. 1987; Rychtarik et al. 2000; Fletcher 2001; Humphreys 2004;
Throughout this dissertation, we have seen just that. The nonreligious in traditional AA struggled with the spiritual/religious aspects of the program, they didn’t like the rigid structure of the meetings and materials, and we also saw examples of participants receiving backlash for taking medications. Secular AA has been invaluable for nonreligious in recovery.

This section also shows how the nonreligious build intentional communities centered around their nonreligion or nonbelief (Kasselstrand, Zuckerman, and Cragun 2023). Like other nonreligious groups around the world, secular AA was founded to provide a community for nonreligious individuals in recovery. This research also shows support for research that has shown that secular groups are more likely to exist in locations in the United States where there are higher numbers of evangelicals where the nonreligious might feel threatened (Garcia and Blankholm 2016). The motivation to build an intentional community, like secular AA, stemmed from the perceived threats of “Big Book Thumpers” and their rigid approaches to recovery. Nonreligious individuals got together to start their own secular groups, to create a safe, open, and intentional community centered around nonbelief. While many of the nonreligious found their home in secular AA, it is really the larger community that is central to a successful recovery.

A Community Greater Than Yourself

In the literature review, I discussed that there is an ongoing debate about the efficacy of different recovery programs and a variety of factors that contribute to whether or not someone decides to stick with a given recovery group, regardless of what group it is. You may recall that Rettie, Hogan, and Cox (2021) identified 12 components that were most important to group participation: developing self-confidence, developing coping skills, giving back to others,
following a sober lifestyle, bonding and support with others, having a goal to focus on, having a presence of role models, identifying high risk situations, having a structure to follow, having a reminder of consequences, alternative activities, and gaining rewards. The findings in their study reflected the findings of Moo’s (2008) study on substance recovery groups as well, identifying only two additional components to Moos’s original 10 (giving back to others and following a sober lifestyle).

While some of these components are supported by this research study, I speculate that Moo’s (2008) and Rettie, Hogan, and Cox’s (2021) components are probably more typical within traditional AA than within secular AA due to that fact that it is more structured and that AA members are expected to “work the program” that ideally helps promote those components. However, both religious and nonreligious participants alike in this study identified the larger AA community as the most influential component to their recovery. Ogilvie, Prescott, and Carson (2022) also recently found support for the community aspect of recovery. Looking specifically at AA, they found that AA members accomplish more than sobriety and sustained abstinence in AA—they develop a positive outlook and feel connected and accepted into a unique community that offers a platform for achieving personal and spiritual growth (Ogilvie, Prescott, and Carson 2022).

As I have shown, a lot of participants had substantial problems with AA as a program. However, they made the decision to stick around and make it work for them because of how valuable they found the community to be. The community provides a space where people feel safe to discuss their recovery, where people can find the support they need at any given hour of the day, and where people can find lifelong friends who share their unique experience.
Eddie loves how judgment free his AA community is, and that he has a safe space where he can speak whatever is on his mind. He said warmly,

I think the best part of the recovery community is the people that are actually in it and not, like, made to go there. Um, you know, like I said, they're there out of their own volition. They want to be there, they want to get better. It's a very positive environment and it's a judgment free zone. We can say whatever happens and nobody will bat an eye because they've either done it, or they've already heard this story before from somebody else, so there's not really anything that's gonna shock anybody in those rooms. Whereas, you know, if you go and you bring it up at Thanksgiving dinner, you know, your aunt is gonna pass out because it's so shocking. It's stuff you can't necessarily tell your family and your friends, but you can tell these perfect strangers and they're like oh, yep, yeah, I did that, because they've all, we have been there, you know? Some of the craziest stuff that if you told someone, they'd be like, you did what? But if you tell people in AA, they're like, oh, yeah, I did that too. Yeah. And I mean, you can go in there and be like completely destitute, I lost my job, my wife left me, I got nothing in the bank, I don't know what I'm going to do, I'm homeless. And somebody will go, well, I was in your exact situation 10 years ago and now I'm remarried, I got kids, I got a dog and a good job and so it'll get better. I mean, it helps to put a little bit of color in the darkness. So they give you something to look forward to as well.

Eddie’s summary of why he loves his AA group accurately describes the feelings of other participants I interviewed. Many felt that the AA community, specifically their regular group, always provides a safe space to talk about whatever they needed to talk about, and to feel accepted, heard, and understood in a judgment free zone. As Eddie explained, some of the things that are normalized in AA would be shocking to the general population. Even Stephane explained, “the biggest thing about AA is the community. They’ve all been in that same place.”

For Eddie, Stephanie, and others, the feeling that you’re not alone, that others have gone through a similar experience, and being able to look forward to/look up to those with long term sobriety is what makes the AA community so close.

Another thing participants loved about their AA community is the people in their regular group. It is a tight-knit community that basically becomes family, who are there for each other constantly. Selena stated that “I think that actually more powerful than the program is the
fellowship aspect of it.” To many, the fellowship of people is the core of AA. A lot of participants expressed that they could call anyone in their AA group at any hour and someone would be there for them. Shonda, for example, explained that the group was there for her during times where she wanted to turn to alcohol. Instead, she turned to the group for support. She recalled,

> It was the fellowship of women who I had made deep relationships with who I would call at 3 o'clock in the morning and they would answer their phone, and they would just stay on the phone with me until that feeling passed. It was the relationships, my being willing to tell the truth about myself to at least one other person and still be loved that got me through those times when alcohol really seemed to be an answer.

Eddie and Anna also talked about how appreciative they were for their groups. Eddie explained that he had “two big phone lists of, you know, 20 to 30 people that I could call on a whim if need be.” I thought it was pretty remarkable, given that Eddie has only been in recovery for 5 months. Anna has also been in AA for a relatively short time compared to others, with 3 years of sustained recovery. She, too, feels comfort in knowing that she can talk to others if she needs to. She predominantly attends a women’s group in AA, and they have a group chat with one another to check in regularly. She said,

> We have a group chat to keep ourselves in contact, you know, if I'm struggling with something, I could put a message in the group like, can anybody talk in a few minutes? Like I need to talk something through, or this is weighing on my mind, and someone will be there.

AA members aren’t just there for each other in case of emergency, or if someone is thinking about drinking, they are also there for each other as friends, to enjoy the mundane things in life like going out to dinner or having game nights in an environment that is alcohol and substance free. For example, Owen explained,
I'm spending time with these people out of the meetings, and we have these game nights on Fridays, and I go out to dinner with them and we're just celebrating life together. That community of people has proved pretty invaluable and that's something that I'm likely to continue to be and be able to continue to engage with long term.

