The following individuals certify that they have read, and recommend to the Faculty of Graduate and Postdoctoral Studies for acceptance, a thesis/dissertation entitled:

Recovery from Alcoholism Without Religion

submitted by Steven Ronald Hobkirk in partial fulfillment of the requirements for

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ABSTRACT

Atheists have been paid little attention in the social sciences, particularly in the field of addiction recovery. An Alcoholics Anonymous (AA) support group, which puts emphasis on belief in God as a means to achieving sobriety, is often the first form of help that people struggling with alcoholism access. The purpose of this study is to provide a rich description of the experiences of atheists who attended AA as a part of their recovery from alcoholism. A semi-structured interview was conducted with four male participants who attended AA and do not believe in God. Thematic Content Analysis (TCA) was used to describe their experience by identifying themes in their stories. The following four themes were identified: religiosity as a barrier, exploring personal responsibility, community and connection, and openness and growth. Suggestions for further research and implications for counselling professionals are discussed.
LAY SUMMARY

This study is interested in how atheists experience Alcoholics Anonymous (AA). Alcoholics Anonymous stresses the importance of a belief in God in combatting problem drinking. This study describes the experiences of four atheists’ who attended AA. Semi-structured interviews were conducted and Thematic Content Analysis (TCA) was used to uncover themes in atheists’ reported experiences with AA. The following four themes were identified: religiosity a barrier, exploring personal responsibility, community and connection, and openness and growth.
PREFACE

This thesis is an original intellectual product of the author, Steven Hobkirk, who completed all work, including design, participant recruitment, data collection, analysis, and manuscript. This thesis was produced under the supervision of Dr. Marla Buchanan, with support from committee members Dr. Alanaise Goodwill and Dr. Norman Amundson.

Original ethical approval for this study was issued by the University of British Columbia Behavioural Research Ethics Board on November 30, 2015 under certificate H15-01866.
# TABLE OF CONTENTS

ABSTRACT ................................................................................................. iii

LAY SUMMARY ......................................................................................... iv

PREFACE ................................................................................................. v

TABLE OF CONTENTS ........................................................................... vi

ACKNOWLEDGEMENTS ......................................................................... viii

CHAPTER 1: INTRODUCTION ................................................................. 1

  Background ....................................................................................... 1

  Rationale for the study ....................................................................... 3

  Purpose of the Research ..................................................................... 3

  Research Question ............................................................................. 3

CHAPTER 2: REVIEW OF THE LITERATURE .......................................... 4

  Terms Defined .................................................................................... 4

  Harms of Problematic Drinking ....................................................... 5

  Treating Problematic Drinking ......................................................... 7

  O Atheists, Where Art Thou? ........................................................... 10

  Recovery Without Religion ............................................................... 11

CHAPTER 3: METHOD ............................................................................. 16

  Qualitative Research: Thematic Content Analysis .............................. 16

  Participants ....................................................................................... 16

  Procedures ....................................................................................... 17

  Recruitment and Eligibility Criteria ................................................... 17

  Data Collection ............................................................................... 18
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CHAPTER 1

Introduction

Background

Recovery from alcoholism can come about in many ways (Sanders & Powell, 2012). A common element in stories of recovery is the experience of a religious or spiritual transformation (Tonigan, Miller, Schermer, 2002; Williamson & Hood, 2013). The largest self-help group in the world, Alcoholics Anonymous (AA), puts great focus on this spiritual transformation in their twelve-steps, six of which make direct reference to God or a higher power (“Twelve Steps Illustrated,” 1991). Indeed, according to some (e.g., Tonigan et al., 2002; Drobin, 2014), official AA literature implies that without turning to God or a higher power, people will be unable to sustain lasting abstinence.

Defined loosely, an atheist is someone who does not believe in God. While not everybody who lacks belief in God identifies as an atheist, for the sake of simplicity the present study will use the term atheist to describe anyone who agrees with the statement, “I do not believe in God.” The prominence of renowned champions of atheism such as Richard Dawkins and Christopher Hitchens in the media notwithstanding, atheists as a group have not been paid much attention in the social sciences, particularly in counselling psychology (Brewster, Robinson, Sandil, Esposito, & Geiger, 2014).

Despite the dearth of literature on atheism, much has been written about theism. For example, Hwang, Hammer, and Cragun (2011) refer to a large body of research that argue for health benefits of religiosity, but point out that (a) the trend is for these studies to treat correlations as causations; and (b) these studies tend to lack non-religious control groups. Had they included atheist control groups, these studies could have escaped Hwang et al.’s (2011)
criticisms for often drawing cause-and-effect conclusions that their non-experimental designs do not allow for.

The twelve-step philosophy espoused by AA is highly influential across the treatment landscape, with the majority of professional treatment options incorporating some or all of the twelve steps (Sussman et al., 2013). Given the fact that AA has such a heavy religious/spiritual bent, questions are raised about the experience of it from the point of view of an atheist (i.e., someone who doesn’t believe in God), as well as the practical and ethical concerns for practitioners involved in the treatment of alcoholism. Atheists have been shown to attend AA (Tonigan et al., 2002), but their pattern of attendance differs from those who believe in God. Alcoholics Anonymous is often the first stop for people on their quest towards sobriety (Winzelberg & Humphreys, 1999), so it stands to wonder how atheists with alcohol problems react to this community that was not designed with them in mind. Although AA’s eponymously named basic text, colloquially referred to as The Big Book, does include a chapter titled “We Agnostics,” it suggests that sobriety is unattainable without a willingness to put one’s faith in a higher power (Alcoholics Anonymous, 2001). In addition, “We Agnostics” associates agnosticism and atheism with vanity, a judgment that could conceivably alienate an incoming atheist interested in recovery.

Qualitative methodologies hold appeal for research domains that require explorative, detailed views of a topic (Creswell, 2014). Flaherty, Kurtz, White, and Larson (2014) note that qualitative research on recovery has focused either on specific phases of recovery, or on unique populations. Atheists have been excluded from these analyses on unique populations, but given what is known about atheists, it seems appropriate to view them as a unique population in regards to alcoholism recovery. Alcoholics Anonymous is the most widely (and sometimes only)
available source of help for alcoholism, and atheists often end up there despite its emphasis on a set of beliefs that they do not adhere to.

**Rationale for the Study**

We do not know anything about how atheists experience AA and recovery, though the literature that will be discussed below suggests they might have a unique experience when it comes to recovering from alcoholism. Given the religious/spiritual bent of the prevailing source of help for alcoholism in North America, and the lack of research examining atheists’ experiences and needs in this area, I decided to use an exploratory, qualitative approach of inquiry that looks at atheists’ experiences in recovery from alcoholism.

**Purpose of the Research**

The purpose of this study is to provide a rich description of the experiences of atheists who attended Alcoholics Anonymous as part of their recovery from alcoholism. The dominance of AA and twelve-step programs over the treatment landscape in North America, and these programs’ proclivity for invoking God or a higher power, raise the obvious concern that those who do not believe in God might experience recovery in a unique way. I intend to describe the meaning that atheists in recovery give to their beliefs (or lack thereof) as they strive to maintain sobriety.

**Research Question**

The following questions will guide my research:

1. How do people who do not believe in God experience recovery through Alcoholics Anonymous?
CHAPTER 2

Review of the Literature

Terms Defined

Alcoholics Anonymous is a non-professional self-help group open to anyone who wants help with a drinking problem ("Twelve Steps Illustrated," 1991). Twelve-Step programs are self-help groups and professional treatment programs that are based on AA’s twelve guiding principles. The term recovery often means different things for different people; for the purposes of the present study, recovery refers to the pursuit of abstaining from the consumption of alcohol.

The Canadian Oxford Dictionary defines atheism as “disbelief in the existence of God or gods” (Barber, p. 82). Despite the clear definition provided by the Oxford Dictionary, “there remains no clear consensus on who atheists are and what they believe” (Brewster et al., 2014, p. 631). Hwang et al. (2011) point out that many atheists shy away from the term due to stigma that they may face, and instead often identify themselves with such terms as secular humanist, freethinker, or agnostic. The Oxford Dictionary’s definition of atheist is being used in this study because it is simple and relatively unimposing, which lends itself well to the exploratory and descriptive nature of experiences sought in this study.

Although the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM-5) (American Psychiatric Association, 2013) has a list of eleven criteria for a diagnosis of Alcohol Use Disorder (AUD) (the presence of at least two symptoms from this list warrants a diagnosis of AUD), neither AA nor the majority of treatment programs require a diagnosis of AUD to participate. The present study mirrors the inclusivity of AA in its design as I have shaped my inquiry to include those who self-identify as having a problem with alcohol use. The experience of alcoholism in this study deviates from DSM-5 diagnostic criteria and favours self-
identification so as to emphasize the rich subjectivity of atheists’ experiences with AA and recovery. This subjective definition of alcoholism is commensurate with a constructivist worldview, which holds that “individuals develop subjective meanings of their experiences” (Creswell, 2014, p. 8), and reflects the epistemology of this qualitative research project.

