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Discovering Authentic Self through Healing Relationships: An Inquiry of
Implementing Alcoholics Anonymous Theoretical Philosophies to Parenting
in Sobriety

By

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine month timeframe to demonstrate facility with basic social research methods. Students must independently conceptualize the research problem, formulate a research design that is approved by a research committee and the St. Catherine University Institutional Review Board, implement the project, and publicly present findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

This qualitative research study investigated how recovering mothers implemented Alcoholics Anonymous (AA) theoretical philosophies when parenting their children and explored how healing relationships between sober mothers and their children cultivated authenticity, promoted inner healing and improved parent-child relationships. Sober mothers were asked what twelve step concepts they utilized with their children and reflected on how their own recovery experiences helped them to discover their ‘true’ selves. I conducted eight qualitative interviews with sober mothers who attended Alcoholics Anonymous (AA), Narcotics Anonymous (NA) along with Crystal Meth Anonymous (CMA) and were parenting children, or had previous parenting experiences, to explore any holistic advantages of parenting in sobriety and gain knowledge of the AA theoretical philosophies these sober mothers implemented with their children.

This research study primarily focused on how sober mothers integrated concepts and practices from their twelve step recovery experiences with their children to develop healing relationships and examined how these healing relationships impacted the inner healing and self-discovery process for sober mothers. I used content analysis, which generated conceptual themes, and compared these generated themes to understand the implications associated with an interpretative phenomenology approach to self-transformation while parenting in sobriety. This research study demonstrates how twelve step ideologies reflect a holistic philosophy. Additionally, this qualitative research study might help clinical professionals to better understand the needs of sober mothers and the potential utilization of concepts from twelve step recovery programs which, when applied with children, promoted adaptive parenting skills and fostered inner healing as well as

family resiliency. As a result, clinical professionals can put into practice the information on the use of AA theoretical philosophies as holistic approaches to endorse healing relationships during sobriety in order to support recovering chemically dependent parents.

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Finally, thank-you to all the research participants, your insights and willingness to contribute helped to shed light on pertinent issues regarding healing experiences in AA, NA and CMA recovery, along with the twelve step philosophies and holistic perspectives on the benefits of mending broken relationships in sobriety. Furthermore, your dedication to share your experience, strength and hope has provided an understanding of the holistic approaches that were implemented with children to work towards humanizing inner healing and self-discovery of authenticity while concurrently breaking the cycle of chemical dependency. Alcohol and substance use disorders have profoundly impacted our society today and getting the opportunity to share qualitative research findings with other clinical professionals supports the formulation of more keen knowledge on these topics. And lastly, from the *Serenity Prayer*, "...living one day at a time; enjoying one

moment at a time; accepting hardship as the pathway to peace...” (Niebuhr, 1943, p.1; Sifton, 2003) provides a perfect analogy of the process in which self-transformation can manifest for some sober mothers. From my experiences with these serenely sober women, I have learned that our lives are changing daily in every promising way and the choices we make today will help our children tomorrow, but more importantly “life, itself, is a journey, not a destination” (AA Motto, n.d., p.1), take time to enjoy the happenings.

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Discovering Authentic Self through Healing Relationships: An Inquiry of Implementing Alcoholics Anonymous Theoretical Philosophies to Parenting in Sobriety

“Alcoholics Anonymous (AA) originated in the late spring of 1935, when two middle aged, working-class men met in Akron, Ohio and created a partnership to acquire and sustain sobriety” (Swora, 2004, p. 1). These two men, Bill Wilson and Dr. Bob Smith, had experienced years of uncontrollable, intense drinking and tried multiple times with no success to stay sober with aid from an evangelical non-denominational Christian organization known as the Oxford Group (Alcoholics Anonymous World Service Inc., 1957; Kurtz, 1979; Swora, 2004; Wilson & Parkhurst, 2001). Until the 1970s, alcoholism was considered primarily a male problem (Davis, 1997). Consequently, when alcoholic women were noticed, they were frequently scorned as unfeminine, promiscuous and abnormal (Davis, 1997; Gomberg, 1988; Leigh, 1995; Vanicelli, 1984).

Alcoholic women have been characterized as a discredited group, who often suffered from demoralizing setbacks of societal biases against alcoholics and against women (Davis, 1997; Kagle, 1987). Female alcoholics have experienced a variety of inequalities, including childhood trauma, sexual abuse, social factors and, during the late 1970s, obstacles to rehabilitation treatment (Bondman, 1990, Crowe & Reeves, 1994; Rhodes & Johnson, 1994). These inequalities perpetrated some of the historical societal problems related to alcoholism for women (Davis, 1997; Holmila, 1991; Kagle, 1987; Kaskutas, 1989; Leigh, 1995). For instance, the experience of such negative societal stigmas increased personal shame (Davis, 1997). Also, these negative societal stigmas exacerbated the existence of psychological problems more commonly associated with women (Davis, 1997). As a result, the need for specialized support groups that focused

mainly on women apart from male influences became more necessary (Davis, 1997; Harding, 1987; Kaskutas, 1989; Swindells, 1989).

In the late 1970s, the *National Council on Alcoholism* (NCA), now the *National Council on Alcohol and Drug Dependency* (NCADD), endorsed grass-roots commissions on women and minority issues, which created the Women's Alcoholism Movement in the United States (Schmidt & Weisner, 1995). The Women's Alcoholism Movement advocated for improving alcohol treatment for women and successfully established the Women for Sobriety (WFS) program, which tailored to the special needs of female alcoholics who were believed to be inadequately served (Schmidt & Weisner, 1995; Women for Sobriety, Inc., 2011). Feminists involved in the WFS program primarily advocated for proper education to the public which highlighted and clarified women's alcoholism as a medical condition instead of a moral problem (Schmidt & Weisner, 1995; Women for Sobriety, Inc., 2011).

Alcohol use disorder is a medical condition that doctors may diagnose when a patient's drinking causes distress or harm (NIAAA, 2013). People who are alcoholic often spend a great deal of their time drinking, making sure they can get alcohol and recovering from the effects of alcohol, frequently at the expense of other responsibilities or activities (NIAAA, 2013). According to the *Diagnostic and Statistical Manual of Mental Disorders-5*, alcohol abuse and alcohol dependence are now considered a single disorder called alcohol use disorder (AUD) with mild, moderate and severe sub-classifications (American Psychiatric Association, 2013).

In fact, there are eleven different criteria descriptions for alcohol use disorder which includes the presence of alcohol consumption in large amounts or over a long

period of time than was intended (American Psychiatric Association, 2013). Another criteria description consists of a persistent desire or unsuccessful effort to cut down or control alcohol use (American Psychiatric Association, 2013). Furthermore, a great deal of time is spent in activities necessary to obtain alcohol as well as the use of alcohol to recover from its effects along with craving or a strong desire or urge to use alcohol (American Psychiatric Association, 2013).

Additionally, the presence of at least two or three symptoms indicates an alcohol use disorder (AUD) (American Psychiatric Association, 2013). The severity of an AUD is defined as mild: the presence of two or three symptoms, moderate: the presence of four to five symptoms and severe: the presence of six or more symptoms (American Psychiatric Association, 2013). Anyone can be victimized by an alcohol use disorder. In fact, the medical profession has discovered that an alcohol use disorder is a genetically predisposed disease (NIAAA, n.d.).

Alcohol use disorder is a global problem impacting individuals across numerous cultural backgrounds and within a variety of different socio-economic statuses (World Health Organization, 2011). From the *World Health Organization*, “alcohol is one of the most widely consumed intoxicating substances in the world” (Rehab International, 2013, p. 1). In the United States, approximately 18 million people have an alcohol use disorder, which is also identified as chronic alcohol abuse, alcohol dependence or alcoholism (NIAAA, 2013). Recent data from the *National Institute of Health* reported that 10% of Americans were considered problem drinkers (Sussman, Lisha & Griffiths, 2011).

In the last decade, research literature has demonstrated vast differences in the statistical data on alcohol dependence, alcohol use disorder and alcoholism. In 2002, the

National Survey of Drug Use and Health reported that 14.5% of married women aged 21 to 49 years old who lived with children under the age of 18 engaged in binge drinking (Testa & Smith, 2009). In 2003, a similar study reported that 5.5% of women aged 18 to 49 years old abused or were dependent on alcohol (Testa & Smith, 2009). In 2008, the *National Institute on Alcohol Abuse and Alcoholism* estimated 5.3 million women in the United States drank alcohol in a way that jeopardized their health, safety and general well-being (NIAAA, 2008). Similarly, an estimated 20% of women will experience an alcohol use disorder during their lifetimes (Hasin, Stinson, Ogburn & Grant, 2007; Young-Wolff, Enoch, & Prescott, 2011). Actually, it is common knowledge among clinical professionals such as Licensed Alcohol and Drug Counselors (LADC) that alcohol use disorder is documented as a family disease that can profoundly impact family members (Mooney, Eisenberg & Eisenberg, 1992; Morse & Flavin, 1992).

Alcohol use disorder ruins more families and destroys more relationships than society recognizes (Mooney, Eisenberg & Eisenberg, 1992; Wilson & Parkhurst, 2001). In 1993, there were overall 28 million children of alcoholics in the United States which included both young children and adult children of alcoholics (Woodside, Coughy, & Cohen, 1993). More specifically, in 2012, approximately 7.5 million young children in the United States lived with a parent who has experienced an alcohol use disorder within the past year (Substance Abuse & Mental Health Services Administration, 2012).

These children who live with an alcoholic parent are at a greater risk for depression, anxiety disorders, have problems with cognitive along with verbal skills and are more likely to experience parental abuse or neglect (Substance Abuse & Mental Health Services Administration, 2012). In addition, alcohol use disorder can severely

disrupt children's lives since some children of alcoholics experience unfavorable environmental factors directly caused by an alcoholic parent (Barth, 2009; Buu, DiPiazza, Wang, Puttle, Fitzgerald & Zucker, 2009; Semidei, Radel & Nolan, 2001). Yet, once an alcoholic parent sobers up, becomes engaged in a twelve step recovery program and begins working the twelve steps, "a 'spiritual awakening' can occur that creates a change in personal attitudes and actions" (Sandoz, 1996, p. 80).

Within twelve step recovery programs, the therapeutic healing process is manifested in a variety of different ways, such as participating in fellowship, partaking in sponsorship, developing the belief in a Higher Power, working the twelve steps, understanding forgiveness and making amends (Sandoz, 1996; Spiegel, 2005; Swora, 2004). Similarly, according to AA literature, while working the twelve steps, certain 'AA promises' simultaneously become noticeable (Sandoz, 1996; Wilson & Parkhurst, 2001).

These 'AA promises' consist of twenty-two cognitive, emotional and behavioral changes that happen as recovering alcoholics practice the principles of AA, which further promotes the inner healing process (Sandoz, 1996, p. 81).

In AA recovery, Steps Eight and Nine primarily focus on rebuilding relationships (Alcoholics Anonymous World Service Inc., 1981; Swora, 2004). Essentially, "these two steps require alcoholics to review their life course and contemplate the impact of their past attitudes, behaviors and overall conduct on others" (Swora, 2004, p. 199). "As self-transformation transpires and new personal knowledge is gained, alcoholics then attempt to repair, when possible, the damage done to social relationships during the course of their drinking careers" (Swora, 2004, p.199). "The AA program recognizes that while the alcoholic suffers terribly from alcoholism, so does everybody around the alcoholic" (Swora, 2004, p. 200). And even in twelve step recovery, sober mothers may lack social

supports or be unwilling to apply twelve step concepts with their children (Davis, 1997). Also, it is necessary to pay attention to children's developmental ages and level of comprehension because it would be detrimental if sober mothers tried to implement twelve step recovery concepts that their children do not understand (Dode, 2011).

Given the prevalence of alcohol use disorder in today's society, the disparities experienced by female alcoholics, the impact of parental alcohol use disorder on children and the complexities surrounding the rebuilding of broken relationships, this research study aimed to understand the holistic perspectives of the inner healing process as well as the establishment of authenticity when sober mothers improved their parent-child relationships in sobriety.

Reflexive Statement

I am familiar with the AA program. In fact, I have numerous sober friends and have witnessed first-hand the positive and beneficial ways AA has improved their lives. Simultaneously, from employment experiences in the mental health field and working with adults who have dual diagnosis disorders such as mental illness and chemical dependency (MI/CD) issues, I have my own viewpoints about twelve step recovery. In addition, I have observed directly that twelve step recovery is not for everyone. Sometimes, twelve step recovery can be viewed with negative condemnations because of the spiritual requirements of AA/NA programs, which suggest every AA/NA member believe in a power greater than themselves, this can be controversial for some active individuals in twelve step recovery.