Owen has also been in AA for a relatively short period of time. He had been in AA for 2 years and had recently been enjoying secular AA as well. Though the community seems to be especially valuable for those who are newly sober, participants with 20+ years also emphasized the power of the community. To many, the AA community started as people they could talk to, rely on, and a safe place, but eventually they become like family. Stephanie, for example, told me that she is still in contact with a couple of people from the first AA group that she called home, 43 years later. Lizzie, who has been in AA for 32 years, went back to visit her original AA group while she was visiting town and recalled,

There was a couple and they're in their eighties and I had not seen them literally since like, before I had my daughter, and she's 29, and to see them and they recognized me and I recognized them and it was just like, that's the thing that is just insane is seeing people and oh my gosh, you're here. It's great to see you and you've just heard this dark, terrible stuff about each other and you're best friends. I mean, that's 1 thing that I notice that AA has done for me.

Lizzie explained that it was heartwarming to see people she met so long ago still sober. She recalled the beauty of watching people grow, both figurately and literally. Jay, who has been in AA for 29 years, had similar experiences to Lizzie. Looking back on it all, he said,

I have developed friends that I never would have met. I have had ample opportunities to be of service to, to be happy and usefully whole. And I've had the opportunity to watch other people's children literally grow up during the years that I have been in AA, and, it just kind of makes you feel good about the cycle of life and about one's role in it.

In addition to watching people grow, and watching their children grow up, many that had been in AA for a long time explained it was also heartwarming to see so many mended relationships over
the years. Lizzie, for example, recalled seeing people’s spouses come to meetings to show support for their partner after previously hearing that they might be getting a divorce.

Whether it be that the AA community provides a safe space to talk, or provides lifelong friends with shared experiences, the participants in this study overwhelmingly agreed that the fellowship is the most important aspect of not only AA, but their recovery in general. At the end of the day, people may have quarrels with some of the meeting types or traditional AA, they may not like all of the personalities of individuals in their group, but it is the power of the community that proves to be most useful. The AA group helps its members to not feel alone, in what can be such an isolating, vulnerable, and usually uncomfortable experience.

Discussion and Conclusion

This chapter highlighted how despite a multitude of barriers, common factors that underly a successful recovery for the nonreligious are not working the 12 steps, creating an alternative higher power, drawing from outside resources, practicing gratitude, meditation, and mindfulness. Additionally, the nonreligious create a space for themselves within AA by (a) being active and vocal about defending their nonreligious beliefs at meetings and (b) attending secular AA meetings. Aside from this, religious and nonreligious alike find the community itself to be the greatest asset to their recovery.

Though the participants in this study may be more motivated than the general population that attempts recovery through AA, it seems as though secular AA has been beneficial for AA as a whole and the nonreligious. In a 1996 publication, Connors and Dermen had found that 19% of secular participants in their study on AA stated that AA attendance had been harmful for them, 61.3% stated they would not attend another AA meeting, 66% claimed they disliked the emphasis on religion and a Higher Power, and 37% felt that they did not fit in. While I have no
doubt this was certainly true then, it seems that the nonreligious in AA have more favorable opinions of AA due to their exposure and involvement in secular AA. As I have shown, secular AA tends to not emphasize religion and the higher power concept, and many finally felt that they fit it and “found their people” once they found a secular AA group. This is also beneficial for AA as an organization, as I explained in the last chapter that AA has recognized the growing nonreligious population and has been welcoming to the growing branch of secular AA. By welcoming secular AA groups, the stigma that AA is inherently religious or spiritual may diminish over time, thus creating more favorable views of AA to the nonreligious.

While there are many factors that contribute to a successful recovery, it does seem that there is something unique about the community aspect of AA. Though AA is not a religion, we can draw upon sociology of religion literature to better understand why the AA community proves to be so helpful to those seeking recovery. In Durkheim’s *Elementary Forms of Religious Life* ([1915]1965), he argued that religion is legitimated through moments of collective effervescence, where individuals come together as a group and experience intense, electrifying, religious experiences that allow them to engage in emotional solidarity and group unity. Such an experience cannot be achieved without a collective group sharing the same ideas and participating in the same action. Though he was focused on religion, Durkheim’s concept of collective effervescence and emotional solidarity can be applied to other close-knit group settings in which members share collective experiences and beliefs. In AA, members share intimate details of their lives with one another, and in a sense, meetings can sometimes be more intense and electrifying than religious congregations. Not only are personal, intimate stories shared with one another, members in traditional meetings engage in a standard ritual every time
they attend a meeting. For example, AA meetings are traditionally set up using the following format:

“The chairperson usually opens the meeting with the A.A. Preamble and a few remarks. Some call for a moment of silence and/or recite the Serenity Prayer. Others have a reading from the Big Book — frequently a portion of Chapter 5 (“How It Works”) or Chapter 3 (“More About Alcoholism”). At many group meetings, a chapter, or a part of a chapter, from Twelve Steps and Twelve Traditions is read aloud. Having different members or visiting A.A.s do the reading helps newcomers especially to feel they are sharing in group life. The chairperson may stress the importance of preserving the anonymity of A.A. members outside the meeting room and further caution attendees to ‘leave any confidences you hear in these rooms behind when you go.’ (Wallet cards and a display placard on the subject, as well as the pamphlet “Understanding Anonymity” are available from G.S.O.) Many meetings close with members joining in a moment of silence followed by a prayer, or perhaps by reciting the Responsibility Declaration or other A.A. text” (Alcoholics Anonymous 2019:15).

In AA, members experience collective effervescence with one another, and newcomers are often moved by the rituals that keeps them coming back again. Together, they open with a prayer, share readings from the AA conference approved material, share intimate details of their life with one another, and then close with a prayer as well. All of the people in the meetings are sharing the goal of recovery, whether they have been sober for 5 hours or 40 years. Their individual experiences may be different, but their shared understanding of alcoholism and the hardships that come with that is what creates a unique, electrifying, and intense bond among members. Though they sometimes enter the meeting as strangers, the intimacy of the meetings leaves members feeling like they are part of a larger, collective whole.

Members of AA experience moments of collective effervescence through feeling moved when other members share their stories, allowing them to have emotional solidarity and a sense of group unity. Such collective effervescence seems to be crucial to the longevity of AA. Interestingly, this research has shown that such feelings of collective effervescence may be what
leads some people to stick with AA but may also lead others to leave if they do not experience emotional solidarity with the group. In particular, the nonreligious didn’t feel “at home” or connect with the material or stories shared at more traditional meetings. Thus, they never experienced a state of collective effervescence with the group, but quite the opposite. However, once they joined secular AA or found a group they really liked, they were able to experience a sense of group belonging and solidarity with other AA members that shared similar nonreligious worldviews like themselves. Because traditional AA meetings are the typical entry-point for most, this could be one possible explanation as to why research has found that the nonreligious do not have as much success with AA than their religious counterparts. Due to the nonreligious struggling with things like the higher power concept, the 12-steps, prayers in meetings, the religious nature of the literature, and so forth, they are less likely to experience emotional solidarity with the rest of the AA group, further leading them into a state of anomie and potentially dropping out of the program had they not been introduced to secular AA. Fortunately, in secular AA they experience community, shared worldviews, strong emotional bonds, and solidarity.