**Harms of Problematic Drinking**

For many Canadians, consuming alcohol is a standard part of adult life. While many people are able to drink alcohol responsibly and without serious consequences, problematic drinking can take a hefty toll on both the individual and society. In 2002, “the total annual cost (death, illness, law enforcement, loss of productivity, etc.) of alcohol abuse in Canada was estimated at $14.6 billion…considerably more than all illegal drugs combined ($8.2 billion)” (“The economic cost of alcohol,” para. 1, 2012). Below I will briefly discuss some of the harms associated with problematic drinking.

Statistics Canada (2017) defines heavy drinking as imbibing five or more alcoholic drinks in one sitting for males, and four or more alcoholic drinks in one sitting for females, at least once per month during the past year. In terms of prevalence, “19.0% of Canadians aged 12 and older (roughly 5.8 million people) report alcohol consumption that classified them as heavy drinkers,” with the majority of heavy drinkers falling between the ages of 18 and 24 (Statistics Canada, para. 1, 2017).

Some research has suggested that moderate drinkers enjoy cardiovascular benefits from drinking (Moore & Pearsons, 1986 as cited in Donatelle, Davis, Munroe, Munroe, & Casselman, 2004), but “there are many more cardiovascular health hazards than benefits from alcohol consumption” (Donatelle et al., 2004, p. 292). These cardiovascular health hazards include increased risk of high blood pressure, irregular heartbeat, and cardiomyopathy (deterioration of
the heart muscle). Additional adverse health effects associated with long-term problematic drinking include cirrhosis of the liver, various types of cancer, gastrointestinal issues, depression, stomach ulcers, increased risk of stroke and suicide, and death (Donatelle et al., 2004; Government of Canada, 2017). Long-term abuse of alcohol is also associated with shrinkage in brain size (Harper & Kril, 1991; Donatelle et al., 2004).

In addition to potential health hazards to drinkers themselves, problematic alcohol use is associated with harm to others. For example, Cafferky, Mendez, Anderson, and Stith (2018) conducted a meta-analysis examining the relationship between substance use and intimate partner violence (IPV). A meta-analysis is a quantitative research method that allows researchers to combine and synthesize the results of many studies in order to summarize research on a given topic. The results of Cafferky et al.’s (2018) meta-analysis revealed a strong positive correlation between problematic drinking and perpetration of IPV. The authors found a correlation between general alcohol use and IPV as well, but the link between problematic alcohol use and IPV was significantly stronger. These last two points highlight that even if alcohol use is not problematic, per se, it is still associated with adverse effects.

It is widely understood that alcohol impairs judgment, and for this reason Canada has laws around how much alcohol can be in one’s system while operating a motor vehicle. Drinking and driving is a serious issue in Canada: alcohol was involved in the fatalities of 8,431 individuals on Canadian roads between 2000-2009 (“Impaired driving,” 2018). The proportion of motor vehicle fatalities that involve alcohol is alarming: in 1996, more than one-third (35%) of fatally injured drivers had more than the legal limit of alcohol in their system (Donatelle et al., 2004). This is by no means an exhaustive list of the harms associated with problem drinking,
though it does shed light on some of the dire consequences that it can have for individuals, their loved ones, and society as a whole.

**Treating Problematic Drinking**

Given the varied risks associated with drinking alcohol, it is unsurprising that there are a preponderance of methods for helping people overcome problematic drinking habits. The Canadian Centre on Substance Use and Addiction conducted a large survey of Canadians in recovery from addiction to gain insight into how Canadians who want to curb problematic substance use seek help (McQuaid, Malik, Moussouni, Baydack, Stargardter, & Morrisey, 2017). They used closed and open-ended questions to survey 855 individuals (391 men, 453 women, 11 other) who live in Canada and self-identified as being in recovery from substance addiction. This was a very thorough study that analyzed many factors as they relate to addiction and recovery (e.g., age at first use, drug of choice, different definitions of recovery, measures of physical and mental health, etc.) and the interested reader is encouraged to read the full report for a more detailed discussion.

McQuaid et al.’s (2017) survey showed that there are myriad resources and programs available for people looking for help with problematic drinking. These include twelve-step support groups (including AA), residential addiction treatment programs, group and individual counselling, in- and out-patient detoxification programs, aversion therapy, and more (the authors listed 17 resources and programs in total). On average, participants used 6 different resources in their recovery journey, with 91.8% of participants attending a 12-step support group at least once. This highlights the ubiquity of twelve-step programs in terms of treating addiction – of 855 participants in recovery from addiction, only 70 people did not attend a twelve-step group. The next most commonly accessed recovery service by participants was residential addiction
treatment programs, which 60.6% of participants reported attending at some point. Though this study was looking at addiction to many drugs, participants listed alcohol as both the most commonly used drug as well as the most common drug of choice during active addiction.

For the purpose of the present study, it is important to highlight some results from McQuaid et al.’s (2017) research as they pertain to twelve-step groups. In responding to open-ended questions, many participants spoke of the helpfulness of these groups, particularly early on in their recovery. They also brought attention to the need for alternatives as well as the fact that these programs aren’t for everyone. I will use some quotes from McQuaid et al.’s (2017) participants to illustrate these points:

I feel like abstinence programs like AA…are great for everyone in the beginning. It brings community to the person and can help them look at themselves and change for the better.

I got clean in the twelve-step ideology-based environment. …However, the faith-based premises were not sufficient for the mental and emotional needs that I (and a great many people dealing with addiction) have/had.

Twelve-step programs are cults, yet are the only real consistent recovery program available. More investment in other programs would be beneficial.

The above quotes emphasize the prominence of AA and twelve-step philosophy in people’s recovery experiences, which is congruent with what others have found (Sussman et al., 2013).

A range of counselling approaches have been developed or adapted to help treat alcoholism (“Matching Alcoholism Treatments,” 1997). Two of the most commonly employed therapeutic approaches to combat problematic drinking are Cognitive Behaviour Therapy (CBT) and Motivational Enhancement Therapy (MET) (“Matching Alcoholism Treatments,” 1997). In an effort to test the hypothesis that treatment for alcoholism might have better outcomes if patients are matched to a treatment based on certain characteristics, a study dubbed Project
MATCH randomly assigned alcohol dependent participants to one of three therapeutic treatments: CBT, MET, or Twelve-Step Facilitation Therapy (TSF). Twelve-Step Facilitation Therapy is based upon AA principles and aims to encourage a person to work through the 12 steps and attend AA meetings. All therapeutic interventions were delivered to participants one-on-one over a 12-week period, at various sites in the United States. Of their 1,726 participants, 75% were male and 25% were female, and they were recruited from outpatient treatment as well as aftercare treatment (those receiving treatment for alcoholism after an inpatient or hospital stay).

Project MATCH looked at 10 different participant characteristics in their analysis on treatment matching, which included readiness to change, social support, severity of alcohol involvement, psychiatric severity, gender, and meaning seeking, to name a few ("Matching Alcoholism Treatments," 1997). Study authors found that, while each of the treatments were effective in terms of reducing participants’ drinking levels, only one characteristic seemed relevant to treatment-matching, which was psychopathology. They found that participants higher on psychiatric severity might fare better in TSF as opposed to the other treatments. The Project MATCH study is noteworthy for the amount of data it collected from participants, which has been used in the years since to test different hypotheses by other researchers in the addictions field (Tonigan, Miller, & Schermer, 2002). Project MATCH also led to the development of alcoholism treatment manuals for professionals, which are in wide use today (National Institute, n.d.).
O Atheists, Where Art Thou?

The waves of momentum gained by the atheist movement remain largely absent in social science scholarship, psychology broadly, and counseling [sic] psychology specifically. (Brewster et al., 2014, p. 629)

Despite a large volume of research on recovery from alcoholism in general, there is scant research on atheists in recovery. A December, 2014 EBSCOhost Database search using the terms alcohol* AND recovery yielded 29,553 results; a search of alcohol* AND recovery AND spiritual* yielded 1,207 results; whereas a search of alcohol* AND recovery AND atheis* yielded only 9 results. Even these numbers are misleading: of the nine articles that came up when searching with atheis*, one was an empirical study that included atheists in its sample; three were newspaper articles; two were studies on AA referral practices; and the remaining three were opinion pieces.