Therefore, because of my personal and professional experiences, I have acquired inside knowledge as well as formulated some of my own opinions and biases. It is

important to address the fact that this research study was presumptuous in assuming that sober mothers implemented their twelve step recovery experiences with their children.

Also, in sobriety, not all parent-child relationships require improvements.

Additionally, it is possible that a number of chemically dependent mothers who seek help may decide to discuss with their children their twelve step recovery experiences. On the contrary, not all chemically dependent mothers may seek help or, if they do seek help, they may decide to keep their twelve step recovery experiences private. Moreover, not all sober mothers are able to experience inner healing or discover their authentic selves through sobriety because of individualism, free-will, self-autonomy and personal experiences. Indeed, sobriety is a private journey and what works for some recovering mothers may not work for others.

Research Study Clarifications

For the purpose of this research study, Alcoholics Anonymous and any other twelve step recovery programs will be viewed in the context that AA/NA is a helpful adjunct for recovering mothers. Furthermore, it is necessary to note that Alcoholics Anonymous or Narcotics Anonymous is not affiliated with this research study in any way. From AA literature, Tradition 10 states “Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never to be drawn into public controversy” (Alcoholics Anonymous World Service Inc., 1981, p. 176). This study was an inquisition which investigated sober mothers’ personalized inner healing and self-discovery of authenticity through improving their parent-child relationships along with incorporating information from their twelve step recovery experiences while parenting. I reviewed applicable information about the holistic perspectives on the benefits of inner healing in

AA primarily and how sobriety along with practicing twelve step philosophies improves personal relationships.

This research study contributes to the research literature on recovering females who have a history of an alcohol use disorder. Earlier research literature pertaining to this specific population group did not evaluate the impacts of an alcohol use disorder until the late 1970s and into the 1980s (Kaskutas, 1989; National Association for Children of Alcoholics, 2011; National Council on Alcoholism, 1987; Schmidt & Weisner, 1995; United States Senate, 1976). The preceding research literature on recovering alcoholic women and their children dismissed some of the positive implications of sober parent-child interactions. This research study investigates and substantiates positive outcomes of sober parent-child dynamics. In addition, minimal research literature was available that specifically focused on parenting in sobriety and how the inner healing process experienced through twelve step recovery enhanced genuine therapeutic relationships. There are numerous self-help books aimed to aid parents in recovery, but these books tend to contain anecdotal evidence or professional advice rather than empirical research findings.

In addition, previous research literature revealed that subtle sex biases contributed to the inadequate study of women alcoholics (Vannicelli & Nash, 2007). As a result, I believe that sober mothers might be more forthcoming when discussing their inner healing and twelve step recovery experiences with a female researcher. Therefore, this research study will help to fill in the gaps of previous research literature regarding the holistic perspectives on the benefits of parenting in sobriety associated with role-

modeling behaviors of twelve step philosophies during parent-child interactions.

Defining Pertinent Concepts

There are a variety of concepts to define in order to understand the information discussed in this research study. The term ‘parent-child relationship’ pertains to the family dynamics between parental figures and their children. The phrase ‘children’s protective factors’ refers to children’s abilities to interact positively with others, self-regulate their behaviors and effectively communicate their feelings, which has a positive impact on family relationships (Center for the Study of Social Policy, 2014; Rice, Dandreaux, Handley & Chassin, 2006)

‘The theoretical philosophies of Alcoholics Anonymous (AA)’ refers to AA, NA or CMA (twelve step recovery programs) universal slogans, steps, principles, promises and traditions discussed during twelve step meetings and in twelve step literature such as the Big Book of Alcoholics Anonymous and Narcotics Anonymous How It Works (Alcoholics Anonymous World Service Inc., 1957; Alcoholics Anonymous World Service, Inc., 1975; Narcotics Anonymous, 2009; Swora, 2001). In addition, there is an element of ‘shared meaning’ that exists among recovering individuals in twelve step programs (Alcoholics Anonymous World Service, Inc., 1975; Narcotics Anonymous, 2009; Swora, 2001; Wilson & Parkhurst, 2001). This ‘shared meaning’ can increase healing experiences in sobriety (Swora, 2001). ‘Inner healing’ is a term often given to emotional healing or healing of an individual’s inner spirit (Moultrie, 2013) and includes the restoring of an individual’s emotional, mental, spiritual and physical health (Ventegodt, Anderson & Merrick, 2003). ‘Authenticity’ “...is the degree to which one is true to one's own personality, spirit, or character, despite external pressures” (Golomb,

1995, p.1) and ‘authentic self’ is considered the genuineness and practicality of one’s self that can occur during twelve step fellowship, which can foster the self-transformation process.

‘Self-transformation’ refers to “the ability to transform one’s condition, nature or character” (Dictionary.com, n.d., p. 1). The term ‘self-forgiveness’ refers to the practice of self-acceptance and the forgiving of oneself for past actions in order to move forward in twelve step recovery (Swora, 2004). The term ‘spirituality’ in twelve step recovery is defined as “a conscious practice of living out the highest ethical ideals which brings an awakening of the spirit into a conscious contact with a Higher Power” (Barefoots World, 2002, p. 1).

Within this research study, the term ‘holistic perspectives’ refers to the integration of holistic approaches which infuse the mental, emotional, spiritual and physical areas of life. ‘Holistic healing process’ incorporates the principle that inner healing is innate and each individual has the capacity to heal themselves (Riddle, 2012; Ventegodt, Anderson & Merrick, 2003). The process of holistic healing gives individuals flexibility, freedom and empowerment, which promotes qualities such as free-will, self-autonomy and increased confidence that can profoundly affect physical health and well-being (Riddle, 2012). Therefore, in the totality of holistic healing, humans are viewed as holistic beings and each aspect of life can potentially be altered to heal dis-ease (Riddle, 2012). Research literature that examines these concepts follows in the next section.

Literature Review

This literature review will discuss numerous integrated topics associated with the complexities regarding disparities of female alcoholics, parent-child relationships, twelve step recovery, inner healing, authenticity, spirituality, rebuilding relationships and holistic perspectives on the benefits of healing relationships. Since sobriety is associated with Alcoholics Anonymous (AA), this literature review will discuss the correlations between the AA twelve steps and twelve principles, along with some AA concepts which undergird twelve step philosophies. Since twelve step recovery is a very individualized process, women require different support groups than men (Galanter, Castaneda & Franco, 1991; Lex, 1994). In fact, research literature explains that there were unique differences even among women alcoholics (McDonough & Russell, 1994). Historically, female alcoholics have experienced numerous inequalities (McDonough & Russell, 1994; Robbins, 1989) and it is important to understand the historical inequalities of female alcoholics to comprehend the complexities of parenting in sobriety for sober mothers.

Disparities of Female Alcoholics

Research studies show that female alcoholics have experienced numerous adversities and have reported more disruptive care during childhood compared to male alcoholics, which have caused higher levels of distress in parenting (Beckman & Amaro, 1986; Bondman, 1990; Harmer, Sanderson & Mertin, 1999; Rhodes & Johnson, 1994; Schmidt & Weisner, 1995). Interestingly, female alcoholics who reported a childhood characterized by high levels of emotional abuse, parental alcoholism and severe parental conflict along with feeling unwanted or unloved were more likely to report emotions of distress during adulthood that influenced their psychological functioning and contributed

to the causation of an alcohol use disorder (Harmer, Sanderson & Mertin, 1999). Many female alcoholics have histories of victimization and abuse, including sexual abuse and incest. In fact, the prevalence of victimization among recovering female alcoholics ranges from 12% to 74% of various abuses that resulted in PTSD, further complicating the recovery process (Rhodes & Johnson, 1994).

Research has found that women were more likely than men to begin drinking heavily in combination with experiencing the symptoms of depression along with observing negative sex-role dynamics and were at significantly higher risks of developing an alcohol use disorder because of their vulnerable roles as the family care giver (McDonough & Russel, 1994; Rhodes & Johnson, 1994; Sandmaier, 1980). Alcoholic women reported increased levels of stress because of numerous factors, such as family, socioeconomic level, education, wage earning potential, socialization, persecution, depression, and adult relationship difficulties (Rhodes & Johnson, 1994).

Historically, female alcoholics more frequently experienced obstacles to rehab treatment, which included lack of family support and arrangements for children (Davis, 1997). Recently, researchers have found that more professional women seek treatment for alcohol use disorder (About.com, n.d.). Moreover, current research is helping clinical professionals to determine how to identify women who may be at risk for an alcohol use disorder and ensure that rehab treatment for these women is effective (NIAAA, 2008). Alcohol use disorder can impact parenting abilities the next section will review how.

Impact of Parental Alcohol Use Disorder on Parenting

Parents with alcohol and substance use disorders may not be able to function effectively within their parental roles. This can occur because of physical and mental

impairments caused by intoxication (Parental Substance Use and the Child Welfare System, 2009). Other circumstances that contribute to ineffective parenting consist of domestic assaults, which may happen because of alcohol or drug use, the spending of limited household resources on buying alcohol or drugs, frequent criminal arrests, incarceration, and court dates (Parental Substance Use and the Child Welfare System, 2009). In addition, other influences on parenting abilities include time spent seeking out, manufacturing, or using alcohol or drugs as well as family separation (Parental Substance Use and the Child Welfare System, 2009). These described negative scenarios can influence children.

Children of alcoholics. Children of alcoholics can be negatively influenced by parental alcohol use disorder in three primary ways (Blume 1987; Gomberg & Lisansky, 1984). Children of alcoholics can be genetically predisposed to alcohol use disorder, experience negative environmental factors that perpetuate alcoholic behaviors, and develop maladaptive psychopathology due to negative environmental factors (Blume 1987; Bondman, 1990; Buu, DiPiazza, Wang, Puttle, Fitzgerald & Zucker, 2009; Gomberg & Lisansky, 1984; Post & Robinson, 1998; Rhodes & Johnson, 1994; Udaykaumar, Mohan, Shariff, Sekar & Eswari, 1984; Young-Wolff, Enoch, & Prescott, 2011). These negative childhood experiences can severely damage parent-child relationships (Dumska & Roosa, 1993).

Parent-Child Relationships

Parental alcohol use disorder can influence parent-child relationships. For instance, researchers found mothers experience profound detrimental parent-child dynamics within alcoholic households (Dumska & Roosa, 1993) and increased

occurrences of family arguments (Robbins, 1989). Also, the home environments of alcoholic parents were characterized by increased parent-child conflict and limited support (Reich, Cloninger, Van Eerdewegh, Rice & Mullaney, 1988; Roosa, Tein, Groppenbacher, Michaels & Dumka, 1993). Furthermore, researchers discovered mothers were more strongly influenced by parent-child relationships than fathers (Timko, Kaplowitz & Moos, 2000). In a mixed sample of problem drinking and non-problem drinking mothers, problem drinking mothers witnessed more extreme positive and negative family interactions (Dumka & Ross, 1993).

According to the “reciprocal effects model, not only do parents impact children’s behaviors in parent-child relationships, but children’s functioning can serve to elicit parental reactions” (Timko, Kaplowitz & Moos, 2000, p. 104). In fact, “children’s medical, emotional and behavioral problems may serve as stressors that precipitate or intensify parental drinking in distress” (Timko, Kaplowitz & Moos, 2000, p. 104). Pelham and Lang (1993) found after adults interacted with their children who behaved obnoxiously, they consumed more alcohol (Timko, Kaplowitz & Moos, 2000). Moreover, Pelham and Lang (1993) revealed “adults with difficult children reported more depression, anxiety and hostility from parent-child interactions” (Timko, Kaplowitz & Moos, 2000, p. 104). In addition, Moos and colleagues (1990) found children’s physical and mental health problems were related to more parental alcohol consumption and increased depression among alcoholic parents (Moos, Cronkite & Finney, 1990; Timko, Kaplowitz & Moos, 2000). Therefore, interpersonal stressors play an important role in exacerbating alcohol relapses for chemically dependent parents (Marlatt & Gordon, 1985; Timko, Kaplowitz & Moos, 2000).

In contrast, positive mother-child relationships contributed substantially to the improvements of mothers' psychological adjustments, decreased their drinking and reduced negative mental health outcomes for both alcoholic mothers and their children (Timko, Kaplowitz & Moos, 2000). As a result, "mothers reported more satisfying parent-child relationships" (Dumka & Rossa, 1993; Timko, Kaplowitz & Moos, 2000, p. 108).