Overall, the nonreligious are able to navigate AA by deviating from the traditional path in AA. They sought out their own resources to create a recovery program that works best for themselves and found a home in secular AA. For both religious and nonreligious alike, the overarching community of AA is an invaluable part of their recovery. Perhaps the value of AA isn’t necessarily finding a spiritual or religious source that results in a spiritual awakening, but finding solace in a community that shares common experiences and goals, and that is committed to one another and an ongoing recovery.
CHAPTER 7: DISCUSSION, LIMITATIONS, AND CONCLUSION

The purpose of this study was to examine differences in recovery based on religiosity (religious versus the nonreligious), type of recovery (AA versus alternative forms of recovery), and to gain a deeper understanding of nonreligious experiences in AA. In the discussion below, I summarize the findings of this study. Following this discussion, I then discuss the theoretical and practical implications of this research, the limitations of this study, directions for future research, and the conclusion.

Summary of Findings

This research utilized mixed methods to get a robust understanding of recovery. The quantitative portion of the study sought to identify if, at all, there were statistically significant differences in recovery capital between the religious, the nonreligious, those in AA, and those with alternative forms of recovery. The quantitative portion addressed the first two research questions of the study: Do those in AA have greater recovery capital than those who have alternative forms of recovery? And do the religious have greater recovery capital than the nonreligious? The results of the quantitative portion of this study found no statistically significant difference in recovery capital between the religious, the nonreligious, those in AA, or those with alternative forms of recovery.

While the quantitative portion was able to examine if differences existed, the qualitative portion was focused on that latter two research questions, which were: What, if any, barriers do the nonreligious face in AA? And what common factors underly a successful recovery for the nonreligious? The qualitative portion identified six barriers that the nonreligious face within AA: (1) The belief that being nonreligious was a liability and that AA was religious; (2) The religious
undertone and “God talk” in meetings; (3) Prayers in meetings; (4) The Big Book; (5) Discrimination; and (6) Fundamentalism. Most of the participants didn’t perceive AA as an organization as the primary source of these barriers, but rather individuals within AA that they perceived as particularly fundamentalist. Additionally, many participants attributed the perceived growth of these fundamentalists to be a larger reflection of the growing polarization in the United States.

The other main finding in the qualitative portion of this research was that despite substantial barriers, the nonreligious are able to draw upon a number of resources to aid in their recovery and find success in AA. They create a unique “recovery toolbox” that consists of some, if not all, of the following: not working the 12 steps, creating an alternative higher power, drawing from outside resources, practicing gratitude, meditation, and mindfulness. Additionally, the nonreligious create a space for themselves within AA by (a) being active and vocal about defending their nonreligious beliefs at meetings and (b) attending secular AA meetings. Aside from their personal recovery toolbox and actively creating their own space within AA, the nonreligious find the community itself to be the greatest asset to their recovery. The recovery toolboxes that participants drew upon are similar to that of “recovery capital” used in the quantitative portion of the study. Recovery capital draws upon sociological work on social capital and examines personal and social resources that aid in helping individuals to have a more successful recovery. In essence, the recovery toolboxes that the nonreligious draw upon are just specialized, nonreligious forms of recovery capital.

There were two major contributions to successful recovery for the nonreligious: the secular AA movement and the AA community. I am not confident that, had it not been for the secular AA movement, I would have found the same findings as I did in this study. Studies have
shown that the nonreligious do not fare well in AA (Connors and Dermen 1996; Kaskutas, Bond, and Weisner 2003; Tonigan, Miller, and Schermer 2002), and the nonreligious are more likely to discontinue AA compared to their religious peers (Tonigan, Miller, and Schermer 2002) and are more likely to stop going to AA meetings (Kaskutas, Bond, and Weisner 2003). Thus, the fact that the nonreligious in this study were able to overcome such barriers and find success is contrary to what others have found. It is possible that the individuals in this study were more motivated than average, but it may also be due to the rise of the secular movement within AA, the growing secular community in AA. Participants identified the AA community as the greatest asset to their recovery. The support of the secular AA community helps nonreligious individuals to be authentic in their recovery and provides support for both their ongoing recovery and their nonreligious worldviews.

Overall, the nonreligious are able to overcome substantial barriers in AA in order to promote a successful recovery. There are several theoretical and practical implications that this research builds upon. Theoretically, this research contributes to sociology of religion and the intersection of religion and politics. Practically, the findings of this research can contribute to improving recovery for stigmatized groups like the nonreligious seeking recovery.

Theoretical Implications

Sociology of Religion

The findings of this research contribute to the literature within sociology of religion that focuses on secularization and desecularization; church strictness; and the influence of religion on the growing polarization in contemporary U.S. society.
Secularization and Desecularization

Sociologists of religion have long debated whether societies are in a process of secularization or desecularization, and which social agents and institutions influence this process. This research showed support for secularization and desecularization and showed that such processes can be reflected in everyday institutions like AA.

On a micro level, religionists and secularists are active agents within AA working to mobilize the organization in either a more secular direction or a more traditional direction. Both agents are fighting for control of the future of the organization and are active by being vocal about their beliefs, starting their own groups, and convincing others to join their side. Though this study focused on AA, it offers insight into how secularizing and desecularizing processes work on the micro level that can, in turn, shape changes on the organizational level.

Due to the growing secular movement within AA, organizationally AA as a whole has responded to the movement and advanced the organization in a more secular direction. As discussed, the national headquarters started recognizing secular AA and listing them on the official meeting pages, and even put out a pamphlet titled “The God Word: Agnostic and Atheist Members in AA” to help nonreligious members of AA understand that they are welcome and can be successful in the program despite their nonbelief (Alcoholics Anonymous 2018b). Though processes of secularization and desecularization are evident within AA on a micro level, the organization itself seems to be supporting the secular movement, which may a nod to the supporters of secularization theory.

Similarly, this can provide insight into larger debates about secularization and desecularization. The fact that AA has historically been identified as religious or spiritual and is moving in a secular direction offers support for secularization in general. Movements within AA
might also add to secularization literature regarding religious indifference. Kasselstrand, Zuckerman, and Cragun (2023) argue that the end stage of secularization is not widespread irreligion but religious indifference (p.120). To them, irreligious organizations and atheist activism is a sign of secularization in earlier stages whereas religious indifference, when an individual has no interest in religion, is evident in end stages of secularization. Based on their argument, this study reflects an earlier stage of secularization evident within AA; the secularists have actively formed their own organizations within AA and engage in nonreligious activism against the perceived threat of the religionists in the organization. Overall, participants in this study did not generally indifferent to religion in AA. Even if they were loosely religious or loosely nonreligious, they still recognized the ongoing prevalence of religion within AA groups. Despite this, I still find signs of both secularization and desecularization processes in this research, and am not convinced secularization is a linear process.

Church Strictness

Though AA is not itself a church, it mirrors many features of religious congregations, such as a service, group membership, mutual aid, and a fellowship of people sharing common values and goals. Though this study focused on AA, it can offer insight into the functionality and growth of contemporary religious congregations in a growing secular world.