The lack of research on atheists in recovery reflects a broader trend in the social scientific literature wherein atheists are frequently ignored as a source of research interest. Brewster and colleagues (2014) conducted a content analysis on articles in political science, sociology, religious studies, and psychology, and found only 100 articles published between 2001-2012 that had what they refer to as “more than a minimal inclusion of atheist content” (p. 637). Articles included in the 100 had to have at least ten per cent atheist content, but the central focus of the articles did not need to be atheism. Of the 100 articles, only one was related to drugs and alcohol. It should be noted that the articles included in Brewster et al.’s analysis were all published in the United States; they did not include articles published in, for example, Europe,

1 In EBSCOhost, using an asterisk (*) ensures that all words that begin with the letters that precede the asterisk will be included in the search. For example, searching for alcohol* would also search for alcoholism, alcoholic, etc.
due to the fact that a greater population of Europeans define themselves as atheist, and there is less stigma towards atheists in Europe than there is in the United States (European Commission, as cited in Brewster et al., 2014). Estimates vary, but the proportion of atheists in the United States is estimated to be between 4-15% (Brewster et al., 2014); in Britain it may be as high as 31-44% (Hwang et al., 2011).

Recovery Without Religion

In this section I will discuss what little knowledge does exist on the subject of atheists in recovery. Tonigan et al.’s (2002) study is the one article on drugs and alcohol that the Brewster et al. (2014) content analysis identified. Tonigan and colleagues’ (2002) research sprung from the desire to investigate the importance of spiritual beliefs in predicting AA affiliation. They used historical data of 1526 Americans (from Project MATCH) who were followed for one year after they had completed a professional twelve-week treatment program. Participants had self-identified their God beliefs, categorizing themselves as either atheist, agnostic, unsure about their religious beliefs, spiritual, or religious. Over the course of the year, atheists were found to be less committed to AA and less engaged in AA activities than were individuals who were unsure, spiritual, or religious. Interestingly, nearly half of the atheist and agnostic participants’ beliefs about God had shifted at least one category (e.g., from atheist to agnostic, or from agnostic to unsure) by the end of the year.

In relation to AA attendance rates, Tonigan et al. (2002) found that atheists attended AA less often than did unsure, spiritual, and religious participants. Perhaps the most interesting result of their analysis, however, was that AA attendance was positively correlated with increased abstinence, regardless of God beliefs. While atheists were more likely to stop
attending AA, atheists who attended AA with the same frequency as people from the other God-belief categories derived the same amount of abstinence-related benefit as did everyone else.

Kaskutas, Turk, Bond, and Weisner (2003) studied 587 American men and women who were enrolled in formal substance abuse treatment programs in a Northern Californian county that is known to have “a heterogenous population with regard to ethnicity, socioeconomic status, population density and services available to residents” (Weisner & Schmidt, 1995, as cited in Kaskutas et al., 2003, p. 4). The authors surveyed participants at the beginning of their treatment, one year later, and three years later. They were interested in whether participants’ level of religiosity would influence their AA attendance and involvement, as well as their sobriety. What they found to be the single biggest predictor of sobriety at three years was whether or not participants had undergone a religious transformation over the course of the study. Unfortunately the authors only measured religious beliefs at the beginning of the study, so they were not able to track how these might have changed over the course of the three years. Religious beliefs at the beginning of the study were not predictive of abstinence after three years. However, religious beliefs at the beginning of treatment were predictive of AA involvement—participants who identified as atheists at the beginning of the study were less likely to have an AA sponsor, and less likely to still be attending AA at the end of the study, findings which are in line with the research by Tonigan et al. (2002). As Kaskutas et al. (2003) put it, “these results support the mixed view that AA is indeed accessible, if somewhat less engaging, for its secular participants” (p. 13). It is clear that AA is beneficial for some atheists, but it is also clear that their experience of AA differs from that of people who do believe in God.

Tonigan and Rice (2010) recruited 253 participants from AA meetings and outpatient treatment to investigate the influence of AA sponsorship on subsequent abstinence. A sponsor is
generally a longer-term AA member who mentors a newer AA member as they progress through the twelve-steps. The authors gathered data on participants’ alcohol, marijuana, and cocaine use with questionnaires and semi-structured interviews, and used urine toxicology screening to confirm reported abstinence. They found that having a sponsor early in the first three months of AA attendance to be predictive of abstinence at six months, after controlling for other variables. While the authors did not consider religious beliefs in their study, their finding that sponsorship predicts abstinence gives increased significance to the knowledge that atheists are less likely to obtain a sponsor in AA (Kaskutas et al., 2003; Tonigan et al., 2002). It is not known why atheists are less likely to obtain a sponsor, nor is it known how sponsorship exerts its beneficial effects, but what is known is that early sponsorship is associated with increased abstinence, and that atheists are less likely to be sponsored.

While qualitative research on atheists in general is a rare thing (Brewster et al., 2014), qualitative research on atheists in recovery is almost non-existent. Flaherty, Kurtz, White, & Larson (2014) conducted a qualitative study on the recovery narratives of six individuals who had been sober for a minimum of five years, one of whom self-identified as secular (the authors did not use the term atheist). Flaherty and colleagues (2014) wanted to see the similarities and differences in recovery narratives of persons who had worked through their substance abuse problems through different pathways of recovery. The five pathways to recovery that participants represented were secular recovery, natural recovery (no outside help), twelve-step recovery (AA), faith-based recovery, and medication-assisted recovery. Flaherty et al. (2014) were not looking at recovery from alcoholism per se; their participants were recovering from a host of different substance addictions, including alcohol.
Flaherty et al. (2014) briefly outline three stages of recovery that were shared by all participants: a transition from pre-recovery to recovery initiation, wherein the decision was made to quit drinking/using drugs; initial recovery stabilization, wherein participants actually began the process of quitting alcohol/drugs; and long-term recovery maintenance, which was marked by ongoing abstinence in addition to a more positive sense of self. Flaherty et al.’s (2014) paper discusses the similarities and differences of their participants within these common stages.

In their discussion of the first stage of recovery (pre-recovery and recovery initiation), Flaherty et al. (2014) noted that each group expressed similar themes in this stage, and they used excerpts from their interviews to illustrate these similarities. It was noted that the spiritual and religious pathways to recovery were defined by more self-transcendence in the initial stage of recovery, whereas the secular and natural pathways were defined by more self-assertion; however, an excerpt from the secular participant was noticeably absent in this section, leaving the reader to wonder just how the secular participant fit in.

The second stage of recovery—initial recovery stabilization—was marked by identifying with others in recovery and a restructuring of one’s character (Flaherty et al., 2014). The secular participant was a notable exception to this character restructuring—he viewed maintaining sobriety as but one part of his self, which was separate from the rest of him; the other participants experienced a fundamental change in their sense of self in this stage, but the secular participant did not. Twelve-step and faith-based recovery participants spoke of spirituality being a key factor in this stage in recovery, but the secular participant explicitly stated that spirituality “had nothing to do with it” (p. 348). The only difference between participants that the authors mentioned for the third stage of recovery, long term recovery maintenance, was that four of the
six participants became public advocates for recovery in this phase, but the paper did not identify which participants did this.

Clinicians are less likely to refer non-religious clients to AA (Winzelberg & Humphreys, 1999). The authors suspect that the difference in referrals is due to AA’s focus on God/a higher power and clinicians’ assumption that non-religious people would find this focus troublesome. Unfortunately, the decrease in AA referrals does not come with an increase in referrals to alternative means to recovery, meaning atheists’ options end up being limited (Winzelberg & Humphreys, 1999). Despite the existence of secular self-help options, they are few and far between when compared with the ubiquity of AA (Sussman et al., 2013).

The Flaherty et al. (2014) paper focused on commonalities in themes exhibited amongst participants who had different pathways to recovery, but it also highlighted some key differences. The difference that is most germane to the current research is that the secular participant reported that spirituality had nothing to do with his recovery. Given the centrality of spirituality in AA, it is important to understand how an atheist might experience it, which is what this research project seeks to do.
CHAPTER 3

Method

Qualitative Research: Thematic Content Analysis

Qualitative research has been discussed as an appropriate method for researching understudied topics (Braun & Clarke, 2006). Unconcerned with the cause-and-effect relationships that quantitative methods tend to explore, qualitative research seeks to provide a rich and detailed description of an experience. Thematic Content Analysis (TCA) is a generic qualitative research method that has historically been poorly understood—Braun and Clarke (2006) note that it frequently goes unmentioned as a research method even when it is in fact what researchers have used. They note that TCA is often a component piece of other qualitative methods, but argue that it “should be considered a method in its own right” (p. 78).

A qualitative research method like TCA lends itself particularly well to the sort of exploratory research conducted presently—it is “a method for identifying, analyzing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79). Data is collected through interviews, and the researcher codes these interviews into overarching themes. It uses an inductive, bottom-up approach, moving from a description of the data to an interpretation of it. The researcher takes an active role in identifying patterns within participants’ stories, looking within the data to inform the creation of themes, rather than forcing the data into a set of pre-existing themes.