More satisfaction among alcoholic mothers was demonstrated by fewer days intoxicated, lighter drinking patterns, fewer drinking related problems, less depression, less alcohol consumption, more confidence to resist alcohol and more self-esteem (Timko, Kaplowitz & Moos, 2000, p. 105).

Dumka and Roosa (1993) reported that positive mother-child relationships contributed considerably to mothers' personal adjustments. These researchers suggested that mothers who made an investment in their relationships with their children were also making an investment in themselves (Dumka & Roosa, 1993). Surprisingly, mothers who managed to protect their parent-child relationships from the possible negative effects of alcohol use disorder were simultaneously motivated towards recovery (Dumka & Roosa, 1993).

Research findings suggest that mothers may be more vulnerable to parenting stressors, which gives explanation to why the relationship between children's functioning and parental outcomes may be stronger among women (Dumka & Roosa, 1993). The impact of children's physical and psychological health status on mothers' drinking and psychopathology illustrates the impact of mediating factors such as interpersonal and parental stressors on parent-child relationships (Dumka & Roosa, 1993) and when parent-child relationships continue to function well despite mothers' drinking, such positive functioning may be an important contributor to maternal recovery (Timko, Kaplowitz &

Moos, 2000). Parenting in recovery creates an opportunity to role-model proactive behaviors learned in twelve step programs.

Parenting in Recovery promotes AA Philosophies

There is a general lack of empirical research on parenting in sobriety. Some treatment centers have provided professional advice on parenting in recovery and are cited in this section. Parents in recovery have the chance to improve children's protective factors every day (Rice, Dandreaux, Handley & Chassin, 2006). In fact, recovering parents can be the change agents and are able to become good role-models, monitor children's activities and set clear, sensible rules for behaviors to promote consistency (Hazelden, 2013; Rice, Dandreaux, Handley & Chassin, 2006).

Hazelden (2013) advises that parents, who continue to become involved in their children's lives, utilize honest communication and provide nurturing care can encourage children to stay safe. SAMHSA endorses that parenting is prevention and continues to support that parenting itself can make all the difference in children's lives (Betty Ford Center, 2013; Hazelden, 2013). Sober parents can become familiar with twelve step concepts when they attend community twelve step meetings and incorporate experiential learning with their children.

According to *Parenting One Day at a Time*, parents can utilize integrity when parents respond nonjudgmentally to their children's actions, which invite their children to employ openness and trust within parent-child relationships (Packer, 1996). From AA/NA literature, willingness is when alcoholics and addicts are open to change, prepared to go to any length to maintain their sobriety and restore broken relationships (Narcotics Anonymous, 2009; Wilson & Parkhurst, 2001). Furthermore, recovering

parents can teach their children the willingness to be open-minded, do what is right and try new things (Black, 2003; Nelsen, Intner, & Lott, 1992; Packer, 1996).

Similarly, humility can help children to become aware of gratitude and compassion (Black, 2003; Nelsen, Intner, & Lott, 1992; Packer, 1996). Parents in recovery demonstrate humility to their children by taking responsibilities for their past actions (Black, 2003; Nelsen, Intner, & Lott, 1992; Packer, 1996). Humility and forgiveness are interconnected. For example, in twelve step recovery programs individuals are required to humbly review their shortcomings before making an amends (Alcoholics Anonymous World Service Inc., 1981) which integrates the process of self-forgiveness (Seaward, 2009).

Likewise, forgiveness is a shift in attitudes towards those against whom a grudge was previously held (Seaward, 2009). Forgiveness is an internal healing process where self-esteem is restored through de-victimization (Seaward, 2009). Forgiveness changes toxic thoughts and emotions so individuals can begin to move on with their life not just forgetting the past, but by coming to terms with stressful issues to find peace (Seaward, 2009; Simon & Simon, 1990).

The concepts of twelve step recovery can be implemented with children to improve self-regulation, parent-child interactions and provide a universal framework to teach children of alcoholics and addicts important lifelong skillfulness (Packer, 1996). These twelve step philosophies, ideologies and beliefs can change recovering parents' attitudes, behaviors and interactions with their children encouraging inner healing (Black, 2003; Joy, 2009; Packer, 1996).

Non-academic professional literature regarding twelve step experiences suggest these twelve step concepts provide holistic perspectives on the benefits of parenting in sobriety and assisted recovering families to display spirituality in addition to repairing past negative experiences associated with chemically dependent behaviors (Black, 2003; Joy, 2009; Packer, 1996). But research studies to test this are absent from the literature. Therefore, by understanding the parallel process of twelve step recovery in association to parenting demonstrates how recovering parents and their children are simultaneously supporting each other in the healing process, rebuilding broken relationships and finding their true purposes (Black, 2003; Joy, 2009; Packer, 1996). By reviewing the complexities involved within parent-child relationships, the above information demonstrated the link between parents' alcoholic behaviors, children actions and the dynamics these dyads have on parenting in sobriety. The next section will review the healing process in twelve step recovery.

Healing Process in Alcoholics Anonymous

Alcoholics Anonymous (AA) was developed to restore to health highly disturbed alcoholics who were unable to stay sober by means of human-aid or personal will-power (Spiegel, 2005; Wilson & Parkhurst, 2001). Suffering alcoholics came to the AA program dealing with extreme psychosocial consequences directly caused from their drinking (Alcoholics Anonymous World Service Inc., 1957; Hazelden, 1996, Spiegel, 2005). As a result, these distressed alcoholics were seeking healing resolutions (Spiegel, 2005). Due to alcoholic lifestyles, environments and circumstances, numerous alcoholics have been subjected to some form of trauma which has negatively influenced their psyche (Spiegel, 2005). These effects of trauma can cause alcoholics to feel highly vulnerable because of decreased personal safety (Spiegel, 2005).

However, there is a solution. In fact, AA can aid in strengthening the ego, which results from the structure and safety offered by twelve step recovery programs and it is by working the twelve steps that initiates the inner healing of trauma (Spiegel, 2005). For example, AA slogans such as ‘keep it simple,’ and ‘first things first,’ are supportive in the inner healing of a person’s psyche and can increase their ego because these slogans establish coping skills to process through personal difficulties (Spiegel, 2005). Also, the structure in the fellowship of twelve step programs provided an antidote to loneliness for newly sober alcoholics (Spiegel, 2005; Swora, 2004). Furthermore, because of the internalization process for alcoholics when participating in twelve step programs, safety is restored which begins the process of inner healing and promotes a new sense of self-esteem, routine and hope (Spiegel, 2005; Swora, 2004). In fact, for recovering individuals working through the twelve steps offers the best opportunity for inner healing (Spiegel, 2005; Swora, 2004).

“AA can heal alcohol use disorders by transforming recovering individuals which integrates them into a new set of social relations and changes the way they engage with the world” (Swora, 2001, p. 200). Recovering chemically dependent individuals require four basic self-transformative movements which include movement from fear to faith, resentment to acceptance, dishonesty to honesty and self-pity to gratitude (Roper, 2006). According to Collier (1997), individuals with long-term sobriety have shown profound perceptual shifts and personal growth because of their use of the theoretical philosophies in twelve step recovery programs along with integrative inner healing experiences (Spiegel, 2005). Alcoholics in long-term sobriety have the advantage of experiencing the inner healing process with a spiritual foundation and commitment to personal

responsibility acquired from working through the twelve steps (Collier, 1997). In twelve step fellowship, shared meaning creates a common transformative experience to the trauma that alcoholics seek to heal, stimulating the perpetual shifts necessary for profound systematic changes (Collier, 1997).

Twelve step programs and fellowship create environments in which personal responsibility is mandatory and where one person can no longer be viewed as ‘the problem’ which allows alcoholics to truly hear their own intuitive direction and to follow this intuitive path in faith (Collier, 1997). Furthermore, twelve step programs and fellowship teaches alcoholics how to take care of themselves and be present for their significant others in a loving way (Collier, 1997).

“The AA program of recovery, outlined in the twelve steps, is a set of spiritual concepts and practices that begins the self-transformation process for alcoholics” (Swora, 2004, p. 188). Furthermore, the explanatory model of alcoholism which AA implements is the concept that while alcoholism is an incurable and progressive disease of the body, mind and spirit, the AA fellowship and program focus on the spiritual aspect of self-transformation and inner healing (Swora, 2004). In fact, “the twelve steps have been considered the internal logic of self-transformation that formulates the rhetoric of AA and encompasses spirituality” (Swora, 2004, p. 188).

Spirituality is a field of meaning and action that is fundamentally social in nature, deliberate in language and characterized by a manner of attending to the sacred aspect of the world which is achieved through working the twelve steps (Swora, 2004). Similarly, researchers examined AA from the perspective of symbolic interactionism, considering AA as a community of alcoholics working to get and stay sober as well as viewing AA as

a set of practices that restructure the ‘true’ self of an alcoholic (Denzin, 1987; Swora, 2004).

Another healing aspect of AA consists of storing telling or narrative therapy. Anthropologists Carol Cain (1991) and Vibeke Steffen (1997) have provided insights into the role of stories in the self-transformation of alcoholics. Cain (1991) suggests that AA life stories can be a vehicle of ‘identity acquisition.’ This storytelling integrates many of the beliefs and propositions of AA that are learned by listening. Storytelling reveals what alcoholism is and what it means to the alcoholic (Cain, 1991). In addition, “storytelling is a cognitive tool or mediating device for self-understanding” (Cain, 1991, p. 215). Equally, narrative therapy “utilizes the power of people’s personal stories to discover the life purpose of the story teller” (Bonner, 2014, p.1). Furthermore, speaking about one’s past experiences and life story can be an insightful process (Bonner, 2014).

Similarly, Steffen (1997) realized that AA life stories help AA members share values and self-realizations. From research, Steffen noted that more experienced AA members offered differing interpretations of experiences recounted by others through providing parallel anecdotes from their own life stories and communicating those anecdotes in a respectful manner (Steffen, 1997).

People change in AA because AA calls for the self-transformation that constitutes healing, which is referred to as a ‘spiritual awakening.’ Spiritual awakenings are usually gradual, forever and complete, sometimes marked by a series of smaller sporadic awakenings along the way. For many, alcoholism becomes a ‘divine malady’ where AA members see their alcoholism as leading them to a better and more meaningful life than they would have had (Swora, 2004, p. 203).

The AA program works not by granting alcoholics the control they have lost or perhaps never had over drinking, but by helping them to acknowledge and embrace the limitations of being human (Swora, 2001). Empowerment comes from the surrender of attempts to

exercise power over that with which one has no power (Swora, 2004). Indeed, many AA members come to see themselves enlarged by the experiences of their alcoholism in recovery and consider themselves blessed by their new relationship to a Higher Power and to other persons, as limited and human as they are (Swora, 2001).

The Twelve Steps of Alcoholics Anonymous (AA) promotes Inner Healing

The twelve steps of AA are a series of transitional changes which cultivate the process of self-discovery that integrates the sober individual's mental, physical, spiritual and emotional 'selves' (Collier, 1997). The twelve steps were designed to bring sober individuals into conscious awareness of their deepest inner wounds and to open a path of resolution through which they can achieve integration and self-compassion in all aspects of their lives (Collier, 1997). Within the twelve steps of AA, Steps One, Two and Three provide an entrance into the AA program, elaborate on unmanageability as well as demonstrate a renewal of basic trust without which no real change can occur (Spiegel, 2005). The next two steps, Steps Four and Five are considered the 'debriefing' steps that help sober individuals to open up to an admission of their wrongs and share them with someone else (Spiegel, 2005). In addition, writing down and sharing distressing feelings are important tools of AA recovery that endorse healing experiences (Spiegel, 2005).

Similarly, Steps Six and Seven imply a 'letting go' of control as to when and how the faults can be removed (Spiegel, 2005). Another aspect of Steps Six and Seven is the word 'humility.' Humility is one of the keywords in twelve step recovery, which is used for ego deflation (Spiegel, 2005). Ego deflation brings sober individuals into reality with appropriate humble thoughts that changes the superego, strengthens the ego and organizes the psyche (Spiegel, 2005, p. 105). Steps Eight and Nine provide a method to

cope with sober individuals' guilt and shame by apologizing for past harms (Spiegel, 2005). In Step Nine, sober individuals implement tangible actions to make amends to those people he or she had harmed (Swora, 2004). "Making amends is a gesture of goodwill aimed at restoring broken relationships, and provides evidence to the self-transformation of an alcoholic's conduct that constitutes healing in AA" (Swora, 2004, p. 200).