It has been argued that strict churches are strong because they are able to weed out those that are not strongly committed to the organization, and thus eliminates free riders (Iannaccone 1994). However, there is an “optimal level of strictness” and if a group becomes too strict, they will “scare off many potential members with what are perceived as excessive demands” (Iannaccone 1994:1202). The findings of this research offers support for this idea. As stated in the literature review, AA has long been criticized for being very religious and/or spiritual. The
result of the religious undertone in AA has led to many people dropping out of AA and going to other groups, specifically the nonreligious.

In this study, the religionists who sought to maintain tradition and doing things “by the book” were perceived as being too rigid. Participants also discussed issues with the larger organization, such as the prayers in meetings and the refusal to change the language of the Big Book. However, as I have explained, the larger organization has adapted to meet this “optimal gap” by adjusting to social changes, like the growing secular movement within AA, and allowing some change that appeases the secular members, while also not embracing change so fully that AA loses its history and traditions (Iannaccone 1994).

This research can offer insight into religious congregations and other organizations as the growth of the Secular Left and the Religious Right continues. If congregations and other organizations want to continue to retain their members, achieving an optimal gap may be in their best interest. Future research should examine this more.

The Influence of Religion on the Growing Political Polarization in the United States

Lastly, this research contributes to literature on the intersection of religion and politics. Specifically, this research shows support for the ongoing rise of the Secular Left and Religious Right, and how such polarization can be seen trickling into organizations like AA and is very much tied to religion. By examining this process in AA, we can see that the majority of participants in AA are not on the extreme end of either side, but more so in the middle. However, the growing outspokenness of the secularists and religionists within AA have resulted in many to either be more aware of their arguments, or has even led to some to slowly gravitate towards the ends of the spectrum.
This dissertation has shown that the growing polarization within the United States can be evident in everyday organizations. In other words, such polarization trickles its way into institutions and organizations that one would not typically expect. Such worldviews influence more than just voter choice, but reflect a broader worldview of one’s stance on maintaining tradition, religion, and power. As Campbell et al. (2021) argues, the recent rise of the secularists has the potential to be more than just political preference, but a birth of the Secular Left analogous to the Religious Right that has the potential to mobilize. They show that secularism can drive political views, and politics can drive secularism, a feedback loop polarizing Americans apart from one another between the two major political parties resulting in a religious-secular fault line. The findings of this dissertation show support for Campbell et al.’s (2021) argument. Such polarization is evident even in organizations like Alcoholics Anonymous.

Practical Implications

One of the last questions I had asked participants in interviews was, “how do you think the recovery process could be improved?” Using the most common frequencies in HyperResearch, participants most commonly suggested the following changes: public awareness that the nonreligious are welcome in AA, AA should eliminate prayers, and healthcare providers should be more knowledgeable about AA and other recovery groups.

When discussing how to improve AA, many participants reflected back on their first time in AA and suggested AA might improve by creating more public awareness that AA is for everyone. Many of the participants in this research assumed AA was a religious organization, or that you had to be religious in order to be a member. While AA has certainly been working towards creating more public awareness that they are not a religious organization, participants thought that more healthcare providers and those that work with people in recovery should be
attentive of this and reassure those that are seeking recovery that AA is open to nonreligious individuals.

Additionally, participants were adamant about AA ending prayers in meetings as a means to improve AA. Many felt that such a change would be minor and suggested that eliminating prayers could keep a nonreligious person who is new to recovery coming back to AA for a second time, as opposed to hearing a prayer and never coming back. While participants respected and understood the individual religious beliefs of those in the meetings, they viewed the prayers as a reflection of AA as an organization and thus, by allowing prayers in meetings, many attributed this to AA endorsing this as an organization.

Lastly, participants also suggested changes related to healthcare providers in general. Several participants felt that their providers either (a) did not know they were nonreligious before making a suggestion to go to AA or (b) did not know or did not perceive AA to be religious/spiritual. Thus, participants thought an area of improvement would be for more healthcare providers and those that work with people in recovery to learn more about AA. Additionally, they recommended such providers learn more about secular resources, in order to provide information and resources related to nonreligious recovery, such as the secular 12 steps, secular AA, and other non-AA secular recovery groups. Participants mentioned that they had never even heard of secular alternatives to the 12 steps or secular AA, despite having gone through 30 to 90 days of treatment and have met with various providers throughout their stay, which is why they believed it would be useful for healthcare providers and those that work with people in recovery to create and distribute information regarding being nonreligious in recovery and the various resources that exist.
Limitations and Directions for Future Research

Like all research, there are several limitations to this study. First, the sample in this study was overwhelmingly nonreligious and those in AA. The original proposal sought to more closely examine differences between the religious and the nonreligious, and due to the sample being mostly nonreligious, a qualitative examination of the religious was unable to be a main focus. Future research should compare recovery between the religious and the nonreligious, as well as AA versus many of the other popular recovery groups like Women for Sobriety, LifeRing, and Refuge Recovery.

Second, even the nonreligious are able to make it work, it doesn’t mean it can be generalized to all nonreligious. It is possible that those who participated in this study were exceptionally motivated, and that such success may not be the same for average nonreligious people in recovery. Some of the participants were motivated to start their own nonreligious AA group, or attended a variety of meetings, so it is possible that they were just more motivated than the average person to make it work for them which is why they sought out resources/created their own toolbox. All the participants in this study who entered treatment programs made the decision to do so on their own. As such, these participants might be exceptionally motivated to make changes compared to the average person, as SAMHSA (2018) found that two in five people who perceive the need for substance use disorder treatment do not receive it because they are not ready to stop using. To examine if the same trends occur, future research might examine nonreligious who dropped out of AA but maintained a successful recovery.

Third, there were several limitations to the methods used in this study. When recruiting for study participation, there were several limitations associated with getting a complete list of all AA groups in the United States. In the database, some of the websites listed were district-
level AA sites that are composed of multiple AA groups within a given district, as opposed to individual groups. Additionally, 187 of them were either answering services (n=152), phone lines (n=4), or hotlines (n=31) and not actual meeting groups. Because some of the district websites didn’t list the individual AA groups within their district on their website, I was unable to break those websites down to individual groups and may have omitted a significant number of groups from the sample. Moreover, because the call for participation flyer was shared through various avenues, there was no way to know the response rate for the survey, as I had no way to calculate the number of people who actually received a link to the survey. Additionally, the Assessment of Recovery Capital scale I used has an abbreviated version, that is 10 items instead of the 50 items that I used in this study. A total of 61 respondents did not answer any of the 50 questions in the survey, and it is possible that had I used the abbreviated version, it would have been more beneficial for limiting survey fatigue among the participants and I would have been able to achieve a larger sample size. Lastly, the recovery capital scale was a limitation as a dependent variable. Because many of the participants that participated in the survey had successful recovery, their scores were highly skewed on the recovery capital scale, and thus using recovery capital as a dependent variable posed several problems and I was unable to run the original intended analysis of a one-way ANOVA.