Participants

A sample size of 4-8 individuals is typical for this sort of qualitative research (e.g., Flaherty et al., 2014; Smith & Osborn, 2003). The four participants who took part in the present study were all male and ranged in age from 40-70 years. The reported lifetime number of AA
meetings attended by each participant ranged from 50-4500 meetings. Education levels ranged from completing high school to completing a university undergraduate degree.

**Procedures**

**Recruitment and Eligibility Criteria.**

Recruitment posters were placed in coffee shops, libraries, and community centres in Vancouver (see Appendix A). My study poster was emailed to an organizer for a local group of secularists in Vancouver, who disseminated it among the group’s members. Word of mouth sampling and snowball sampling were also used – anyone who expressed interest in the study, or who participated, was invited to tell others about the study. This recruitment process went on from January, 2016 to April, 2017.

After seeing one of the recruitment posters or hearing about the study through word of mouth, participants’ first point of contact with me came in the form of either a phone call or an email where the prospective participant expressed his or her interest in the study. At this point I asked four initial screening questions in order to determine one’s eligibility to participate. Participants had to self-identify as having a problem with alcohol, be over the age of 19 (the age of majority in British Columbia), have attended at least 10 AA meetings, and must not believe in God. Individuals who did not meet study criteria were thanked for their interest but were not invited to participate in the study. It proved quite difficult to obtain this sample: over the course of fifteen months of advertising for this study only ten individuals expressed interest in participating in the research project; of those who did not participate in the study, five did not meet the inclusion criteria, and one person elected not to participate.
**Data Collection.**

Data was collected by way of 45-90 minute semi-structured interviews (see Appendix C), conducted by myself, a white male master’s student in Counselling Psychology at the University of British Columbia. Each meeting with a participant began with a conversation about confidentiality and its limits, the purpose of the study, and by letting participants know that they are able to withdraw at any time. Consent was also obtained in writing. The consent form (see Appendix B) contained information about the purpose of the study, its procedure, potential risks and benefits of participation, the limits of confidentiality, the voluntary nature of participation, as well as contact information for my then-thesis supervisor Dr. Alanaise Goodwill and myself (Dr. Goodwill left UBC partway through this study but after interviews were conducted and the role of supervisor was assumed by Dr. Marla Buchanan).

After the consent form was signed, participants were asked to fill out a brief questionnaire to collect demographic information (see Appendix D). In addition to gathering demographic information, the questionnaire asked participants whether or not they believed in God. Had someone responded that they did believe in God or were unsure, they would not have been included, since this study is interested specifically in the experiences of people who do not believe in God. The questionnaire having been filled out, the semi-structured interview began with the question:

1. “As someone who doesn't believe in God, how did/do you experience Alcoholics Anonymous?”

Aside from prompts to elicit more information or to clarify or to maintain topic fidelity, I was as quiet as possible throughout the interviews, letting participants tell their stories in their own voices. I then asked:
2. “Was/is the religious component in Alcoholics Anonymous problematic for you?”

As above, I used prompts and minimal encouragers to probe further when necessary, but the interviewees did the majority of the talking. The final question that participants were asked was:

3. “As someone who does not believe in God, what else would you like to say about your experience in recovery from alcoholism?”

This question, too, was followed by prompts to encourage a rich exploration of the topic, as necessary. Interviews were audiotaped for the purposes of transcription.

**Data Analysis.**

Data analysis followed the six phases that Braun and Clarke (2006) articulate for TCA. The first phase is familiarization with the data; transcribing the audio-taped interviews and reading and re-reading these transcripts accomplished this. The second phase in TCA is a generation of initial codes. This involved organizing data extracts into as many groups as possible that seemed interesting or important to the research question. Once a long list of codes was generated, I began the third phase, which was sorting and combining codes into broader themes. This phase was complete when a sense of the significance of the themes was identified, and all the coded data extracts had been sorted accordingly.

The fourth phase of TCA is a review of the themes (Braun & Clarke, 2006). This is where fine-tuning the list of themes identified in phase three occurs. Two things are important here: (a) to ensure the data within each theme go together meaningfully and that each theme is easily distinguishable from the other themes, and (b) to ensure that each theme, and the data within each theme, meaningfully reflect the data set as a whole. A re-reading of the entire data
set was necessary to check that the latter criterion was met, and it afforded the opportunity to code any more data that fit the themes that were missed.

Defining and naming the themes makes up the fifth phase of TCA (Braun & Clarke, 2006). This is where data was organized within each theme into a coherent narrative. Here, the task is to be able to “identify what is of interest about them and why” (p. 92). Braun and Clarke say that a good litmus test in this phase is to see if the essence of a theme can be described in one or two sentences. Further refinement was necessary until this was possible.

The sixth and final phase of TCA is the production of the report and presentation of the analysis. The report is organized under the overall themes, with representative data extracts to support and justify the creation of the themes. Braun and Clarke (2006) stress the importance of providing several extracts in order to give the reader a thorough understanding of each theme, as well as to choose the most vivid extracts to represent the themes. The analysis of the themes serves to form the arguments in response to the research question—the reader will be told what the data says.

As illustrated above, TCA is a recursive process that involves constant refinement of codes and themes. In order to ensure the trustworthiness of the analysis, the help of a colleague was elicited to check the analysis as it progressed. In phase two, for example, this involved giving a colleague a selection of the initial codes, as well as all of the data extracts sorted into those codes. This colleague sorted the data under the list of codes, and we compared her sorting to the initial list of codes generated. Any discrepancies were discussed at length to see where the disagreement occurred. This process was repeated at each phase of analysis.
Trustworthiness and Credibility

Trustworthiness and credibility of qualitative research is paramount for ensuring the quality of the research, and was demonstrated in this study using suggestions borrowed from Morrow (2005). Self-reflection in tandem with persistent supervisory observation helped minimize my subjective bias towards data. In addition, member and expert checks were completed. Credibility of interview data was assessed through engagement with research participants, who were given the opportunity to check the analyzed themes, identify any discrepancies between the original responses and the interpreted data, correct errors, and provide further information. The purpose of member checking was to allow participants to verify that my interpretation accurately reflects the meaning they intended to convey in their interview (Morrow, 2005).

Member checks were done by emailing research participants the analyzed themes and having them answer the following three questions:

1. How well do these themes resonate with your experience?
2. Are these themes comprehensive enough? If not, what needs to be added or taken out?
3. What, if any, pragmatic value does the analysis have?

Only one participant (Nathan) responded when they were sent the analysis and asked to provide feedback. In response to the first question, he responded by saying that “the themes capture [his] experience quite well.” He went on to elaborate with feedback about AA, which I will include in the discussion.

In response to the second question, Nathan agreed that the themes are comprehensive. When asked about the pragmatic value of the analysis, Nathan said: “I think the analysis can help
atheists who want to attend AA find ways that they can benefit from the program. It can also help health-care providers guide discussions with atheists who want to attend AA.”

The expert check was achieved by having a counsellor with extensive experience in the field of addiction recovery look at the analyzed themes, and answer the following questions:

1. Are these themes comprehensive?

2. Does the analysis have pragmatic value to counsellors?

I sent the analysis and the above questions to a Registered Clinical Counsellor with over ten years of experience working with individuals with addictions. In response to the first question, he provided the following feedback: “Yes, the themes are presented clearly for the reader to follow as is the qualitative approach that framed and revealed the interviewees’ answers.”

In response to the second question, the expert reviewer said the following:

I find this research to be useful for clinical counsellors (and addictions/mental health workers, etc.) as well as ripe for further discussion. Specifically, this analysis helps me to build awareness regarding the many varied and valid reasons that an individual may have for joining, remaining [in], and/or leaving an AA group. Moreover, this analysis succeeds in presenting each individual’s point of view without judgment and in a manner that encourages a counsellor to build empathy and perspective.

In addition to the processes outlined above, interview data was scrutinized by a peer researcher. The peer researcher’s role involved detecting unnoticed errors and/or discrepancies and helping to correct them. Being outside the context of the study, this peer researcher was in a position to provide a unique and objective evaluation of the credibility of the analyzed data, thereby increasing the trustworthiness of the analysis.
**Ethical Considerations**

As with any research that involves human subjects, it is important for participants not to feel coerced into being a part of the research. Study participants did, however, receive a Starbucks gift card of $20 value as a token of appreciation for their participation. Participants were informed about confidentiality, the purpose of the research, risks and benefits of participation, and the right to withdraw from the study at any time.