And lastly Steps Ten, Eleven and Twelve are the integrative steps that incorporate the use of spirituality, assist in daily living, help sober individuals to recover from trauma and enable them to move forward in life despite having been traumatized (Spiegel, 2005). As a result of working the twelve steps, sobriety comes when recovering individuals recognize and accept the loss of self-centeredness and become more spiritual (Spiegel, 2005). These perceptual shifts introduce the process of spiritual development and conceptualization of the authentic self (Spiegel, 2005).

Within the AA community, there are certain steps, traditions, slogans, mottos and principles utilized to enhance sobriety (Barefoots, 2002; Wilson & Parkhurst, 2001). Most recovering individuals use twelve step concepts they find to be relevant to their personal needs. AA initiates changes in personal values and interpersonal behaviors (Swora, 2004). In AA, 'living one day at a time' is the concept of mindfulness living and realizing the importance of staying in the moment (AA slogans, n.d.; Hazelden, 1996). The 'live and let live' concept demonstrates how alcoholics are able to reframe certain circumstances and accept situations as they come; thereby learning to live life on life's terms (AA slogans, n.d; Hazelden, 1996). Also, the concept of 'principles before personalities' includes the practice of love and tolerance of others (AA slogans, n.d.;

Hazelden, 1996). To better understand some of the twelve step philosophies the following table, Table 1 explains the correlations between the twelve steps and twelve principles of Alcoholics Anonymous.

Table 1: The Twelve Steps and Twelve Principles of Alcoholics Anonymous (AA)

The Twelve Steps of AA	The Twelve Principles of AA
1. We admitted we were powerless over alcohol- that our lives had become unmanageable.	1. Honesty, acceptance and surrender.
2. Came to believe that a Power greater than ourselves could restore us to sanity.	2. Hope.
3. Made a decision to turn our will and our lives over to the care of God <i>as we understood Him</i> .	3. Faith.
4. Made a searching and fearless moral inventory of ourselves.	4. Courage.
5. Admitted to God, to ourselves, and to another human being, the exact nature of our wrongs.	5. Integrity.
6. Were entirely ready to have God remove all these defects of character.	6. Willingness.
7. Humbly asked Him to remove our shortcomings.	7. Humility.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.	8. Justice and brotherly-love.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.	9. Self-discipline and good-judgment.
10. Continued to take personal inventory and when we were wrong promptly admitted it.	10. Perseverance and open-mindedness.
11. Sought through prayer and meditation to improve our conscious contact with God <i>as we understood Him</i> , praying only for knowledge of His will for us and the power to carry that out.	11. Awareness.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to other alcoholics and to practice these principles in all our affairs.	12. Love and service.

(Barefoots, 2002; Wilson & Parkhurst, 2001)

Overall, some of the generalized principles of AA include ‘honesty, acceptance, surrender, hope, faith, courage, integrity, willingness, humility, justice, brotherly-love, self-discipline, good-judgment, perseverance, open-mindedness, awareness, love and service’ (Silkworth.net, 2013). These concepts of twelve step philosophies were outlined in the twelve steps and twelve principles. Table 1 illustrated the association of the twelve steps and principles, which is the foundation of the AA program and has been adapted for other twelve step recovery programs. The next section reviews inner healing and authenticity.

Inner Healing as a Holistic Approach to Finding Authentic Self

Since the creation of human beings, healing practices have been used in a number of diverse cultures and for a variety of different reasons. These healing practices are incorporated in the tenets of the holistic process, which reiterates that every human being has the power within themselves to heal (Riddle, 2012). Healing is the conscious move towards wholeness (Schlitz, Amorok & Micozzi, 2005).

According to Angeles Arrien, Ph.D. (1993), there are specific holistic perceptions of healing. For instance, as individuals regain their emotional, mental, physical and spiritual balance, they are able to engage in healing promotions (Arrien, 1993). Similarly, in the book *Woman as Healer*, Jeanne Achterberg (1990) discussed specific concepts of healing. These concepts included the basic tenets of holistic healing philosophies (Achterberg, 1990) which follows: Healing is a lifelong journey towards wholeness and remembering what has been forgotten (Achterberg, 1990). Healing is the process of establishing unity and interdependence among all living things (Achterberg, 1990). In addition, healing is embracing what is most feared, opening what has been closed and reconnecting to the lost parts of 'self' (Achterberg, 1990).

In twelve step recovery, inner healing promotes authenticity because inner healing allows recovering individuals to come to terms with personal issues, process through these issues and then focus on the 'self' (Brown, 2006). Furthermore, in twelve step recovery, paying attention to the 'self' is one of the hardest tasks (Brown, 2006). In fact, a large part of recovery is about finding and focusing on the 'self' (Brown, 2006). As a result, by listening to other alcoholics and addicts, recovering individuals simultaneously learn what is true for themselves (Brown, 2006).

The Healing Power of Spirituality endorses Rebuilding Relationships

Inner healing and spirituality are closely connected (Young & Koopsen, 2011). Actually, healing is a spiritual process that provides individualized wholeness, occurs over time and becomes a way of living that flows from, reflects and nourishes the spirit (Young & Koopsen, 2011). Moreover, healing is entering into the transcendent where one experiences the divine and seeks to express self in its fullness (Achterberg, 1990).

We are the only people who know how to nurture our spiritual search...knowing what to do for ourselves can aid in the formulation of a conscious contact with a Power greater than ourselves known as a spiritual awakening (Hazelden, 1987, p. 1).

Healing is learning to trust life experiences (Achterberg, 1990). The process of inner healing demonstrates the capacity for self-love and ability to love others (Achterberg, 1990) which cultivates spiritual awakenings. Spirituality involves self-sustaining and life-enriching options which helps individuals to heal and understand their authenticity (Young & Koopsen, 2011). According to Joan Borysenko, Ph.D., spirituality is a moment by moment curious examination of experiences known as presence, and is the basis of an awakened life based on guidance from the Source to serve the greater good (What is Spirituality, 2014).

Healing and spirituality involve the principles of reciprocity, which is the ability to equally give and receive connections with others (Arrien, 1993). Spirituality can foster the reformulation of broken relationships because spirituality encourages forgiveness (Hazelden, 1987). Also, spirituality can assist parents and children to accept what occurred in the past, work towards self-forgiveness, forgiveness of others and find at least some iota of understanding for other people's actions (Joy, 2009; Packer, 1996).

Spirituality helps individuals to let go of past hurts, move on and demonstrates willingness to have compassion for people who have hurt others (Hazelden, 1987). Therefore, the spiritual healing process can impact other relationships and promote positive interactions (Hazelden, 1987). Again, Joan Borysenko, Ph.D., clarified “our personal spiritual development must ultimately serve others because it is intended to be an authentic unfolding of the heart and spirit in action” (What is Spirituality, 2014, p. 1).

Furthermore, Joan Borysenko Ph.D., explained the related concept of interspirituality as a universal spiritual principle that is foundational to all spiritual practices (What is Interspirituality, 2014). Interspirituality is a “philosophy of guidance and discernment to become fully present and competent in compassionate actions within the world” (What is Interspirituality, 2014, p. 1). Interspirituality is associated with twelve step recovery that shows evidence of the inner healing process as well as establishes healing relationships.

The Holistic Perspectives on the Benefits of Healing Relationships

Through the full development of consciousness, people rediscover the inner aspects of healing which include totality, peace, love, joy, and wisdom (Schlitz, Amorok & Micozzi, 2005). These holistic characteristics are the integrative concepts in healing relationships. Healing relationships consist of discussing past traumas, working through these traumas and improving individuals’ abilities to relate to others (Astin & Astin, 2002; Kuriansky, 2002; McGabe, 2008). Healing relationships are nurturing and spiritual (Hungelmann, Kenkel-Ross, Klassen & Stollenweck, 1985; McGabe, 2008).

According to Ken Wilber’s integral approach to mind-body medicine, when individuals receive verbal and nonverbal input, reinforcement, and guidance from others

this alters their mood, clarifies insights and changes consciousness, allowing health benefits to occur (Astin & Astin, 2002). In addition, researchers have demonstrated numerous instances in which, psychosocial factors were profoundly relevant to physical health (Astin & Astin, 2002). In fact, Daurna, a leading researcher in psychoneuroimmunology, explained that social interactions have been abundantly documented by epidemiological studies as a factor in regaining health and living longer (Daurna, 2012).

These beneficial outcomes of social supports has enhanced effects on NK cell cytotoxicity, lymphocyte proliferation and cell-mediated immunity as indexed by diminished herpes simplex virus antibody titers. These psychoneuroimmunology effects suggest that social supports can enhance immune function at least for individuals under stress (Daruna, 2012, p. 258).

In summary, there were reported holistic perspectives on the benefits associated with twelve step recovery programs, inner healing, spirituality, healing relationships and increased social supports which may potentially influence parenting abilities as well as reinforce the inner healing process and self-discovery of authenticity in sobriety.

Research Questions

This research study was an inquisition that investigated how twelve step recovery experiences while parenting in sobriety fostered inner healing and authenticity. It also examined how twelve step recovery experiences influenced the reconstruction of parent-child relationships, which simultaneously reinforced inner healing and self-discovery of authenticity for sober mothers. In addition, this research study explored what concepts of AA/NA philosophies recovering mothers implemented with their children and examined how applying these AA/NA philosophies helped sober mothers to find their authentic selves through the inner healing journey of self-transformation. The entire list of

qualitative research questions can be reviewed in Appendix D. The next section will highlight the conceptual framework used in this research study.

Conceptual Framework

The conceptual framework for this research study integrated several tenets of the holistic healing process along with the formulation of a framework created in collaboration with the clinical research chair and committee members involved in this research study (See Figure 1).

Concepts of the Holistic Healing Process

The relevant concepts of the holistic healing process include, first, that humans are able to heal themselves (Riddle, 2012). Second, health is innate, intrinsic and the totality of a person's entire experience which includes encouraging an environment where health can occur (Riddle, 2012). For instance, it is important to take care of ourselves in the mental, emotional, spiritual and physical areas of life in order to promote health and healing (Riddle, 2012). Third, human beings interact within their environments and positively respond to relationships that aids in health and healing (Riddle, 2002). And lastly, every aspect of the holistic healing process is interconnected and can affect everything as a whole (Riddle, 2012).

Defining the Holistic Healing Process

The process of holistic healing is coming into relationship with personal experiences (Riddle, 2012). Holistic healing incorporates the mind, body and spirit, which are interrelated (Riddle, 2012). Holistic healing happens in a state of consciousness exactly opposite to the state of crisis (Ventegodt, Andersen & Merrick, 2003). For example, an individual emerges into the 'holistic state of healing' when the individual has an epiphany in accordance with a feeling or an understanding which allows the individual to let go of negative experiences or past hurts (Ventegodt, Andersen & Merrick, 2003).

The process of holistic healing can restore the quality of life, health, and ability to function for individuals (Ventegodt, Andersen & Merrick, 2003).

History of the Holistic Healing Process

In the second half of the 20th century, several scientists succeeded in explaining important aspects of the healing phenomenon. Aaron Antonovsky (1923–1994), an Israeli American Sociologist and Academician from the Ben Gurion University of the Negev in Beer-Sheva, Israel, developed a model for holistic healing using the famous concept of ‘salutogenesis’ (Antonovsky, 1985; Antonovsky, 1987). ‘Sautogenesis’ refers to an approach focusing on factors that support human health and well-being rather than focusing on factors that cause disease (Antonovsky, 1985; Antonovsky, 1987). Aaron Antonovsky’s idea was to help individuals to create a ‘sense of coherence,’ an experience in the depth of life, strongly related to meanings, understandings, and actions (Ventegodt, Andersen & Merrick, 2003). In twelve step recovery, the sense of coherence is sober individuals’ abilities to access his or her hidden resources and improve their quality of life, health, and aptitude to function at the same time (Ventegodt, Andersen & Merrick, 2003). This holistic healing process occurs in twelve step recovery and promotes the journey of self-transformation.