There are several directions for future research. First and foremost, more research should be conducted on nonreligious experiences in recovery. Given the growing population of those who identify as nonreligious in the United States, as well as the ongoing increase of substance use disorders, it is an important to study this area more closely. Additionally, more research should examine recovery based on various intersecting identities. For example, in this research, being both nonreligious and a woman, or being both nonreligious and queer, resulted in various
forms of discrimination. Future research should investigate this more thoroughly. Finally, future research should examine the efficacy of secular AA versus traditional AA, as well as the efficacy of other understudied recovery groups like Women for Sobriety, LifeRing, and Refuge Recovery.

Conclusion

The purpose of this research was to (a) identify differences in recovery resources (recovery capital) between the religious, the nonreligious, those in AA, and those who have adopted alternative forms of recovery; (b) identify barriers that the nonreligious face as they navigate recovery within AA; and (c) identify common factors that underly a successful recovery.

Drawing from a sample of over 500 participants throughout the United States, I found that there were no statistically significant differences in recovery capital between the religious, the nonreligious, those in AA, and those with alternative forms of recovery. Additionally, interviews with 51 (predominantly nonreligious) individuals in recovery identified X barriers that the nonreligious face as that navigate AA: (1) Anxieties over being nonreligious and the belief that AA was religious; (2) The religious undertone and “God talk” in meetings; (3) Prayers in meetings; (4) The Big Book; (5) Discrimination; and (6) Fundamentalism. However, despite this, the nonreligious are able to find success in AA by creating their own unique “recovery toolbox” that consists of some, if not all, of the following: not working the 12 steps, creating an alternative higher power, drawing from outside resources, and practicing gratitude, meditation, and mindfulness. Additionally, the nonreligious create a space for themselves within AA by (a) being active and vocal about defending their nonreligious beliefs at meetings and (b) attending secular AA meetings. Aside from their personal recovery toolbox and actively creating their own
space within AA, the nonreligious find the community itself to be the greatest asset to their recovery. To sum, despite the multitude of barriers the nonreligious face within AA, they are able to persevere and ultimately be successful both in their recovery and within AA.
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APPENDICES

A: Assessment of Recovery Capital Domains (Groshkova, Best, and White 2013)

1. SUBSTANCE USE & SOBRIETY
   1.1 I am currently completely sober
   1.2 I feel I am in control of my substance use
   1.3 I have had no ‘near things’ about relapsing
   1.4 I have had no recent periods of substance intoxication
   1.5 There are more important things to me in life than using substances

2. GLOBAL HEALTH (PSYCHOLOGICAL)
   2.1 I am able to concentrate when I need to
   2.2 I am coping with the stresses in my life
   2.3 I am happy with my appearance
   2.4 In general I am happy with my life
   2.5 What happens to me in the future mostly depends on me

3. GLOBAL HEALTH (PHYSICAL)
   3.1 I cope well with everyday tasks
   3.2 I feel physically well enough to work
   3.3 I have enough energy to complete the tasks I set myself
   3.4 I have no problems getting around
   3.5 I sleep well most nights

4. CITIZENSHIP /COMMUNITY INVOLVEMENT
   4.1 I am proud of the community I live in and feel part of it – sense of belonging
   4.2 It is important for me to contribute to society and or be involved in activities that contribute to my community
   4.3 It is important for me to do what I can to help other people
   4.4 It is important for me that I make a contribution to society
   4.5 My personal identity does not revolve around drug use or drinking

5. SOCIAL SUPPORT
   5.1 I am happy with my personal life
   5.2 I am satisfied with my involvement with my family
   5.3 I get lots of support from friends
   5.4 I get the emotional help and support I need from my family
   5.5 I have a special person that I can share my joys and sorrows with

6. MEANINGFUL ACTIVITIES
6.1 I am actively involved in leisure and sport activities
6.2 I am actively engaged in efforts to improve myself (training, education and/or self-awareness)
6.3 I engage in activities that I find enjoyable and fulfilling
6.4 I have access to opportunities for career development (job opportunities, volunteering or apprenticeships)
6.5 I regard my life as challenging and fulfilling without the need for using drugs or alcohol

7. HOUSING AND SAFETY

7.1 I am proud of my home
7.2 I am free of threat or harm when I am at home
7.3 I feel safe and protected where I live
7.4 I feel that I am free to shape my own destiny
7.5 My living space has helped to drive my recovery journey

8. RISK TAKING

8.1 I am free from worries about money
8.2 I have the personal resources I need to make decisions about my future
8.3 I have the privacy I need
8.4 I make sure I do nothing that hurts or damages other people
8.5 I take full responsibility for my actions

9. COPING AND LIFE FUNCTIONING

9.1 I am happy dealing with a range of professional people
9.2 I do not let other people down
9.3 I eat regularly and have a balanced diet
9.4 I look after my health and wellbeing
9.5 I meet all of my obligations promptly

10. RECOVERY EXPERIENCE

10.1 Having a sense of purpose in life is important to my recovery journey
10.2 I am making good progress on my recovery journey
10.3 I engage in activities and events that support my recovery
10.4 I have a network of people I can rely on to support my recovery
10.5 When I think of the future I feel optimistic
SEEKING PARTICIPANTS FOR RESEARCH

Have you ever been to an Alcoholics Anonymous meeting?

Do you have opinions on Alcoholics Anonymous that you would like to share?

My name is Caitlin Halligan and I am a sociology graduate student at Western Michigan University.

I am doing my dissertation research on substance use recovery with a focus on differences between those who currently attend Alcoholics Anonymous and those who have dropped out of Alcoholics Anonymous but found an alternative path(s) to recovery.

Additionally, I am interested in examining differences in recovery between the religious and nonreligious.

I am seeking input in the form of a short, anonymous survey that should take no more than 5 to 10 minutes of your time.

To be eligible for participation, participants must:

- Be over the age of 18
- Consider themselves to be in recovery from substance use
- Currently or have previously attended an Alcoholics Anonymous meeting
- If no longer active in Alcoholics Anonymous, have found an alternative path(s) to recovery

WHAT WILL YOU BE ASKED TO DO?

Respond to an online survey consisting of approximately 65 questions aimed at gathering the various dimensions of recovery. The input will be used to examine the various dimensions of recovery based on demographic characteristics such as type of recovery and religious identity.

INTERESTED IN PARTICIPATING? or know someone who might be?

The survey is available at: bit.ly/AA_ResearchSurvey_WMU

Or email me, Caitlin Halligan, the student investigator, at caitlin.l.halligan@wmich.edu and I will send you a link to the survey.

Your participation in this survey is completely voluntary and you may end your participation at any time.

Questions? Contact Caitlin Halligan at caitlin.l.halligan@wmich.edu or the principal investigator at jesse.smith@wmich.edu.