As addiction recovery can be a sensitive subject, there was a risk that participants may be emotionally triggered as a result of participating in my study. A list of resources was distributed to all participants including contact information for free/low-cost counselling services and the Vancouver Crisis Line (see Appendix E).
CHAPTER 4

Results

Thematic analysis of the interview transcripts resulted in the emergence of four themes that describe participants’ experiences of AA and recovery from alcoholism in general. With the exception of the second theme, which was reflected in three of the four participants’ interviews, the themes are representative of the sample as a whole, though there is of course variation between participants in terms of how each theme manifested for them. The four themes are “Religiosity a Barrier,” Exploring Personal Responsibility,” “Community and Connection – ‘AA is the people who are in it’,” and “Openness and Growth.” What follows below is a rich description of each of these themes. Excerpts from interviews are used to illustrate the meaning and depth of each theme for the participants.

Theme One: Religiosity a Barrier

The first theme that emerged as a part of each of the participants’ experiences as non-believers in AA is the struggle that each interviewee had with the emphasis AA placed on God and submitting to a higher power. This theme captures the apprehension that participants felt about attending AA when it seemed to be heavily tied to religiosity and a belief in God, something none of the research participants adhere to.

For two participants this apprehension began the first time they ever stepped foot inside an AA meeting. The very fact that the meeting was held inside a church was enough to keep one participant (Art) from returning for half a decade:

I went to a meeting five years before I sobered up and it was inside of a church and everybody was nice and I thought, “I don’t need this, I don’t want this.” I could have been saved five years of harm to myself and my family if I’d have stuck around… It was a room inside of a church but it had symbolism, you know, which a lot of meetings are. I thought, “pffft, I don’t need that.”
Another participant (Leonard) was initially so deterred by the emphasis on God that he, too, didn’t return to an AA meeting for several years:

I had realized I had a drinking problem many years before I actually started dealing with it and I had gone to an AA meeting even as far back as when I lived in England and I had gone to one meeting and heard all the God talk and never gone again.

All participants spoke at length about their struggle to reconcile the emphasis that AA placed on God with their own beliefs. Through their stories, it became clear that this struggle was an ongoing one that came up at different times and in different ways. Art spoke about his reaction to hearing one particularly evangelical member’s unapologetic discourse about God-talk driving people out of AA:

He’s standing up at the front of the room talking and saying, “if the talk of God drives somebody out of the meeting, alcohol will drive them back into the meeting.” And I thought, What a callous, stupid thing to say, that you’re gonna drive somebody out of AA by over-talking about God, using God to drive somebody out of AA, when it could be life or death.

The event Art is describing took place years into his recovery, when he had reconciled the religious aspect of AA with his own atheism on a personal level enough for it not to be a direct threat to his own sobriety. While it did not represent a threat to his own sobriety or sense of belonging in the AA group, it displays a sensitivity to this subject that remains in the form of concern for other people – that they could lose out on a helpful experience they might otherwise benefit from due to feeling excluded from the group.

Leonard speaks about an acquaintance of his who is early into his recovery and is struggling with the religious aspect of AA. Leonard is trying to act as a sort of mentor to this man, but there is concern that this will eventually push him out of AA:

I am working with one guy now who’s having a terrible time accepting the whole God issue of the thing and it is sort of putting his recovery at risk… all he’s sort of seeing is, you know, he’s hearing, “God God God God God,”… and I fear that it’s gonna sort of scupper him at the end of the day.
Three of the four participants originally attended AA of their own volition and eventually found a way to reconcile their atheism with AA’s occasional mention of, and occasional emphasis on, God. For these participants, the religious aspect was more of, as Leonard called it, an “intellectual obstacle”:

I sort of started seeking out other groups that were a little bit more, don’t want to use the word intellectual, but a little bit more open minded and philosophical perhaps, and…I came to struggle so greatly with an interpretation of higher power [that] I intentionally chose a very spiritual group to try to see how I could resolve that issue. It was quite an interesting process and it lasted for me for years. You know I sort of went to that group for about five or six years before I was finally satisfied that I was comfortable that I had resolved the issue.

As described above, resolving the issue of religiosity with AA was an ongoing process that took years before it was finally reconciled, but this process itself was actively sought out as Leonard felt he would need to face it head on in order to continue attending AA.

While three of the participants were able to reconcile their theological differences with AA and continued to attend meetings for several years, one participant (Nathan) had been compelled to attend AA as part of a mandated program, and his issues with the religious aspect were part of what prevented him from returning when his mandated program was finished. Nathan’s issues with AA went beyond the emphasis on God and theological belief, but central to his concerns was the perception that without a belief in God, AA would not be helpful:

It is basically impossible to fully commit yourself to the program and reap any benefits that there might be without, you know, committing yourself to believing in a God, so…it discourages people from finding other avenues that might be helpful for them, and people in the meetings that I went to, they’ll just regurgitate this dogma, right, and people just seem so deluded.

The difference between Nathan’s own belief system and that embraced by AA was
enough to prevent him from returning to AA after his mandated program was finished.

Unsurprisingly, all participants had issues with the religious aspect of AA, and they had different ways of getting around this in recovery, which will be discussed later.

**Theme Two: Exploring Personal Responsibility**

Each of the four participants’ interviews strongly reflected the theme of personal responsibility. All participants have had to take responsibility for their sobriety, and they were not content to put this responsibility in anyone or anything else’s (e.g., AA’s or God’s) hands. Some participants learned through AA that in order to stop their problem drinking, they would have to take responsibility for the choices they have made up to this point. For example, Devon says:

In AA we learn that actually our part is quite huge in most of the decisions that we’ve made in our lives, even though you blame everything else before we look at ourselves, right… that’s the big thing, been the big shift, is I always see where I’m at, what am I doing in any kind of stress situation and that kinda stuff…. It’s beautiful once it [the shift] happens…Now, people who are in the program, now they’re going, “yay okay God’s taking care of me now,” whereas me, I’m going, “I’m taking care of myself,” and I’ve gotten rid of all the blame…I’ve been blaming everybody for all of this, whereas now I’m taking all my part of it, and knowing that they had nothing to do with me walking into a bar and drinking for three days straight, you know what I mean?

Devon experienced a significant shift in mindset through the course of his time in AA. He has learned that nobody is going to “get sober” for him, and that he can no longer blame other people for the problems he faces or the choices he makes. He gains strength from this, because with that knowledge he regains a sense of agency in his life – if he created his problems, it follows that he has the power to fix them. Participants viewed their lack of belief in God as a strength in this respect – by not telling themselves that “God is taking care of me now,” as Devon hears from some AA members, these non-believers see themselves as having to shoulder
the responsibility of maintaining sobriety themselves, and if they slip up, it is because of a choice that they made, and can therefore rectify. Indeed, as Art says:

It upsets me when I see God, or religious talk, being detrimental to a person’s life. As being a cop-out or a tool to avoid responsibility or whatever….Religion has got nothing to do with me staying sober.

Art, like Devon, understands his sobriety as separate from religion or a belief in God. He, too, has seen AA members shirk responsibility by putting all responsibility for the circumstances of their lives on a higher power. He describes an example of this:

[I know] this one person who says, “Well, I get up in the morning and I ask God what he wants me to do, and I go do it, and I thank him at night,” and in that way he’s not responsible for what he did all day – God is. And I think it’s a cop-out, and most of the time it doesn’t work. Eventually they drink. Or in this guy’s case got an assault charge and all kinds of stuff.

Art has seen people who don’t seem to make progress in AA because they believe that God is responsible for their choices, good and bad. He has watched people say they are essentially powerless, and if they slip up, it is not because of a choice that they themselves made. In Art’s eyes, these people are going to have a harder time maintaining sobriety – if they don’t hold themselves accountable, they will prevent themselves from asking what it is they can do differently. This is not to say that anyone who believes in God and attends AA will not also take responsibility for their actions; but, since he doesn’t believe in God, Art does not see himself as running the risk of putting responsibility for his life onto something else, and he uses this as a strength that keeps him from drinking in the future. His lack of belief in God seemed to contribute to an internal locus of control, which helps him resist the urge to drink.

Another part of this theme was the sense of integrity that participants gained by holding true to their beliefs (or lack thereof) in the face of pressure from the group to conform. Leonard spoke about staying true to himself throughout his journey in AA:
I feel that it was a little victory for me to be able to work my way through the maze of that question, that issue [the religious one], and get what I wanted out of the program which was my sobriety. So in that sense I think it did make me a stronger person and it makes my sobriety more solid and real for me – that it was achieved that way rather than by saying that I accepted something that I didn’t. It’s more honest, I think, to have found a way to resolve the issues.

Leonard was able to make AA “work” for him without sacrificing his own values. He took responsibility for his lack of belief in a higher power, still finding a way to reap value from AA over the course of several years.