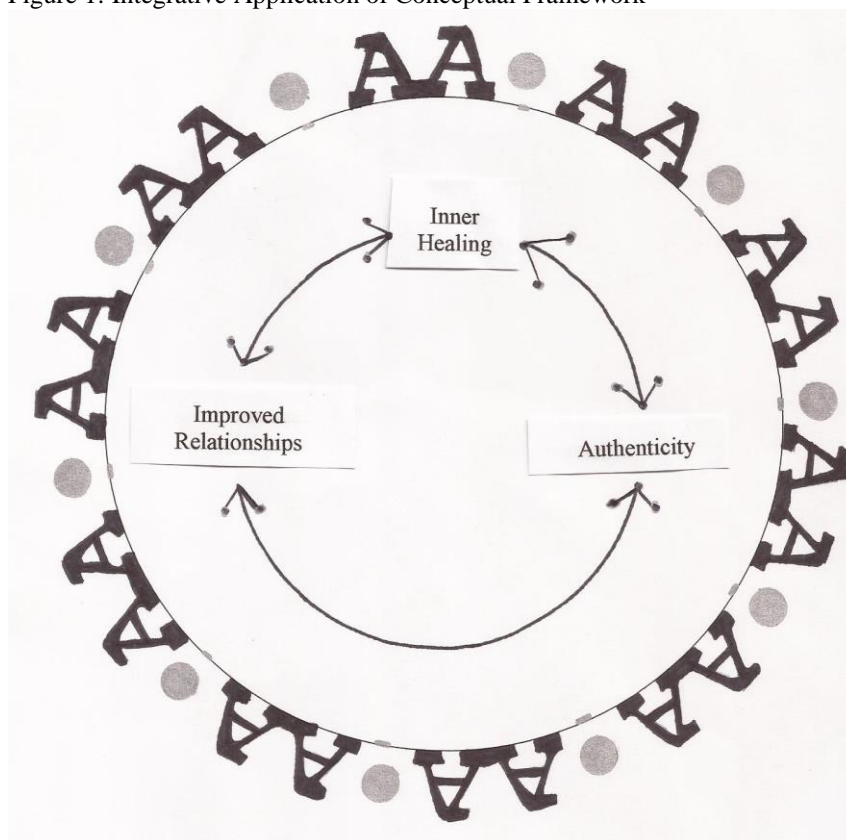
Recovering Chemically Dependent Parents

The conceptual framework of the holistic healing process is applicable to recovering parents within the dynamics of self-transformative experiences in twelve step recovery. In addition, the collaborative framework created during a committee meeting is illustrated in Figure 1. This figure depicts how recovering parents find inner healing through working the twelve steps that perpetuates authenticity and helps in the rebuilding

of parent-child relationships. Therefore, the process of inner healing promotes self-discovery of authenticity that encourages the reformulation of broken relationships with family members.

Furthermore, the improvement of relationships increases inner healing, which simultaneously helps recovering parents find their authenticity. This reciprocal cycle represents the holistic perspectives on the benefits of sober parenting in twelve step recovery programs. Moreover, it is necessary to note that recovery is an individualized process. Therefore, recovering parents could start improving relationships first which endorses inner healing then establishes the foundations of authenticity. Or recovering parents could work through their own inner healing process which improves parent-child relationships allowing for the formulation of authentic self-discovery.

Figure 1: Integrative Application of Conceptual Framework



The next section explains the research methodology implemented in this study.

Methodology

Research Design

This research study investigated how recovering mothers were potentially implementing Alcoholics Anonymous (AA) theoretical philosophies when parenting their children and explored how healing relationships between sober mothers and their children did or did not cultivate authenticity and inner healing. This study used semi-standard individual interviews that included a series of open ended questions to understand how healing relationships between sober mothers and their children developed authenticity and further promoted inner healing. More specifically, sober mothers were asked what AA/NA concepts they utilized with their children and reflected on how their twelve step recovery experiences cultivated their own holistic perspectives on the benefits of self-transformation while parenting in sobriety.

Sample

Eight females with a history of chemical dependency participated. Four of the participants were involved in Alcoholics Anonymous (AA), three of the participants engaged in Narcotics Anonymous (NA) and one participant attended Crystal Meth Anonymous (CMA). For the purpose of this research design, long-term sobriety was defined as three years of sobriety or longer. Four women had three years of sobriety, one woman had seven years, one woman had nine years, another woman had ten years and the last woman had twenty-one years. The participants were 30 to 50 year old, Caucasian women who were actively parenting or had previous experiences of parenting at least two children and at some point had implemented AA/NA philosophies, ideologies and beliefs with their children. Five women were actively parenting and three women discussed their

previous parenting experiences. Seven of the participants were heterosexual females and one woman identified as a lesbian. The significance of understanding the demographics and ethnic backgrounds of the research participants helps to explain some of the similarities that appeared in the findings of this research study. Also, the demographics and ethnicity of the research participants were alike, emphasizing a European-American perspective of viewing the world.

An online internet search was conducted to discover the locations of AA clubhouses called Alanos in the Twin Cities metropolitan area along with women-specific AA community meetings. Flyers were posted in targeted locations throughout the Metropolitan area to recruit participants. In addition, a craigslist ad was posted to locate interested participants who were not affiliated with the Alanos or women-specific AA community meeting locations.

Initially, the response from the posted flyers was one participant. After talking with the clinical research chair, I decided to call the Minneapolis Intergroup to problem-solve alternative methods to recruit participants. As a result, I went to different AA meetings in the metro area and was able to connect with sober mothers during AA fellowship. Furthermore, I consulted with the clinical research chair and decided to expand the qualifying criteria of research participants to include sober mother in any twelve step programs versus only interviewing sober mother affiliated with Alcoholics Anonymous. Also, the original focus was to interview sober mother who were actively parenting children aged three to ten years old however this qualifying criteria was extended to include any parenting experiences regardless of the children's current ages. This study used convenience sampling.

Also, the pastor at The Recovery Church was contacted. Afterwards, I was given permission to attend and promote this research study during the January 26, 2014 Sunday morning service. In an effort to reach out to additional sober women, I joined a number of closed Facebook groups specifically for sober women and recovering individuals in the surrounding area in order to connect with potential research participants and promote this clinical research study.

Protection of Human Participants

This research study was reviewed and approved by the St. Catherine University Institutional Review Board. This study was overseen by a clinical research chair. The participants' identities remained confidential and I kept the records of this study classified throughout the entire research process. I identified sober mothers by pseudonyms to protect confidentiality which included Participants A, B, C, D, E, F, G and H. In addition, I retained children's anonymity with the use of common unidentifiable terms such as daughter, son, kid, child, kids or children.

I published and presented information acquired in the interview process. However, no identifying information was disclosed in the publication or presentation. Furthermore, the consent forms, audio recordings, interview transcripts and data analysis paperwork documents were kept in a fire proof safe in my apartment for the duration of the study. All transcripts were restricted and reviewed in a private location, with no other individuals accessing the information. I was the only reviewer of the interview transcripts and successfully maintained each participant's anonymity. I transcribed the interviews independently. The audiotapes, papers and electronic copies of the transcripts will be destroyed by June 30, 2014.

The consent form and interview questions were emailed to the participants and reviewed before the initial meeting. Before the interview began, the consent form was read aloud, word for word. The purpose of the study, why the participants were selected, and information about the researcher, the procedures involved in completing the interview along with how the information from the interview would be used were reviewed with the participants.

The participants were informed about confidentiality, informed consent, mandated reporting, contact information of the researcher, committee chair and Institutional Review Board chair, and the voluntary nature of the research study. All the participants gave consent to have the interview audio recorded and each participant signed a consent form, which can be reviewed in Appendix C.

The risks of participating in this research study included the disclosure of information on parenting abilities and private stories regarding chemical dependency. The divulgements of delicate information on chemical dependency experiences were extraordinarily sacred and personal. Since the participants did not have rapport with me, some dialogue created emotional vulnerability and sensitivity. Also, I am a licensed social worker and mandated reporter of child abuse and neglect. This means that, as a mandated reporter, I must report any suspected child abuse or neglect to law enforcement or Child Protection Services. As a result, the discussions of parenting abilities along with chemical dependency experiences were vulnerable topics because of self-disclosure and the fear of judgment. The actions to mitigate these risks included educating the participants that I am a licensed social worker and mandated reporter of current child abuse and neglect.

Other risks included emotional vulnerability and discussion of intimate details of inner healing as well as the self-discovery of authenticity. Another action to minimize these risks was to provide the participants with some reflection time after the interview process and all eight participants received a resource list to utilize if emotional issues did arise after the interview process (See Appendix G). There were no direct benefits of participating in this research study and no incentives were provided.

Data Collection Instrument

The data was collected through one audio taped semi-standard interview with each of the eight participants, field notes and a typed transcript of each interview. The length of the interviews fluctuated from 20 minutes to 105 minutes. I developed interview questions by combining information from the research literature and gaps in the research literature with the experiences that sober acquaintances have shared with me (See Appendix D).

Interviewees were asked to provide feedback on their experiences and were allowed reflection time after each interview. As a result, the feedback from the participants was considered for subsequent interviews, which resulted in the broadening of the research questions to include collectively twelve step recovery groups such as AA, NA and CMA. In addition, any concerns with the interview questions were discussed with the clinical research chair. During the interview process, I focused on the responses to specific research questions regarding the promotion of inner healing and authenticity for sober mothers. I took field notes immediately following the interview process. These field notes included some of my general experiences and observations of the interview.

Setting

I met with each participant at a mutually agreed upon location. These locations included a local Alano club, a private room at a local community library and a private room at the St. Catherine University Library, which helped to secure confidentiality.

Data Analysis

The data was analyzed using a mixed method approach, which included several phrase counts, field note interpretations and content analysis (Berg, 2009). I transcribed all of the interviews by re-listening to each of the participant's responses to the interview questions. I read through the qualitative transcripts and analyzed significant phrases related to the answers of the research questions. I used a process of open coding and formulated themes by examining the meaning of each participant's responses. I analyzed one transcript at a time.

The initial process of coding included the utilization of multiple colored highlighters to mark each significant phrase throughout all of the transcripts. I then analyzed the particular phrases to see how the phrases corresponded together which formulated themes. Next, I changed the text color of each interview transcript in order to differentiate between each participant's responses. Then within each transcript, I found the descriptive explanation of formulated themes. I copied and pasted each theme description into a separate word document titled for each formulated theme. This process of creating a word document for each specific theme initiated the collaboration of similar themed explanations and responses from all of the different participants. I reviewed the context in which the phrases were used and then look for similarities and differences for a second process of coding (Berg, 2009).

Stark codes. A few stark codes were observed in the field notes and interview transcripts based on the research literature and the conceptual framework of the holistic healing process. These stark codes included specific phrases from the field notes of the interview process and consisted of pertinent discussion or phrases on the topics of authenticity, self-transformation, inner healing, spirituality, improved parent-child relationships, slogans, the integration of twelve step philosophies and experienced disparities. In addition, I reviewed each themed word document and identified how the phrases came together to develop patterns that formulated themes and sub-themes within the raw data.

Using this initial inductive process, I formulated some emic codes within the raw data (Padgett, 1998). The correlations between codes established patterns across specific topics, generating themes (Berg, 2009). The codes within specific themes helped to put together patterns of organized sub-themes (Berg, 2009). The deductive process of data analysis gave support to conceptualize the exact context of the codes and themes (Padgett, 1998). After reviewing the raw data numerous times, I was able to generate more tangible themes as well as identified manifest and latent meanings of these themes (Berg, 2009). The last inductive analysis established patterns across topics and substantiated concrete themes (Padgett, 1998). This iterative method developed saturation of emic themes from the raw data (Padgett, 1998).

Reliability check. A reliability check was not conducted. However, the committee members reviewed the research findings. The committee members involved in this clinical research study included one Ph.D. Social Work Professor, one Licensed Clinical Social Worker (LCSW) who is also a Licensed Alcohol and Drug Counselor

(LADC) and one Holistic Health Professor. All of these committee members were familiar with chemical dependency and brought their diverse extensive knowledge and expertise to this research study.

Interpretative phenomenology. With the use of content data analysis, I utilized an interpretive phenomenology qualitative research approach, which used in-depth interviews with multiple participants to describe the experiences of a phenomenon by one or more individuals (Patton, 2002). The phenomenon in this research study was the process of self-transformation while parenting in sobriety which consisted of the individualized discovery of one's authentic self through the inner healing experiences of improving parent-child relationships. This interpretative phenomenology is the holistic approach to the healing process which occurs in twelve step recovery.