IRB Approval Number:21-05-09
C: Survey Instrument

1. What is your age?
   18-25
   26-40
   41-55
   56 or older

2. Which of the following best describes your current gender identity?
   Male
   Female
   Transman
   Transwoman
   Non-binary/Non-conforming
   Other

3. Which of the following best describes your race (check all that apply)?
   American Indian or Alaska Native
   Asian
   Black or African American
   Multiracial
   Native Hawaiian or Other Pacific Islander
   White
   Other

4. Which of the following best describes your ethnicity?
   Hispanic, Latinx, or Spanish Origin
   Not Hispanic, Latinx, or Spanish Origin

5. Which best describes the area you live in:
   Urban
   Suburban
   Rural

6. Which state do you currently reside in? _______________________________________

7. What religious or nonreligious identity label do you prefer? (i.e., Baptist, Atheist, etc.)
   _______________________________________________________________________

8. Before I initiated recovery, I considered myself to be religious.
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
e. Strongly Disagree

9. At the beginning of my recovery, I considered myself to be religious.
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly Disagree

10. Currently, I consider myself to be religious.
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly Disagree

11. Which of the following best describes you?
    a. I actively attend AA meetings
    b. I no longer attend AA meetings but have found an alternative way to support my recovery
    c. Other, please specify: ____________________________________________
    d. None of the above

If A is selected, follow up question:
How long have you been involved with AA? (Answer will be a dropdown list of days, months, and years)

If A is selected, follow up question:
Do you consider those in your AA group to be more, less, or equally as religious as you?
   a. More religious
   b. Less religious
   c. Equally as religious
   d. Don’t know

If B is selected, follow up question:
Please describe your alternative(s) to AA below:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

If B is selected, follow up question:
How long have you been involved with your recovery alternative(s)? (Answer will be a dropdown list of days, months, and years)

If B is selected, follow up question:
Do you consider those in your recovery alternative(s) to be more, less, or equally as religious as you?
   a. More religious
   b. Less religious
   c. Equally as religious
   d. Don’t know

12. How long have you been in recovery? (Answer will be a dropdown list of days, months, and years for participant to select)

13. What was your previous substance(s) of choice?
________________________________________________________________________

14. Below, please describe the size, makeup, or other characteristics of the group(s) or activity you’re involved with regarding your recovery.
________________________________________________________________________
________________________________________________________________________

15. What influenced you to seek recovery? (i.e. court-ordered, personal choice, health, etc.)
________________________________________________________________________
________________________________________________________________________
For the following, please tick if you agree with any of the following statements:

16. Having a sense of purpose in life is important to my recovery journey ...........................................
17. I am able to concentrate when I need to ............................................................................................
18. I am actively involved in leisure and sport activities........................................................................
19. I am coping with the stresses in my life ............................................................................................
20. I am currently completely sober ........................................................................................................
21. I am free from worries about money ................................................................................................
22. I am actively engaged in efforts to improve myself (training, education and/or self-awareness) .........................................................
23. I am happy dealing with a range of professional people ................................................................
24. I am happy with my personal life ........................................................................................................
25. I am making good progress on my recovery journey ......................................................................
26. I am proud of my home .......................................................................................................................
27. I am proud of the community I live in and feel a part of it ................................................................
28. I am satisfied with my involvement with my family ........................................................................
29. I cope well with everyday tasks ........................................................................................................
30. I do not let other people down .........................................................................................................
31. I am free of threat or harm when I am at home ..............................................................................
32. I am happy with my appearance ......................................................................................................
33. I engage in activities and events that support my recovery ..............................................................
34. I eat regularly and have a balanced diet ............................................................................................
35. I engage in activities that I find enjoyable and fulfilling ...................................................................
36. I feel physically well enough to work ................................................................................................
37. I feel safe and protected where I live ................................................................................................
38. I feel that I am in control of my substance use ...................................................................................
39. I feel that I am free to shape my own destiny ..................................................................................
40. I get lots of support from friends ....................................................................................................
41. I get the emotional help and support I need from my family ..............................................................
42. I have a special person that I can share my joys and sorrows with ..................................................
43. I have access to opportunities for career development (job opportunities, volunteering or apprenticeships) ..........................................................
44. I have enough energy to complete the tasks I set myself ..................................................................
45. I have had no ‘near things’ about relapsing ......................................................................................
46. I have had no recent periods of substance intoxication ..................................................................
47. I have no problems getting around ..................................................................................................
48. I have the personal resources I need to make decisions about my future ........................................
49. I have the privacy I need ....................................................................................................................
50. I look after my health and wellbeing ................................................................................................
51. I make sure I do nothing that hurts or damages other people ..........................................................
52. I meet all my obligations promptly ..................................................................................................
53. I regard my life as challenging and fulfilling without the needs for using drugs or alcohol ..........................................................
54. I sleep well most nights ....................................................................................................................
55. I take full responsibility for my actions ............................................................................................
56. It is important for me to be involved in activities that contribute to my community
57. In general I am satisfied with my life .................................................................
58. It is important for me to do what I can to help other people ................................
59. It is important to me that I make a contribution to society ................................
60. My living space has helped to drive my recovery journey ................................
61. My personal identity does not revolve around drug use or drinking ....................
62. There are more important things to me in life than using substances ....................
63. What happens to me in the future mostly depends on me ....................................
64. I have a network of people I can rely on to support my recovery ............................
65. When I think of the future I feel optimistic ..........................................................

Optional: If you are willing to participate in a follow-up interview for research that seeks
to gain a deeper understanding of the variety of different recovery experiences based on
one’s religious or nonreligious identity, beliefs, and attitudes, as well as one’s current or
previous experience with Alcoholics Anonymous and the 12-step program, please click on
this link below that will take you to a separate survey to enter your information. Thank you
for your time!

[Insert link to separate Qualtrics form to collect the information below]

First Name: ____________________________________________

Phone number: _________________________________________

Email: ________________________________________________
D: Survey Informed Consent Form

This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. Participation in this study is completely voluntary. You may choose to not answer any question.

The purpose of the research is to examine differences between those who currently attend Alcoholic Anonymous and those who have previously attended Alcoholics Anonymous and have since found an alternative path(s) to recovery. Additionally, this research seeks to examine differences in recovery based on one’s religious or nonreligious identity. This research is being conducted as part of the dissertation requirements for Caitlin Halligan.

If you take part in this research, you will be asked to answer 58 questions and it should take no more than 5-10 minutes of your time. The potential risks for taking part in this survey is potential discomfort from answering sensitive questions about recovery. Potential benefits of taking part may be developing a deeper understanding of your recovery. Your replies will be completely anonymous and the data used to analyze responses for future reports will not include any identifying information that could trace your responses back to you. The de-identified (anonymous) information collected for this research may be used by or distributed to investigators for other research without obtaining informed consent from you. If, after beginning the survey, you decide that you do not wish to continue, you may stop at any time. You may choose not to answer any question for any reason.

If you have any questions prior to or during the study, you may contact the student investigator, Caitlin Halligan, by email at caitlin.l.halligan@wmich.edu. You may also contact the Chair of the Human Subjects Institutional Review Board at (269) 387-8293 or the Vice President for Research at (269) 387-8298. If you are interested in learning the results of this study, please contact Caitlin Halligan at the contact information listed above.