The theme of personal responsibility played out differently for Nathan, who did not stay with AA beyond the amount of time in which he was mandated to do so. He was not able to reconcile his lack of belief in God with his experience of AA, and so he sought help elsewhere. Nathan’s issues with AA extended beyond the religious aspect, however. In his experience:

Going to these meetings was not helpful at all, it actually made things worse for me because I couldn’t find anything therapeutic about it. In the AA meetings it seems like everybody’s stuck ‘cause they’re just telling their same story over and over and over again and there’s not really any forward movement. It discourages people from finding other avenues that might be helpful for them. There’s no opportunity for the fact that some people may choose to cut down on their drinking and do it in a way that’s not problematic.

Taking responsibility for his own sobriety, rather than giving it up when AA didn’t fit with his worldview, Nathan sought other alternatives:

What I found helpful in the end was talking to a counsellor for a period of time, and getting more involved in healthy activities. I’ve sort of taken a different approach, I’ve been trying to do sort of more of a moderation approach.

Whether through continued engagement with AA or through other means of combatting problematic drinking, each participant took full responsibility for his own wellbeing and found something that worked for them.
Theme Three: Community and Connection – “AA is the people that are in it” (Leonard)

The theme of community and connection was prevalent in three of the four participants’ experiences in AA (the exception of this will be discussed later in this section). For many, the sense of belonging they got from attending AA was seen as a key factor in their recovery. When talking about the community that he has found since starting at AA, Devon acknowledges that while he might “get looked at kinda funny” for not subscribing to the book version of recovery in AA, he states:

We all have the same common denominator, so the big thing that we do is we look at our similarities and not our differences, and we all have the same thing, we all have alcoholism. We all have this want to become better people. And just by knowing that all these people are in this room for this one hour just for that one reason, it’s all I need…I make sure I go to 3, 4 meetings a week. I have a home group, I have a sponsor; these are people that I see every week and let them know, “hey, what’s going on?” And we share with each other. “This is what’s going on,” and all that kinda stuff.

AA has allowed Devon to be vulnerable, and being surrounded by a group of people with whom he relates has been a powerful experience. His statement above describes a man who has found motivation to quit drinking from an ever-shifting group of individuals who meet together for the same reason. Differences in belief notwithstanding, Devon feels like a part of a greater whole.

Leonard and Art were more explicit in asserting what they sees as central to the effectiveness of AA:

Leonard: The group, regardless of what they believed or what they were saying in the meetings, just their very existence was the strength that enabled me not to, not to revert to my old behaviour. AA works on the basis of people sharing…I always felt that just the very basic act of sitting and listening to people telling their stories and them listening to me telling mine, was, was the key to sort of how the thing works.

Art: The way I think AA works is people that can relate to one another, sharing their troubles.
The reciprocal sharing that occurs in AA meetings seems to have allowed participants to feel comfortable opening up to what essentially amounts to a group of strangers, and through this they have found the strength to refrain from drinking, which – with the exception of Nathan – was their ultimate goal when they began going to AA meetings. The theme of community and connection captures the idea that what Leonard describes as a “basic act” is in fact profound in terms of how it has given the participants a sense of belonging and purpose.

Participants spoke about finding meaning through helping other people within the AA community. Recovery was talked about as a process, which brings with it successes and struggles. At times of personal struggle, connecting with other people by way of helping them was beneficial for participants as it gave them the opportunity to focus on something outside of themselves. Art spoke about a fellow he helped by driving him to meetings for six weeks:

By helping him, and driving him to meetings, and thinking more about him and less of myself…I’ve used that experience throughout my sobriety if I get depressed – which I used to do quite often – or if I get anxious, the key is to think of somebody else. And that to me is spirituality: thinking less [about] me and more about others.

The theme of community and connection manifested in a wholly different way for Nathan, who did not feel connected to the AA group and did not find it helpful. Interestingly, what was so helpful for the other participants (reciprocal sharing) was perceived by Nathan as ineffective and a recipe for stagnation:

What I found helpful in the end was talking to a counsellor for a period of time…going to these [AA] meetings was not helpful at all; it actually made things worse for me because I couldn’t find anything therapeutic about it. I was going there and I was just listening to people tell, you know, stories about their past, and then once they found AA you know their lives have magically turned around… it seems like everybody’s stuck ‘cause they’re just telling their same story over and over and over again and there’s not really any forward movement.

For Nathan, simply sharing experiences without the same sort of reflection and
feedback that is generally present in a counselling session was not enough for him to feel connected to the AA group. The reader is invited to remember at this point that the other three study participants all attend AA voluntarily, whereas Nathan was mandated to attend as part of a treatment program, which may account for some of the differences in experience amongst participants. One can’t help but wonder whether there would be a wholly different group of themes if the entire research sample were participants who had only attended AA by compulsion rather than by choice.

**Theme Four: Openness and Growth**

The fourth theme that emerged when participants discussed their experiences as non-believers in AA was that of openess and growth. All participants displayed an ability and willingness to grow and adapt in order to help themselves overcome problem drinking. In listening to participants’ stories, it was apparent that they all had to be open to change in order to make the most of what was in front of them, and this manifested in different ways.

In his first year of attending AA, Art struggled to reconcile his lack of belief with a recurring message he heard at a lot of AA meetings, which was that in order to stop drinking he would have to believe in God – he thought recovery would be impossible without belief. He described being envious of others who had that belief. Art recalls a gradual change in his thinking about the matter:

> [My sponsor] helped me a lot. One of the words he said is, “you don’t have to find God, as long as God is sought.” And that let me off the hook. That let me off that dilemma that I had that I felt I had to find God and I couldn’t.

Art is describing a shift in his way at looking at the problem. “Seeking God” for him was a willingness to move towards growth, towards change. It didn’t have to be about finding or believing in a religious concept of God, but rather to be open to finding his own way to change.
Citing AA’s The Big Book, which talks about “God as you understand him,” Art, not without humour, said that he “could believe in Good Orderly Direction as [my] God, or Group of Drunks as [my] God, and that works for me.”

Another significant turning point for Art came after hearing another AA member’s words at a meeting:

He says, “my name is Ernest and I’m an alcoholic. And I’m an atheist and I have been sober for ten years.” And I though, Huh! That guy stayed sober for ten years and he’s an atheist. So could I! It just took so much pressure off me.

Through continued engagement with AA and openness to change, Art learned that there wasn’t just one way towards sobriety, and this eventually led him to create an AA group specifically for agnostic individuals. This group operates under the same premise as regular AA groups, without the tacit or explicit idea that the only way to sobriety is through a higher power or God.

Leonard, like Art, invoked the individualized idea of what the word God could stand for:

“God brackets as you understand him.” That, for me, was the key that let me out because I chose to take the invitation to accept it the way I wanted to rather than the official way. If that had been the only option to me it wouldn’t have worked at all. So I sort of clung to that.

This openness allowed Leonard to engage in AA in a way that he wouldn’t have thought possible before, and it eventually paved the way for change.

As described in the third theme, Community and Connection, three of four participants found the sharing aspect of AA to be very helpful. Devon describes how being open to trying something new eventually empowered him to start doing this:

They say, “fake it ‘til you make it,” and that’s what I was doing. I just faked it, you know? “I’ll just talk to this water for now.” That’s how I did it. And it didn’t do anything for me the same way I don’t believe praying to Jesus does anything for you, you know what I mean? But it did get me to say some words out loud, which I’d never done in my life. I’ve always kept all that shit to myself.
Thus Devon dealt with the “God problem” of AA by actually choosing a higher power in the beginning (in his case, water) and speaking to that. The physical experience of speaking out loud to a bottle of water ultimately allowed him the comfort to share with other people in the larger AA group. He was explicit in his telling of how being open to changing his mindset has helped him in his recovery:

Sometimes good reactions happen when you do good things. So that’s what you can count on, ‘cause sometimes bad things happen when you do good things. But there’s where the faith comes in – maybe something good will come out of this, if I keep doing this, because [if] a lot of other people are doing this and it’s working for them, then I’ll do that too.

Devon may have been humouring himself when he first started speaking to his “higher power,” but he acknowledges that it led to him opening up in the context of sharing in an AA group, something he noticed was working for others. He was open to try something different, if it was going to help him. As someone who reported having historically negative attitudes towards people of faith, for him to use the language that he did in the above quote signifies remarkable change. By permitting themselves to try new things and accepting their ideological differences with AA, three of the four participants learned about themselves and grew as they journeyed through their recovery in AA.