The interpretive phenomenology approach included listing significant phrases, determining meaning of statements and identifying the essence of the phenomenon regarding self-transformation and the inner healing process of twelve step recovery (Patton, 2002). In addition, an emic perspective was implemented since I had insider perspectives of sobriety (Patton, 2002). From the interview transcripts, the narratives focused on the rich description of invariant structures, such as the common characteristics of self-transformative experiences (Patton, 2002). For instance, the participants' narratives included the rich description of the common characteristics associated with twelve step recovery, which encompassed self-transformation, inner healing and authenticity.

With the analytical technique of interpretive phenomenology, there were a number of common characteristics during these qualitative interviews which

demonstrated the holistic perspectives on the benefits of integrating AA philosophies when parenting in sobriety. These research findings can be divided into three sections, which include first, how twelve step recovery programs helped sober mothers with authenticity and inner healing, second, the reciprocity between the improvements of parent-child relationships and inner healing/authenticity for sober mothers as well as their children and, lastly, how sober mothers had incorporated these twelve step philosophies with their children by reviewing the slogans they were implementing to break the cycle of chemical dependency. The next section reviews the research findings of this study.

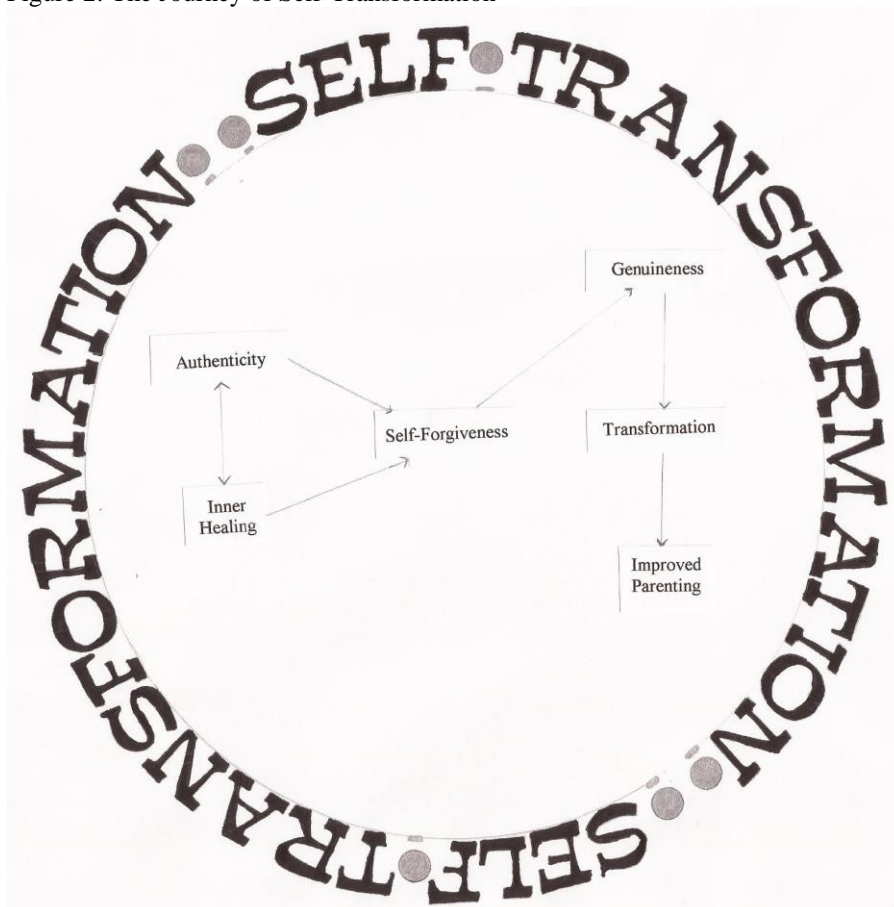
Findings

This section will discuss the findings of this research study. I will review how incorporating twelve step philosophies led to authenticity for both participants and their children along with the journey of self-transformation. I will evaluate the process of self-transformation, inner healing, self-forgiveness, spirituality and improved parent-child relationships. I will explain the slogans used by the participants, the integration of twelve step philosophies when parenting in sobriety and experienced disparities of sober mothers.

This qualitative research study found that incorporating twelve step philosophies can promote authenticity and inner healing for some sober mothers which set in motion their own individualized journey of transformation. These self-transformative experiences helped participants with self-forgiveness, legitimized genuineness and continued to foster self-metamorphic movements. Authenticity was revealed as the capacity for self-discovery of one's true purpose. In fact, authenticity precipitates the inner healing process which aids the pathway of self-forgiveness. Self-forgiveness cultivates individualized genuineness and further promotes transformation, which is illustrated in Figure 2.

These self-transformative movements did align with the previous conceptual framework and this data suggested that transformation in twelve step recovery improved parenting abilities. Yet, there were some variations regarding the process of self-transformative movements. For example, every participant discussed this process as an individualized journey and each participant was at a different stage in the process of self-transformation.

Figure 2: The Journey of Self-Transformation



Therefore, generally Figure 2 demonstrates the described universal process of self-transformation articulated by participants. However, not all participants discussed genuineness, whereas self-forgiveness was mentioned by all participants. Furthermore, all of the themes in Figure 2 were linked to twelve step recovery philosophies and can be associated with self-transformative movements. The next section will review the theme of authenticity.

Incorporating AA Philosophies led to Authenticity

Essentially, all of the participants discussed how incorporating the twelve steps initiated changes in their personal values and interpersonal behaviors. Participant G said,

I believe that attending twelve step meetings, talking with my sponsor and living the program one day at a time has helped to authenticate myself...cause, I believe that everything in my past has a lot to do with it and who I am today as a person.

And kind of figuring out what I really like and what I really don't like....it is a growing process...

Participant C described her experiences of understanding authenticity.

I wanted to find out who, I didn't know who I was, really didn't because on top of being an addict, I'm also codependent...I, I don't even know if I could explain to you what that point was that I felt like I can get over this, I can become somebody. I, I couldn't even tell you that defining moment. There's a lot of little pieces in there, it's finding your home group, going to meetings, it's having the support, and it's having a sponsor...

A sub-theme of authentic self-discovery included self-discovery for children as well.

Participant H described her experiences:

Before I would try to keep everything so secret and, and when I used that was pretty much everything in my life so, everything about me I tried to hide from the kids and they, you know, they didn't know who I was. And now I am honest with whom I am. Um, I try to express who I am to them so they can learn who they are. And, it's okay for them to express who they are...

This participant explained her ability to role-model authenticity which began her journey of self-transformation.

The journey of self-transformation. Under the theme of authenticity, the sub-theme of self-transformative movements were revealed. The sub-theme of self-transformative movements increased authenticity through participation in twelve step programs. Each participant voiced their own transforming experiences. In fact, all of the participants discussed their experiences of incorporating twelve step philosophies which endorsed change. Recovering individuals require four basic self-transformative movements which include movement from fear to faith, resentment to acceptance, dishonesty to honesty and self-pity to gratitude (Roper, 2006).

Among the participants all four basic self-transformative movements were disclosed in some aptitude. Five participants talked about the movement from fear to faith. For instance, one participant specifically talked about how her spirituality

counteracted the fear she experienced with her children. All participants related to the self-transformative movement from resentment to acceptance. For example, each participant individually talked about some sort of self-resentment or resentment regarding their chemical dependency and how in time they were able to accept their chemical dependency and circumstances as developing the way it was intended to. Seven participants reviewed the self-transformative movement from dishonest behavior to honesty when they discussed their past dishonesty with their children and how they continually work to improve honest communication with their children today. Interestingly, one participant disclosed that if she even keeps secrets from her children she begins to feel guilty for being dishonest.

All the participants in their own demeanor articulated how they moved from self-pity to gratitude which was demonstrated in the discussion of being appreciative for the new possibilities in their lives today. The next participant talked about the self-transformative movement from fear to faith.

Fear to faith self-transformative movement. Participant B explained the fear of losing her kids and how she needed to hit bottom in order to transform. She stated:

*I mean, I don't think that I've screwed them up too bad. But you know, I was an addict. There are some repercussions from it, I know that for a fact....you know [my kids] cut me completely out of their lives. I was done...my kids they were done, they wanted nothing to do with me anymore. My oldest son took custody of my kids. And that was it. And I said, this, this, some things gotta change. Something has got to change. You know. So that's when I decided [intense hand gestures], I'm done. I gotta get my s*** together and um you know, it took a long time for my kids to trust me...I mean I thought I was at the point of giving up everything. You know, willing to do whatever you say. But apparently I wasn't however three years ago when I hit rock bottom, I got it. That was it. That was all I needed was my spirituality. It was sacred, it was pretty powerful and so yeah you know it's been a great journey ya know. It's had its ups and downs but I would never trade this life....*

This participant highlighted the self-transformative movement from fear to faith. Also, the same participant continued to discuss the self-transformative movement from resentment to acceptance.

Resentment to acceptance self-transformative movement. Again, Participant B explained her continual process of the self-transformative movement from self-resentment to acceptance. She said:

I thought it would get easier but you know there are still things that I am dealing with that I did in my addiction. That I just have not come to terms with yet. But, I'm getting there, you know what I mean I'm working on it and I think I would not be able to do that without my sponsor, groups, living in sober housing and being in recovery. I don't think I would know how to cope in doing that, but I am working at it.

This participant talked about the resentments she has towards herself from past actions that occurred when she was actively using. Furthermore, this participant illustrated how these movements are a series of steps. The subsequent participant gave explanation of the self-transformative movement from dishonesty to honesty.

Dishonesty to honesty self-transformative movement. Participant F discussed her self-transformative movement from dishonesty to honesty while attending AA meetings. She explained:

*When I first came into the doors of um, AA I was unwilling, you know, I didn't work the program, I sat in the back. I had my leather jacket on that was my identity, I was a f***** b****. You know, I just, I didn't want to be in AA, you know, just leave me alone...I needed to change my life. And I found the courage and the strength to do that by going to meetings. It wasn't something that I planned it just happened.... We can find our voice in the recovery rooms. But only when we choose and finding the authentic self is a process.*

This participant pointed out the self-transformative movement from dishonesty to honesty. While attending AA meetings, she was able to take an honest look at her life and

realized that she needed to change if she was going to stay sober. The following participant gave details of the self-transformative movement from self-pity to gratitude.

Self-pity to gratitude self-transformative movement. Participant A disclosed:

....so I guess just like feeling present with [my child] is really helping me to understand what it was like to be a little girl her age, I need, I can't explain what's formulating in my head but, um, I think just, um, just being present with her is helping heal where I am at. I feel tremendous amounts of guilt at points but also appreciation for the opportunities to just be there for her....

This participant discussed the self-transformative movement from self-pity to gratitude.

She explained how spending time with her daughter has helped with her own inner healing process and although she feels guilty, she was able to have the capacity for gratitude in being a part of her daughter's life today which would not be possible if she was still active in her alcoholism. These four basic self-transformative movements help participants move towards positivity. Once more, Participant B explained her movement towards positivity. She disclosed:

*Yeah, I just want to be the best person I can. I want to do the best job I can at whatever I'm doing. When I first got into recovery I hadn't worked for years you know and I have a record, a criminal record. And I had to take what job I could get. And I was willing to take whatever job that was....I am no longer a boil on society's b***...My direction in life is to do the best I can now with the time I got left with this life I have. Offer it to the people I can, you know, I want to be selfless in everything I do, you know, what I mean? And I want my kids to be selfless in everything they do you know what I mean? I just, I want to be a good person.*

This participant reflected on how she has transformed herself and gave voice to her future aspirations. The next section will discuss the theme of inner healing.

Incorporating AA Philosophies led to Inner Healing

The findings suggested that twelve step recovery programs helped sober mothers with their inner healing process, in part through self-forgiveness, and with their self-discovery of authenticity. Participant E said,

Just knowing that you weren't alone and that there was always somebody that could relate to you totally put my life into perspective. It's supportive and free, it's free counseling...you were always welcome just knowing that never alone piece was very, very huge for me. So I think, um, I don't know if we are ever completely inner healed but I know I fit in my skin today. I know I am comfortable with me.... It's like pulling back the layers of an onion and it's okay to be raw and vulnerable. Eh, I was never vulnerable, never raw. I was very stoic, very strong, very independent and um, I don't have to be that way today...

In addition, Participant B talked about the benefits of extra supports. She disclosed:

...I'm not the only one who has made these mistakes you know...I don't feel so alone. I have a support system. Somebody knows what I'm going through, somebody been there already, somebody got experience they can give some advice. They can give me, you know, they can tell me their experiences of it. You know, I can take whatever information I need from it, and yeah. So, a lot of support...