This study was approved by the Western Michigan University Human Subjects Institutional Review Board (HSIRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is older than one year.

Participating in this survey indicates your consent for use of the answers you supply.
E: Interview Informed Consent

STUDY SUMMARY: This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. Participation in this study is completely voluntary. The purpose of the research is to examine differences between those who currently attend Alcoholic Anonymous and those who have previously attended Alcoholics Anonymous and have since found an alternative path(s) to recovery. Additionally, this research seeks to examine differences in recovery based on one’s religious or nonreligious identity. This research is being conducted as part of the dissertation requirements for Caitlin Halligan.

If you take part in the research, you will be asked to participate in an in-depth interview about your beliefs, attitudes, and experiences in Alcoholics Anonymous, your recovery, and the 12-step program. You will also be interviewed about the role religion has or has not played into your recovery. Your time in the study will take approximately 30-90 minutes. Possible risk and costs to you for taking part in the study may be possible discomfort from answering sensitive questions and time set aside to complete the interview. Potential benefits of taking part may be developing a deeper understanding of your recovery. You are not required to take part in this study.

The following information in this consent form will provide more detail about the research study. Please ask any questions if you need more clarification and to assist you in deciding if you wish to participate in the research study. You are not giving up any of your legal rights by agreeing to take part in this research or by signing this consent form. After all of your questions have been answered and the consent document reviewed, if you decide to participate in this study, you will be asked to sign this consent form.

What are we trying to find out in this study?
The purpose of this study is to gain a deeper understanding of the variety of different recovery experiences based on one’s religious or nonreligious identity, beliefs, and attitudes, as well as one’s current or previous experience with Alcoholics Anonymous and the 12-step program.

Who can participate in this study?
Those who are eligible to participate in this study should consider themselves to be in recovery from substance use, are a current or previous participant of AA, has found an alternative path(s) to recovery if not currently in AA, and is over the age of 18.

Where will this study take place?
Interviews for this study will be conducted through the web-based video conferencing platform Webex or by phone call, depending on the participant’s preference. The interview will be at a time and day of the participant’s choice.

What is the time commitment for participating in this study?
Participants of this study will complete a semi-structured interview that will last anywhere from 30 minutes to 90 minutes long. At the end of each interview participants will be asked if they are willing to agree to shorter, follow-up questions later on in the data collection phase to generate or
clarify information. Follow-up interviews may be conducted over the phone or via email depending on the participant’s preference. Participants can decline to be contacted for follow-up interviews without penalty.

**What will you be asked to do if you choose to participate in this study?**
Participants who agree to participate will complete a semi-structured interview about their recovery, their past or current experiences in Alcoholics Anonymous, and their religious or nonreligious beliefs. Participants will be asked to allow the student investigator to audio record the interview. Next, participants will be asked a series of questions about how long they have been in recovery, what their recovery has been like, their religious or nonreligious identity, how Alcoholics Anonymous and the 12-steps have influenced or shaped their religious or nonreligious identity or beliefs, their opinions on the spirituality of the 12-steps, their involvement in recovery groups, and what it means to have successful recovery. Participants may also be asked to answer a few short follow up questions, but this is not required.

**What information is being measured during the study?**
This study seeks to understand how various aspects, such as religious/nonreligious identity, type of recovery, and recovery resources, shape overall recovery. This study is interested in the variety of different forms and paths of recovery and seeks to identify key similarities and differences. In-depth interviews will allow participants to speak freely about their own recovery experiences which will help the student investigator better understand the various components of recovery and common factors that contribute to a successful recovery.

**What are the risks of participating in this study and how will these risks be minimized?**
Potential risks of participating in this study is possible discomfort from answering sensitive questions about recovery. Participants will be asked about their personal recovery story and may be asked about any relapses that occurred. If any participant exhibits distress during the interview, or say they are unable to continue the interview for any reason, the interview will be ended.

**What are the benefits of participating in this study?**
Participants may benefit from being able to discuss their personal recovery experiences and may potentially develop a deeper understanding of their recovery. Additionally, those who participate in this study will be providing information that may lead to a better understanding of recovery, recovery programs like Alcoholics Anonymous, and its impact on the religious and nonreligious, which may help others work on providing a more inclusive space for the varieties of recovery experiences and preferences.

**Are there any costs associated with participating in this study?**
There are no costs associated with participating in this study.

**Is there any compensation for participating in this study?**
There is no compensation for participating in this study.

**Who will have access to the information collected during this study?**
Only the student investigator will have access to the information collected during the study. The student investigator will share aspects of data collection during the study with the principal investigator but no one else will know the passwords for any of the password protected security measures. All participants will remain anonymous, and all data will be kept private, protected, and confidential. This study is being conducted as a dissertation as thus will be published and available at Western Michigan University Waldo Library.

**What if you want to stop participating in this study?**
You can choose to stop participating in the study at anytime for any reason. You will not suffer any prejudice or penalty by your decision to stop your participation. You will experience NO consequences if you choose to withdraw from this study. At any time during the data collection phase of the study, you may ask to revoke portions, or the entirety of your interview.

The investigator can also decide to stop your participation in the study without your consent.

Should you have any questions prior to or during the study, you can contact the student investigator, Caitlin Halligan, at caitlin.l.halligan@wmich.edu. You may also contact the Chair, Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions arise during the course of the study.

This consent document has been approved for use for one year by the Western Michigan University Institutional Review Board (WMU IRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is older than one year.

I have read this informed consent document. The risks and benefits have been explained to me. I agree to take part in this study.

Please Print Your Name

______________________________
Participant’s signature          Date
F: Interview Guide
Conducted April-July 2022

Logistics and Informed Consent

- Introduction of who I am, why I am interested in the topic, my personal connection to the topic, and my recognition as an outsider.
- Ask if R has any question before we begin? Let R know that they will have a chance to ask questions at the end as well
- Ensure that the consent form for the interview is signed and that R will either send it to me through email or through a return envelope that I will supply
- In addition to consent form, ask for verbal consent from R to record the session.

General Introduction Questions for All Respondents

1. Can you tell me how long you have been in recovery?
2. Tell me about how you got to this point in your recovery.
   a. What did that process look like?
      i. Treatment center?
         1. What type of program did you decide? How did you decide on it?
      ii. 12-step program?
      iii. Relapses?
   b. What ended up working best for you when it comes to recovery?
      i. 12-step meetings like AA?
      ii. Counseling?
      iii. A combination?
   c. Did you have any social support initially?
      i. If so, by whom?
      ii. How did that influence your recovery?
      iii. What about currently?
   d. What other resources aside from XYZ have helped your recovery?
3. Can you tell me about any substantial barriers you have run into throughout your recovery?
   a. Medical, insurance, money, family, friendships, partners, job-related, the programs themselves, etc.