An anomaly in this theme is the case of Nathan, who, from the beginning, was apprehensive about AA. This is not altogether surprising, given that whereas the other three participants attended AA of their own volition, Nathan was told he had to attend as part of a mandated treatment program. Nathan had some prior knowledge of AA and it was not something that he wanted to try, regardless of its religious component. As he said:

If you took out the religious parts of it, I think it would still force me to adopt a worldview that I don’t agree with, you know: that I’m powerless over substances. Which I don’t believe.
Leaving the religious aspect of AA behind, Nathan was not interested in adapting to AA in order to try to get benefits from it. To him, there was a fundamental difference that couldn’t be rectified. Alcoholics Anonymous is an abstinence-based program, whereas Nathan holds a harm-reduction philosophy: he still permits himself to drink, just not in a problematic way. In addition to this disagreement, there were many other issues that Nathan had with AA that prevented him from wanting to engage with it further. He saw inconsistencies in its philosophy and its message, which dissuaded him from wanting to involve himself in it in the same way the other participants did. In his experience of AA:

To tell people that they’re always gonna be this way, and they always have to remind themselves that they’re this diseased person, and, “I’m an addict,”…it doesn’t give someone the chance to do what you’d do in an evidence based treatment where you’d try to move forward and make changes and maybe identify how you got to the problems that you’re in and what led to that or how you’re going to avoid that or how you’re going to move forward.

Nathan’s AA experience led him to finding his own path in getting help with drinking, which, as discussed earlier, was through counselling with a therapist. While the other three participants adapted to AA in such a way that allowed them to continue attending and find help in it, Nathan adapted his approach to recovery in general – for him it wasn’t through AA, but through therapy. He accepted that AA wasn’t for him, and that he would have to open himself up to alternative sources of help. Study participants’ openness to trying new things in their recovery opened the door for them to grow as people and combat their problematic drinking.
CHAPTER 5

Discussion

This research adds to the small body of research on atheists—it gives voice to a group that is seldom heard from outside of the very vocal and often polemic voices of public atheists such as Richard Dawkins. In addition, it addresses a gap in the addictions literature, which has largely ignored non-believers. It describes how the religious component of AA was problematic for atheists in recovery, and how the discrepancy between their own beliefs and those of AA influenced their personal recovery. Participants’ experiences reflected concerns about and problems with AA’s emphasis on God, yet three of the four participants were able to reconcile these differences and came to embrace the other things that AA offered to them. Through reviewing the data it became clear that while each individual experienced AA in their own unique way, there are also common themes to their experience of AA.

Given the dearth of social science research using atheists as subjects, there is not a lot of literature for current results to be compared with. This project was exploratory in nature, looking closely at an understudied topic. That said, the themes that emerged do support some findings of previous research, in addition to providing some unique findings that point towards the need for further study.

Participants spoke of their hesitance with respect to AA and its ties to religion and a belief in God. Two of the four participants’ eventual sobriety was, in their experience, delayed by years in part because of AA’s association with the church and the relative lack of available, free alternatives. While those two participants eventually made peace with the discrepancy between their own and AA’s ideologies, one participant was unable to reconcile these ideological differences, largely because of AA’s emphasis on God. It is perhaps not surprising that one of
the participants did not engage with AA for long in light of research conducted by Tonigan et al. (2002), who studied AA attendance rates vis-à-vis religious identification and found that atheists do not attend AA as often as do people who are religious.

The current results resonate further with Tonigan et al. (2002), who found that regardless of religious beliefs, participants who attended AA meetings with greater frequency had higher rates of abstinence. Though the participants in the present study do not believe in God, three of the four attended AA regularly and they haven’t had a drink since regular attendance began.

Kaskutas et al. (2003) found that though AA may be less captivating for atheists, it is still accessible to them. The results of the present study both support and contrast with this finding. Three participants spoke of the ubiquity of AA and how a major part of why they like it so much is how easy it is to find a meeting to attend. At the same time, they spoke about their deep engagement with AA, be it through the “intellectual exercise” of reconciling different belief systems, making connections with other members, or starting their own AA group (this will be discussed further below).

Tonigan and Rice (2010) spoke of the predictive power of having an AA sponsor – retaining a sponsor early in recovery predicts abstinence later on. The current study did not look directly at sponsorship, though two of the four participants spoke about having a sponsor, and one participant spoke at length about the meaning he found in being a sponsor to others.

The fact that participants were initially hesitant about attending AA is consistent with Winzelberg and Humphreys’ (1999) findings that clinicians are more likely to refer religious clients to AA than they are to refer non-religious clients. The authors of that study concluded that clinicians assume non-religious people would be put-off by AA’s emphasis on God. The results of the present study lend some credence to that conclusion – participants expressed great
hesitancy towards AA because of its emphasis on God. However, participants who continued to attend AA despite their initial hesitance spoke about the benefits they derived from attending AA, which supports Tonigan et al.’s (2002) results that showed that, regardless of participants’ religious identification, increased AA attendance was positively correlated with increased abstinence from alcohol.

Kaskutas et al. (2003) found the biggest predictor of sobriety over a three-year period to be whether or not someone experienced a religious transformation. Currently, three of the four participants in the present study are completely abstinent, and one participant allows himself to drink in moderation. None of the participants had a religious transformation during their recovery. Undergoing a religious transformation may play a significant role in the recovery of many people, but the present research shows that this is not a necessary condition for an atheist in recovery.

Brooks, Magana Lopez, Ranucci, Krumlauf, and Wallen (2017) highlighted the significance of sober social support networks in an individual’s recovery. Participants in their study spoke of difficulties in accomplishing this as they moved from a lifestyle that involves drinking to one that doesn’t, with AA being the most commonly named and exemplary source of social support they received. The present study found that community and connection was one of the main themes in atheist participants’ experiences of AA, supporting the notion that having positive and sober social support is important in helping maintain sobriety. With the exception of Nathan, participants spoke at length about the importance of the AA group in helping them curb their problematic drinking.
The social support that has been shown to play such a crucial role in recovery was not found in AA by all participants. In response to the member check question about the comprehensiveness of the themes, Nathan had the following to say:

For “Community and Connection,” this is something that I wish I had got out of AA, however my disagreement with their philosophy was so deep that the discussions I had with other members always involved ideas that I disagreed strongly with, that it prevented me from connecting with them and prevented me from getting a sense of belonging.

In light of this study’s results, Nathan’s comments highlight the importance of individual differences and the need for acknowledgement that AA is not a one-size-fits-all approach to dealing with alcoholism.

Flaherty et al. (2014) spoke of three stages of recovery: (1) pre-recovery and recovery initiation, (2) initial recovery stabilization, and (3) long-term recovery maintenance. Shades of these stages are reflected in the findings of the present study. The first stage of recovery was defined by self-assertion by Flaherty et al.’s (2014) secular participant. Participants in the present study (with the exception of mandated Nathan) asserted themselves by choosing to “grin and bear” their differences with AA in the initial stages, as they reported feeling that this would be the only way they would get better.

Flaherty et al.’s (2014) second reported stage of recovery was also reflected in the present study. Flaherty and colleagues said this stage was defined by identification with others in addition to a restructuring of character. Participant experiences in this study reflect that – they spoke at length about the importance of connecting with others as well as the growth they experienced, as demonstrated in themes three and four. The third stage of recovery that Flaherty et al. mention was marked by helping others. Helping others came up numerous times as
participants in the current study spoke about their recovery experiences, lending support to previous research.

Though this study identified themes that compliment existing literature on atheists in recovery, it is a first in terms of a qualitative exploration of atheists’ experiences in AA. Atheists’ experiences of recovery and of AA have yet to capture the interest of academic researchers to any meaningful extent and this study provides a jumping off point for further research in this area.

**Future Research**

As this exploratory study looked at an understudied and poorly understood topic, it suggests many avenues for future research. It would be enlightening for future studies to compare more rigorously the recovery experiences of atheists who were mandated to treatment versus those who sought help on their own. As briefly touched upon earlier, one participant in this study did not attend AA voluntarily and he had a wholly negative experience in, and perception of, AA. Werb et al. (2016) conducted a review of studies that evaluated the effect of mandated treatment programs on post-treatment drug-use, and found that compared to other approaches, mandated treatment did not have a significant impact on drug-use. They also found that mandated treatment has the potential for human-rights abuse, which should be considered by anyone who might be in a position to order someone to treatment. Further study of a qualitative nature could provide a rich exploration of the recovery experiences of mandated individuals.

Future research should use a larger and more diverse sample size and incorporate quantitative methods to answer questions about atheists’ drinking patterns before, during, and after their involvement with AA (note that for many individuals, attending AA meetings becomes a lifelong endeavour). A larger and more diverse sample would give a more complete
sense of how atheists experience AA. A future study might consider using a focus-group interview format, which would allow for more participants as well as a potentially richer exploration of the topic. In the present study, two participants independently made use of a lifeboat metaphor for their recovery. Leonard used this metaphor in describing his choice to attend AA despite his ideological differences with it:

Your life is a shipwreck and you find yourself afloat in the ocean in danger of drowning and you come upon a life boat and you’re not gonna say, “I’m not gonna get into that lifeboat because it’s pink and not yellow.”