One of the sub-themes generated within the inner healing theme was the process of self-forgiveness. All participants clarified that self-forgiveness was apart of the inner healing process. Participant F explained her experiences. She disclosed:

Alcoholics Anonymous gave me the opportunity to learn about forgiveness. And that was very painful...So, we just do the best we can. And try not to shame ourselves because we already have it in us and move forward. I have forgiven myself but... there are things that sometimes will surface and I thought I had forgiven myself and I go, oh, but you're never in the same place, hopefully you're different and better...and so, you try to become objective and invite compassion into that....it's, it's an opportunity for me to choose to do some more work around that. What needs to be healed, what part of me, you know, is it the little girl, is it the, you know, what part of me is wounded and showing up...

Participant E provided another aspect of self-forgiveness as part of the inner healing process which incorporated self-love: “*And, that's where I learned how to love myself*

was in the recovery rooms...” Furthermore, Participant E articulated how the twelve steps helped her with the process of forgiveness in her parent-child relationships. She said:

It’s interesting, I, I tell my kids all the time that I am only responsible for the efforts and not the outcome which is huge in steps eight and nine and it’s true but as a parent, you kind of are responsible for the outcome so you kinda have to be like, I have to let you have this, I have to let [my children] process it. I think that I have read um, when I first got sober of course through treatment and whatnot, you write that letter of amends and I have one to my son and one to my daughter and we have probably, we’ve read them three times throughout the course of almost ten years, you know... surprisingly, I am still truly sorry for the same things, like my, my past never changed, you know, but their perspectives of our past changes.

Participant B described her interpretations of self-forgiveness. She said:

Parents can’t, they have got to be easier on themselves. They can be so hard on themselves. Parents cannot condemn themselves for what they have done, practice some self-forgiveness...that’s the first thing you gotta forgive yourself.

Self-forgiveness can be a very difficult task in sobriety and the process of self-forgiveness can be initiated through spirituality because when sober individuals are able to comprehend that their Higher Power has forgiven them, then self-forgiveness becomes attainable.

Spirituality

The theme of spirituality illustrated how participants individually envisioned their Higher Powers’ presence in their lives. Three participants provided information on how spirituality has impacted their twelve step recovery. One participant talked about the process of coming to believe in a Higher Power, realizing that there was a God and she was not it. Three participants reported that spirituality assisted in the reestablishment of parent-child relationships because their spirituality encouraged self-transformation which allowed them to be more present with their children.

Surprisingly, all of the participants had similar perspectives of a Higher Power.

This could be attributed to the related demographics and ethnicity of the participants.

Participant B communicated her experiences:

I didn't get this program until I got the Higher Power thing. I tried. Many times, I tried cleaning up. I put myself in treatments, inpatient treatments. I really did not want to be an addict. I did not want it. But I didn't, I couldn't stop. Then I engaged in the program one more time. I thought I'm going to give this Higher Power thing one more try and I found my Higher Power and that was just what I needed. I mean it was a whole new experience, a whole new spiritual awakening....And there is a God. He is making himself known to me now. Now is the time I should pay attention. You know, I just, I, I think he probably tried to make himself known to me before. I just never picked up on it.

In addition, Participant D discussed the blessings from her Higher Power and the gratitude she has:

Becoming a parent and becoming sober is not something that I ever thought I would see. Alcoholism was always an issue I spent many years drinking it's a miracle. I am thankful for God in my life today and how he keeps me from not drinking. I am truly thankful for it. I am thankful for being a parent because my daughter is a blessing...

Participant H articulated how she incorporated her spiritual practices when experiencing difficulties with her actively chemically dependent children. She said, *"I have to back off and I imagine God's hands and putting them in his hands and saying please just take care of them..."*

Participant C described how she educated her children on spirituality by optimizing teachable moments with her children: *"God can only give you no more than you can handle and I say that a lot to my kids."* These spiritual practices incorporated by some participants improved their parenting abilities. Moreover, these findings revealed that incorporating the twelve step philosophy of spirituality did in fact improve parent-child relationships.

Improved Parent-Child Relationships

All the participants reported being more involved in their children's lives which provided increased maternal support for sobriety as well as helped with inner healing and authenticity. These findings suggested that twelve step recovery programs supported sober mothers to improve their parent-child relationships. Numerous participants discussed how they incorporated AA or twelve step philosophies with their children.

Participant E reviewed how she integrated twelve step meetings in her parent-child relationships. She reported:

My children come to many, many meetings with me. And even as little kids, um, I felt as a mother that I spend so much time being out and away from them that if I couldn't bring them with me, then that was a meeting I didn't need to be at.... When my son was two to three years old going to his first meetings, I wanted him to know that we were different because I feel that's where a lot of my struggles came from. I never knew. I just had this thing. I needed them to know this was for us, this is for the family this isn't just for mom... They need to know they can trust in me and the program....at that point it was just important for my children to, to continuously know that we were there, we were with God and we were with, for me it was others like me and others like them....

Participant G discussed how she practiced twelve step philosophies with her children specifically gratitude. She said:

It's like the steps, you know, one through twelve, practicing them everyday and I mean, I do a lot of praying with my children. And it's kind of funny, what they pray for. They're like, thanks for the Legos. And just being grateful and I think that's what the twelve steps have brought us, is to be grateful for what we have. And you know, we are blessed with what we have. We shouldn't be envious or jealous of anybody and you know, because they're just as blessed as we are...

Another participant talked about how she utilized twelve step philosophies with her child to promote gratitude and humility. Participant D described:

I try to teach my child patience, and to be, and to enjoy life one day at a time. And to enjoy the small things in life, you know, it's not all about videogame stuff, it's about spending time together, doing a simple thing, and it doesn't have to be a big expensive thing. It could be like a bike ride or whatever. Or going to a park

and playing. It's the little things in life, too. You know, you, you learn to keep life simple, to enjoy it.

A different participant articulated how her twelve step recovery process has improved her parenting abilities by allowing her to be more present with her children and incorporate the philosophy of 'live and let live.' Participant H revealed:

I am present in my children's lives now. Um, before I would use and spent most of my time hidden in my room. Um, you know, and before it was more like they were a burden. Um, you know, they got in the way of my using. They made me feel guilty, when I chose to use over parenting. Um, and now I don't do that....I am aware of what's going on.... I'm powerless over them. You know, they're old enough that they can, you know, make their own decisions and if they don't want to listen to me, they're not gonna....So, instead of trying to control, every move I have to accept that I am powerless.

An additional participant discussed her experiences on improving her parent-child relationships by utilizing twelve step philosophies she learned in her recovery process which simultaneously helped to establish her authenticity. Participant A disclosed:

So, taking a deep breath and um just remembering that um that they're just little and that I, we can go back and change it. One thing, one thing I'm really doing is learning to make amends to [my kids] right away. Learning to say whoa, you know what, I was not in a good place you guys, I am sorry, I, we were late, I was panicked, we were rushing, I'm really sorry and I will try harder next time. I will try not to be running around like mommy with her hair on fire. You know, so I think knowing that I can go back and make an amends or even right then and there stop. And say mommy is crabby and that is not right and I should have taken some time, you know, time like a mommy timeout kinda. That's one thing that is really helping to and figuring myself out...

A sub-theme of improved parent-child relationships consisted of the experiential process that generated the inner healing for children, reported by Participant E:

Like there's things that my daughter will come with and I will have to tell her, honey that never happened. Like and who knows if she was dreaming it or if she overheard a conversation, it's, it's her childhood. Um, again, not to discard it but I am like I don't know where you got that from but that never happened. You know, and trying to put her pieces of her childhood back together through the Alanon steps. This is absolutely her healing process too....

Participant E discussed how the twelve steps of Alanon helped her daughter by working through past issues of her childhood. Another sub-theme was being dependable for children. Participant B explained:

My intentions are to never let my children down again. If I say I am going to be there, somewhere or do something. I carry through you know what I mean. I just, I just don't want them to ever not ever be able to count on me... I am their mom, I am here. For whatever it is they need me for I am here and you can count on me and know I will come through. In the last 3 ½ years, every word I have ever given them I have kept. I have come through on everything. This is a good feeling. When they call and I say I'm going to do something they don't even have to question that they know for a fact it's going to be done. Moms totally dependable now. And that's huge. It's nice to be depended on you know. They still need me and I needed to be needed. You know what I mean and I am needed.

This participant was able to be there for her children and in the process she experienced inner healing as well as discovered her own sense of purpose. The following findings will review how participants incorporated twelve step recovery slogans with their children.

Slogans

Other findings revealed that all participants to some capacity incorporated twelve step recovery slogans with their children. Participants acknowledged they unconsciously used twelve step slogans with their children quite regularly. As parents, the participants used a variety of twelve step slogans including one moment at a time, first things first and the Serenity Prayer. In addition, three participants explained how they teach their kids to be impeccable with their words and to have acceptance along with humility. Participant A explained some of the slogans that she incorporated while parenting. She said:

I use the slogans with my kids and don't even realize it...for sure the serenity prayer has been like, oh, you know...I have talked with my children about how we have to be impeccable in our words...also, and I have used the twelve daily habits for being happy, joyous and free.

In addition, Participant C disclosed the slogans that she implemented with her children. She reported: *“I do say it is what it is, we can’t control it, let it go, um, that’s the thing that I’ve heard repetitively.”* Furthermore, Participant D discussed the slogans that she used with her daughter and how these slogans have helped her to engage in the parent-child relationship:

I follow the slogans, first things first, you know, a lot of the slogans you can take from the program and incorporate with parenting like, first things first, like when you’re trying to get your kid ready in the morning and you have to take certain steps to get your kid out the door for school. Its first things first, you just do one thing and you get done with that, and then go to the next. And then one day at a time just enjoy life. Live life on God’s terms. You know, what you’re given every day. So, keep it simple. That’s, you can take a lot of slogans and put them into parenting you know like to keep it simple... if you have a little child at home you, sometimes it is ah, simple things that mean the most and you cannot try to do too much. But try to do something simple with them each day. The AA program and slogans help both me and my daughter. Um, cause I can teach her the slogans as she grows up...

Similarly, Participant G stated:

I tell them one day at a time. And then you just have to step back, you have to take it a one moment at a time...So, that is one of the biggest slogans that I use. You know, just take it one step at a time, its okay. It works...

Lastly, Participant H explained her experiences. She said:

I think I actually use first things first sometimes. Um, one day at a time, I will use. This too shall pass, um...One phrase that I told myself and I don’t know if it’s an AA phrase is, it says, its right here, right now. And it’s kind of like, you know, right here, right now either be totally in the moment, be totally loving the moment, this is the only thing you have, it’s like being in the moment. But, it’s the only thing that you can do anything about... so, that’s another thing I’ll tell myself, don’t judge...cause it’s, a constant reminder, it helps my recovery process too...

The slogans participants implemented with their children also increased their use of twelve step slogans and improved their recovery process invariably improving their ability to handle challenges. Slogans can improve parent-child interactions and cultivate

teachable moments. Yet, it is critical to understand how the integration of twelve step philosophies specifically impact participants' twelve step recovery experiences.

Integration of Twelve Step Philosophies when Parenting in Sobriety

All participants disclosed the incorporation of twelve step philosophies while parenting, precisely, the integration of AA or twelve step philosophies with children that reciprocated inner healing and authenticity for sober mothers. For example, Participant E recalls:

We always take a journey through for sure that Al-Anon book with my daughter every year because she needs to know she's not alone and we are far better off in this journey and we, I shouldn't say we don't have any hatred because it's real and if there's a problem between us, we work through it. We live under the same roof and we processed through it together. Sometimes she helps me heal more than she ever knows... I think my kids teach me just as much as I teach myself in recovery...

This participant described how working through issues with her daughter helped her to heal and allowed her to learn from her children. Likewise, Participant B discussed how the tools in twelve step recovery help her to keep herself in check, establishing authenticity. She said:

I try to keep my character defects in check. You know what I mean, if I am upset about something or someone, at somebody, now I have to stop and think am I mad at them or am I mad at a circumstance or am I mad at me, what am I really mad at? You know, I gotta stop and put myself in check sometimes. And really figure out what's going on. You know, why am I feeling this way? Eh, usually it's because I have to take a personal inventory. And figure it out, you know, I do this when I interact with my children, so I can understand myself better and be there for them....

Participant B explained how a personal inventory helped her to recognize when she is off which helped her to understand herself and provide support for her children.