Substantive Questions for Religious in AA

1. Do you identify with a specific faith?
   a. If so, which one?
   b. If not, what are your religious beliefs?
2. Do you feel like AA, specifically the 12-steps, have strengthened your faith at all?
   a. If so, how?
3. What are some common factors that you think leads people to drop out of AA?
4. Some people argue that AA and the 12-steps are too religious or spiritual in nature. What are your thoughts on that?
   a. How do you think, say, an atheist who does not believe in a higher power nor considers themselves to be spiritual might work through the program?
5. Other than AA, are you involved in any other sort of recovery groups?
   a. If so, what are they?
      i. How do they compare to AA?
   b. Do you do anything else for your recovery outside of these groups, such as therapy, exercise, meditation, etc?
      i. If so, what are they?
      ii. How do they compare to AA?

Substantive Questions for Nonreligious in AA
1. Do you identify with a particular nonreligious identity?
   a. If so, which one(s)?
   b. If not, what are your nonreligious beliefs?
   c. Do you consider yourself to be spiritual?
2. Do you feel like AA, specifically the 12-steps, have influenced your nonreligious identity or beliefs at all?
   a. If so, how?
3. What are some common factors that you think leads people to drop out of AA?
4. Some people argue that AA and the 12-steps are too religious or spiritual in nature. What are your thoughts on that?
   a. Have you, as a nonreligious person, experienced any barriers when going through the 12-steps in relation to religion and spirituality?
      i. If so, how so?
      ii. If so, were you offered an alternative to the 12-steps?
5. Other than AA, are you involved in any other sort of recovery groups?
   a. If so, what are they?
      i. How do they compare to AA?
   b. Do you do anything else for your recovery outside of these groups, such as therapy, exercise, meditation, etc?
      i. If so, what are they?
      ii. How do they compare to AA?

Substantive Questions for Religious Dropouts of AA
1. You mentioned in the survey that you no longer attend AA but have found an alternative path to recovery. First, what made you decide to leave AA?
   a. What alternative form of recovery did you choose?
      i. What factors influenced you to choose it?
      ii. How does the alternative form compare to AA?
   b. Do you do anything else for your recovery outside of the alternative form, such as therapy, exercise, meditation etc?
      i. If so, what are they?
      ii. How do they compare to AA?
2. Do you identify with a specific faith?
   c. If so, which one?
   d. If not, what are your religious beliefs?
3. What are some other common factors aside from the ones in your own story that you think leads people to drop out of AA?
4. Some people argue that AA and the 12-steps are too religious or spiritual in nature. What are your thoughts on that?
   e. How do you think, say, an atheist who does not believe in a higher power nor considers themselves to be spiritual might work through the program?

Substantive Questions for Nonreligious Dropouts of AA

1. You mentioned in the survey that you no longer attend AA but have found an alternative path to recovery. First, what made you decide to leave AA?
   a. What alternative form of recovery did you choose?
      i. What factors influenced you to choose it?
      ii. How does the alternative form compare to AA?
   b. Do you do anything else for your recovery outside of the alternative form, such as therapy, exercise, meditation etc?
      i. If so, what are they?
      ii. How do they compare to AA?
2. Do you identify with a particular nonreligious identity?
   a. If so, which one(s)?
   b. If not, what are your nonreligious beliefs?
   c. Do you consider yourself to be spiritual?
3. What are some other common factors aside from the ones in your own story that you think leads people to drop out of AA?
4. Some people argue that AA and the 12-steps are too religious or spiritual in nature. What are your thoughts on that?
   a. Did you, as a nonreligious person, experience any barriers when you were going through the 12-steps in relation to religion and spirituality?
      i. If so, how so?
      ii. If so, were you offered an alternative to the 12-steps?

Concluding Questions for All Respondents

1. Do you feel part of, or accepted by, the recovery community at large?
2. What does successful recovery mean to you?
3. How do you think the recovery process could be improved?
4. Is there anything I have missed that you think would be useful to include in future interviews? Or is there anything you would like to add to conclude?
5. Is there anyone you know that you think might be interested in an interview?
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<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Geographic Region</th>
<th>Recovery Time</th>
<th>Recovered Groups Attended</th>
<th>Religious Upbringing</th>
<th>Current Religious or Nonreligious Identity Label</th>
<th>Introduction to/referral to AA</th>
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<td>West</td>
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<td>Atheist</td>
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<td>South</td>
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<td>Length</td>
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<td>Nonthetical</td>
<td>Decided on own to go</td>
</tr>
<tr>
<td>Oliver</td>
<td>56+</td>
<td>Man</td>
<td>White</td>
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<td>46</td>
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<td>Christian</td>
<td>Agnostic</td>
<td>Residential treatment center</td>
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<td>Mia</td>
<td>41-55</td>
<td>Woman</td>
<td>White</td>
<td>South</td>
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<td>Employer</td>
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<td>Unitarian, Universalist</td>
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<td>White</td>
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<td>AA</td>
<td>Catholic</td>
<td>Atheist</td>
<td>Intensive outpatient program</td>
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<td>White</td>
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<td>Spiritual</td>
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<td>26-40</td>
<td>Man</td>
<td>White</td>
<td>South</td>
<td>4</td>
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<td>Mormon</td>
<td>Spiritual</td>
<td>Residential treatment center</td>
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223
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<th>Name</th>
<th>Age Range</th>
<th>Gender</th>
<th>Race</th>
<th>Region</th>
<th>Years Sustained</th>
<th>AA Type(s)</th>
<th>Pentecostal</th>
<th>Atheist</th>
<th>Decision Made to Go on Own</th>
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<td>Woman</td>
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<td>South</td>
<td>15 years, 8 sustained</td>
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<td>Atheist</td>
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<td>South</td>
<td>10 years</td>
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<td>White</td>
<td>South</td>
<td>5 years</td>
<td>Prior: NA, AA</td>
<td>Catholic</td>
<td>Spiritual</td>
<td>Residential treatment center</td>
</tr>
</tbody>
</table>

*All participants were given pseudonyms for this project.*
Date: June 30, 2021

To: Jesse Smith, Principal Investigator
    Caitlin Halligan, Student Investigator for dissertation

From: Amy Naugle, Ph.D., Chair

Re: IRB Project Number 21-05-09

This letter will serve as confirmation that your research project titled “An Examination of Recovery Among Religious and Nonreligious Alcoholics Anonymous Attendees and Dropouts” has been approved under the expedited category of review by the Western Michigan University Institutional Review Board (IRB). The conditions and duration of this approval are specified in the policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note: This research may only be conducted exactly in the form it was approved. You must seek specific board approval for any changes to this project (e.g., add an investigator, increase number of subjects beyond the number stated in your application, etc.). Failure to obtain approval for changes will result in a protocol deviation.

In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the IRB for consultation.

The Board wishes you success in the pursuit of your research goals.

A status report is required on or prior to (no more than 30 days) June 29, 2022 and each year thereafter until closing of the study.

When this study closes, submit the required Final Report found at https://wmich.edu/research/forms.

Note: All research data must be kept in a secure location on the WMU campus for at least three (3) years after the study closes.