Similarly, as Art put it:

The old lifeboat syndrome. You know, they all got rescued in the lifeboat and they’re all friends and they all know what the fear and the problem’s like…I was desperate enough to do anything. But then you get better and, “Oh, what’s so bad after all?”

As the interviewer I found it difficult not to explore these metaphors more deeply with the participants, especially when it came up for the second time. A different research methodology, using a focus-group format, would allow for further exploration of ideas that arise spontaneously such as this.

Further qualitative research should look at the effects of having an AA sponsor. Tonigan and Rich (2010) noted the predictive power of sponsorship in AA in terms of abstinence, and a look at how sponsorship is experienced by non-believers could prove insightful. The present study did not investigate sponsorship, though one participant spoke about having a sponsor who was religious, and investigating how AA sponsorship for atheists may or may not differ from experiences of believers could prove insightful, as could asking atheists why they did or did not pursue having a sponsor or being a sponsor themselves.


**Study Limitations**

This research design suffers from a selection bias – those who chose to participate may differ from participants who chose not to participate. As a result, participants who agreed to take part in the study may not be representative of all atheists who have experience with AA. In addition, not all people attend AA for the same reasons – some attend of their own accord, whereas others attend AA because they are mandated to do so.

This study used a small sample of four men. Questions remain as to the experience of female atheists in AA. For the above reasons, the results of this research are not necessarily representative of all atheists in AA/recovery. However, the purpose of this research is not to generalize—as a qualitative research project, it aims for depth rather than breadth.

**Implications for Counselling Professionals**

This study provides evidence that contradicts the assumption that AA is not effective for or enjoyed by people who do not believe in God. Previous research (Winzelberg & Humphreys, 1999) has revealed that clinicians are less likely to refer non-religious people to AA, so it is important for clinicians to note that atheists can still gain benefit from involvement with AA. In addition to providing insight into what AA is like for people who do not conform to the religious aspects of it, research findings will inform counsellors who work with persons with alcohol problems by eliminating any potential fear they might have about suggesting AA as a possibility for an atheist who is struggling with addiction.

The theme of Exploring Personal Responsibility highlighted the importance of having an internal locus of control. Once they started attending AA, participants seemed to sidestep the fatalistic coping that they viewed in some of their God-believing counterparts. Atheists did not have the option of telling themselves that a relapse was “part of God’s plan,” and their narratives
revealed that they viewed themselves as masters of their own domain. The importance of an internal locus of control is something that clinicians could explore with anyone dealing with addiction.

Outside of the taped interview, one subject informed me that in recent years he started an agnostic AA group. Though they are not nearly as prevalent as more traditional AA meetings, he told me that agnostic groups are popping up in major cities with increasing frequency. These groups operate under the same premise as regular AA meetings, without the tacit or explicit idea that the only way to sobriety is through a higher power or God. The knowledge of the existence of these groups will come in handy for clinicians who are working with non-believing clients struggling with addiction. Clinicians would benefit from exploring alternatives to AA that exist in their community, and discussing these with clients who might be hesitant about attending more traditional AA meetings.
REFERENCES


Tonigan, J., Miller, W. R., & Schermer, C. (2002). Atheists, agnostics and

doi:10.1037/a0019013


doi:10.1007/s11089-012-0502-8

doi:10.1037/0022-006X.67.5.790
WANTED: Research Participants.

Do you believe in God? If not, please read on.
Have you also been to Alcoholics Anonymous? If so, we want to hear from you!

We are researching non-believers' experiences in AA

Participation in this study involves a 45-90 minute interview and a brief email follow-up. If you would like to participate or have any questions, please contact:
Steven Hobkirk, MA Student
Counselling Psychology Program, UBC
604-762-7245
shobkirk@gmail.com

*All participants will be given a $20 gift certificate to STARBUCKS*

Principal Investigator:
Dr. Alanaise Goodwill

Version 3, Date: November 28, 2015
Appendix B: Consent Form

CONSENT FORM FOR PARTICIPANTS

Study Title: Recovery from Alcoholism Without Religion

Principal Investigator: Dr. Alanaise Goodwill, Department of Educational and Counselling Psychology and Special Education, UBC. Ph: 604-827-0627; email: alanaise.goodwill@ubc.ca.

Co-Investigator: Steven Hobkirk, Department of Educational and Counselling Psychology and Special Education, UBC. Ph: 604-762-7245; email: steven.hobkirk@alumni.ubc.ca. This research is being conducted as part of the thesis requirement for a Master’s degree in Counselling Psychology. Upon completion, the thesis will be a public document that can be viewed through the UBC library.

Study Purpose: The purpose of the research is to explore the experiences of persons who have attended Alcoholics Anonymous (AA) meetings who do not believe in God. We want to learn more about what it is like for non-God believers to participate in a self-help group (AA) that has heavy leanings towards God/religion.

Study Procedures: If you choose to participate in this study, you will be invited to share some of your experiences in recovering from alcoholism. You will be asked to provide some basic demographic information, in addition to participating in an audio-recorded 45-90 minute interview where you will be asked to speak on your experiences in recovery and AA. Interviews will be conducted in person, in a private room at UBC, or in another location of your choosing. Once your interview has been transcribed and analyzed you will be asked to review the themes and the degree to which they reflect your personal experience. The total time commitment is approximately 1.5 hours.

Potential Risks: There is minimal risk involved in participating in this study. It is possible that some of the questions you are asked will trigger an emotional response. You do not have to answer any of the questions if you do not want to.

Potential Benefits: You may find it empowering or rewarding to have the opportunity to talk about a topic you may not have explored before. In addition, you may gain insight into your own experience as a result of the interview and reviewing the analyzed themes. Your participation will contribute to a relatively new research area, thus furthering understanding of the recovery experience.
Confidentiality: Your confidentiality will be respected. No individual identities or identifying information will be used in any reports or publications resulting from the research. Audio recordings, transcripts, and summaries will be given codes and stored separately from the names of participants. Audio recordings will be kept in a locked box in the researcher’s home. Once the study is complete, audio recordings will be kept for a period of five years, after which they will be destroyed.

Remuneration/Compensation: Study participants will receive a $20 gift certificate to Starbucks as a token of appreciation for their participation.

Contact for information about the study: If you have any questions or want further information with respect to this study, please contact Steven Hobkirk (604-762-7245; steven.hobkirk@alumni.ubc.ca).

Who to contact if you have complaints or concerns about the study: If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

Consent: Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time.

Your signature below indicates that you have received a copy of this consent form for your own records. Your signature indicates that you consent to participate in this study.

___________________________________  ____________________
Research Participant                  Date

___________________________________  ____________________
Interviewer                          Date
Appendix C: Interview Questions

1. As someone who doesn’t believe in God, how did/do you experience Alcoholics Anonymous?

2. Was/is the religious component of Alcoholics Anonymous problematic for you?

3. As someone who doesn’t believe in God, what else would you like to say about your experience in recovery from alcoholism?
Appendix D: Demographic Questionnaire

Demographic Survey

Please complete the following:

Age: _____
Gender: _____
Lifetime number of Alcoholics Anonymous attended: _____

Please indicate, with an X, your level of agreement with the following statement:
I believe in God.

Agree: _____
Disagree: _____

Please indicate, with an X, the highest level of education you have completed:

Some high school: _____
High school graduation: _____
Some College/University: _____
University undergraduate degree: _____
M.A./M.Ed.: _____
PhD: _____
Other: _______________________________________________
Appendix E: Counselling Resources

VANCOUVER COUNSELLING/SUPPORT SERVICES

24/7 Support Services

Vancouver Crisis Center
604-872-3311 or 1-800-SUICIDE
www.crisiscentre.bc.ca
-24/7 phone service; Online chat available from Noon to 1 AM in BC and Yukon Only

Reduced-Cost Individual, Couples and Family Counselling Options in Vancouver

Family Services of Greater Vancouver, Counselling Program
604-874-2938
www.fsgv.ca/programpages/counsellingsupportservices/counsellingprogram.html
Counselling fees based on household income. Master’s-level therapists. Program has a dedicated intake worker who can also refer to other counselling services or groups. Offices in Vancouver, Richmond, Burnaby, New Westminster and Surrey.

Oak Counselling
604-266-5611
www.oakcounselling.org
Reduced fee secular counselling services provided at the Vancouver Unitarian Centre by supervised volunteers with Master’s degrees in psychology or psychology-related fields. Individual, couples and family counselling.

Adler Centre - Counselling Clinic
604-742-1818
www.adlercentre.ca/clinic.html
Sliding scale individual and couples counselling. Counselling provided by counselling psychology graduate students at the Adler Centre, supervised by an experienced clinicians.

UBC Psychology Clinic
604-822-3005
www.clinic.psych.ubc.ca
Reduced rate counselling services provided by doctoral student interns, supervised by registered psychologist.