Participant H spoke of experiences with her son:

My son also knows where he can go to get help, you know, at times he's come to me and asked me to take him to meetings. Um, you know, and he'll go for a while and then stop. And then he'll ask me again. And then, and then ask me to introduce him to some of the guys. Um. So he knows he has a support group already there and waiting for when he is ready.

This participant talked about networking which provided sober supports for her son.

These findings were specific to the experiences of participants within this research study who implemented twelve step recovery philosophies in their parent-child relationships.

The following information will review the experienced disparities of participants.

Experienced Disparities of Sober Mothers

During the interview process, six participants disclosed specific disparities they overcame and spoke of the challenges they faced in parenting that stemmed from both pre-sobriety and sobriety. Participant C stated:

I gotten everything taken away from me, let me rephrase that I lost everything, not everything was not taken from me I lost it all. And I didn't know who I was and I was so broken inside, so broken.

This participant explained her feelings of desperation. Participant H clarified the impact of broken relationships with her children. She disclosed:

*[My son and I] were in a meeting, and... it was a bad day, he was very mad and this is when he was getting a probation officer. And um, he turned to me and he says how does it make you feel that you f***** up your kid's life and all that, using all those drugs...*

This participant discussed how her son was shaming her. One participant discussed her experienced disparities compared to other population groups in sobriety.

Participant C articulated the lack of unity and support for parenthood in twelve step meetings. She reported:

I've been to a couple different groups and there was nobody who had kids that had gone through it. I was the only person in the room, so, nobody could relate to me nobody could take me aside and say I've been there before...

This participant explained the lack of support she witnessed which made her feel like she could not relate to others. In addition to the disparities discussed, participants talked about some of the difficulties they experienced. These difficulties ranged from challenging interactions with their children like the previous description from Participant H to the trials and tribulations experienced during twelve step recovery. Again, Participant H disclosed, *"The last couple of years have been especially difficult with the kids, with them smoking pot and running away and just hanging out doing whatever they want."* This participant explained the obstacles she has experienced while parenting in sobriety. Furthermore, Participant H talked about her issues of being judged by other parents. She disclosed:

A lot of people judge me because I don't try to do the iron fist thing with my kids...because I have to back off...and for some reason a lot of parents are constantly judging other parents. And, um, that's not fun to be around...

Some participants discussed at length the difficulties they experienced as sober parents.

These difficulties included having to learn to live and engage in life clean and sober.

Participant F explained:

Those early years were tough, you learn how to do everything sober, you are back in utero, trying to, you know, you're in this adult body and trying to figure out what to do, what do you mean I need to do this, self-care, you know and I can't drink and I can't do this...

This participant explained her transition into sobriety and the challenges of finding new coping skills.

There were a variety of different themes identified in this research study which included the self-discovery of authenticity, inner healing, spirituality, improved parent-child relationships and the use of recovery slogans when interacting with children. Also, the theme of integrating AA philosophies with children reciprocated inner healing and authenticity for sober mothers and experienced disparities which consisted of the inequalities and difficulties that some participants observed or witnessed first-hand. Other sub-themes consisted of the journey of self-transformation, the four basic self-transformative movements, self-forgiveness and experiential process of inner healing for children. The next section will highlight of the significance of these research findings.

Discussion

This research study demonstrated twelve step recovery programs can help sober mothers with their self-discovery of authenticity and inner healing. The conceptual framework formulated for this research study was the perspective that I used to interpret the research findings. These research findings substantiated previous research literature which suggested the twelve steps are a series of transitional changes to promote the process of self-discovery and integrate the sober individual's mental, physical, spiritual and emotional selves (Collier, 1997). It was found that attending twelve step meetings is one influential holistic approach to support sober mothers in finding their authentic selves.

Incorporating AA Philosophies led to Authenticity

Twelve step recovery programs helped the participants in this research study to find authenticity through the incorporation of AA or twelve step philosophies in their lives and the lives of their children. By incorporating these twelve step philosophies, participants were able to differentiate between who they want to be and who they do not what to be, set appropriate boundaries with children and discover their own life purposes. When AA theoretical philosophies were implemented in parent-child relationships, participants discussed being open to personal authenticity. Once authenticity was established for participants, they were better able to role-model authentic behaviors which facilitated child authenticity.

Participants articulated that the process of authenticity was a personalized journey. In fact, authenticity manifested differently for each of the participants. It was further discussed explicitly how each of the participants were influenced by their own

self-transformation process (Swora, 2004). Furthermore, these individualized changes in personal values and interpersonal behaviors led to self-forgiveness and inner healing, which permitted sober mothers to move towards completeness (Schlitz, Amorok & Micozzi, 2005). Participants revealed how they were able to discover their authenticity in recovery by embracing their spirituality through working twelve step programs. Equally, participants disclosed they found their authenticity when they were reunited with their children, which was attributed to their sober lifestyle. The findings from this research study imply that people transform in twelve step recovery and this self-transformative process fosters inner healing (Swora, 2004) and authenticity. The following section looks at the four self-transformative movements more specifically.

The journey of self-transformation. The sub-theme of self-transformative movements confirmed previous research literature by clarifying that recovering mothers need four basic self-transformative movements. These four basic self-transformative movements included movements from fear to faith, resentment to acceptance, dishonesty to honesty and lastly self-pity to gratitude (Roper, 2006). The fear to faith self-transformative movement was described as the ability to realize that alcohol and substance use disorders were the causes of fear and personal turmoil. Participants discussed how their past experiences of chemical dependency was a blessing. For instance, these negative experiences led participants to change as well as allowed them to generate new relationships with others and formulate a connection with a High Power (Swora, 2001).

The self-transformative movement from resentment to acceptance can be explained from the Big Book of Alcoholics Anonymous,

Resentment destroys more alcoholics than anything else. From it stems all forms of spiritual disease, for we have been not only mentally and physically ill, we have been spirituality sick. When the spiritual malady is overcome, we straighten out both mentally and physically (Wilson & Parkhurst 2001, p. 64).

Participants discussed their differing experiences of resentments and the process of change through the use of their spirituality. Twelve step recovery helped participants embrace their resentments and realize that empowerment comes from surrendering control (Swora, 2001). Participants communicated their capacity to accept powerlessness in their lives (Sowra, 2001). Also, personal change was noted in the self-transformative movement from dishonesty to honesty. The self-transformative movement from dishonesty to honesty was demonstrated by participants when they implemented honest self-reflection. Also, participants with young children explained that role-modeling the truth prevented old behaviors (i.e. lying) from re-surfacing again and helped to establish adaptive coping skills (i.e. honest communication). These adaptive coping skills were connected to the self-transformative movement from self-pity to gratitude. For example, self-pity, guilt and remorse can burn up mental energy and block sober individuals from being helpful to others especially their children. Participants communicated that they were working through their challenges by moving away from their current problems and thinking about what they want their life to be like. These perceptual changes in personal perspectives and outlooks on life instilled gratitude.

Participants explained they were reformulating their lives to more accurately represent the people they are becoming, which is a direct result of their twelve step recovery experiences. These four basic self-transformative movements helped the

participants' transition from negativity to positivity, which assisted sober mothers to gain freedom from the slavery of alcohol and substance use disorders. In turn, these transitions changed the negative experiences of their chemical dependency into positive life lessons. Participants realized their chemical dependency had led them to live a better and more meaningful life than they would have ever experienced before (Swora, 2004). This collective shared meaning helped to bear witness of life-changing experiences while simultaneously endorsed new perspectives that increased personal security in relationships that promoted the reconstruction process of new identities as chemically dependent parents.

Participants in this research study demonstrated resilience in their changed relationships. For instance, participants were more compassionate, prioritized their parent-child relationships and expressed love as well as affection to their children which lessened dysfunctional parent-child relationships. These positive changes in parent-child relationships impacted the participants. For example, participants talked about their changed outlooks on life, new purposes, greater appreciations, gratitude, deeper spirituality, hope, growth and their incredible need to make meaning from their past experiences, which reinforced their sober identities. The next section explains the significance of inner healing.

Incorporating AA Philosophies led to Inner Healing

When sober mothers utilized twelve step philosophies, they endorsed their own personal transformation, which began their process of inner healing. Participants discussed how twelve step recovery philosophies helped heal their inner wounds from alcohol and substance use disorders by renovating themselves. This process integrated

participants into a new set of social relations and changed the way they engaged with their children, family members and society (Swora, 2001). Participants who had long-term sobriety communicated their perceptual shifts, personal growth and use of the theoretical philosophies of twelve step recovery in their healing process (Spiegel, 2005). Twelve step philosophies helped participants build self-esteem, self-love and personal courage, which resulted from the structure and safety offered by twelve step programs and fellowship (Spiegel, 2005). Twelve step recovery experiences initiated the journey of inner healing experiences for participants through extra support and the process of self-forgiveness.

Self-forgiveness. Self-forgiveness was a sub-theme of inner healing for the majority of participants and manifested differently for each of them. In fact, self-forgiveness was a large part of what the participants talked about regarding the theme of inner healing. Forgiveness was mentioned as an internal healing process where self-esteem was re-established that altered negative thoughts and emotions for the participants (Seaward, 2009). Therefore, participants explained not overlooking the past, but using the past as a learning experience.

Participants disclosed the process of self-forgiveness was associated with inner healing and perpetrated the self-discovery of authenticity. This self-forgiveness process expressed by participants included the incorporation of compassion, self-love, amends to children and the reduction of personal shame. For example, by practicing self-forgiveness participants discussed their capacity to incorporate twelve step philosophies that helped establish a relationship with a Higher Power. Also, spirituality helped some of the participants rebuild their parent-child relationships because it fostered forgiveness and

teachable moments (Hazelden, 1987). This self-forgiveness assisted participants with their parenting abilities because it allowed them to be present with their children as well as understand what their children had gone through. Insights of the inner healing process for participants' children were discussed. Participants explained past experiences with their children and gave detail of being dependable for their children by demonstrating responsibility, helpfulness and reliable assistance, which were behavioral demonstrations of Steps Eight and Nine (Spiegel, 2005).

Twelve step recovery helped participants establish new identities that fostered inner healing and authentic purposefulness. Furthermore, participants explained that self-forgiveness was integrated into their spirituality and through working the twelve steps spiritual awakenings occurred (Swora, 2004). It is through the experiences of spiritual awakenings that these participants became mindful along with willing to forgive themselves (Hazelden, 1987; Swora, 2004).

Spirituality

Interestingly, a majority of the participants conceptualized their own views of a similar Higher Power but viewed this Higher Power as a separate entity that was actively apart of their lives. Additionally, each participant had their own ideas of how their Higher Power intervened in their lives, which enhanced personalized interspirituality, versus universal ideas of religion.

Participants articulated their thankfulness for the presence of a Higher Power in their lives today and gave descriptions of the sense of protection they experienced in twelve step recovery associated to their spirituality. Participants revealed that their Higher Power "*is a presence that helps them to cope*" with their daily trials and

tribulations. Participants discussed similar spiritual experiences to previous research literature. For example, participants explained their spiritual awakenings as ongoing and educational in nature (Swora, 2004, Wilson & Parkhurst, 2001). Participant discussed how their spirituality fostered balance and prevented sickness in self (Wilson & Parkhurst, 2001). Participants communicated the principles of reciprocity which was the ability to equally give and receive connections with others (Arrien, 1993). Spirituality sustained the improvements that occurred in parent-child relationships.

Improved Parent-Child Relationships

There were five components in the formulation of improved parent-child relationships. These five components included first, participants incorporated children in their community self-help meetings, which transitioned twelve step recovery experiences into “*a family affair.*” As a result, all family members were more exposed to twelve step philosophies creating new meaningful interactions. This family approach increased symbolic interactionism and shared meaning which positively influenced participants’ twelve step recovery experiences (Collier, 1997; Denzin, 1987; Swora, 2004).

Participants educated their children about twelve step philosophies by changing their behaviors, being present, acknowledging a Higher Power’s presence in their lives as well as seeking continued support from others.

Second, within the home environments of participants, they role-modeled twelve step recovery philosophies by praying with their children, which promoted spirituality and taught children to be grateful and blessed. Third, participants discussed the methods they used to teach their children twelve step philosophies by encouraging gratitude, humility and simplicity. Fourth, participants gave descriptions regarding the presence of a

Higher Power “*being there*” by incorporating acceptance and hope. Also, this process of acceptance reinforced the twelve step philosophy of ‘live and let live’ (Alcoholics Anonymous World Service, Inc., 1975). Fifth, participants were able to understand impermanence by realizing that everything is constantly changing and embracing circumstances. A sub-theme of improved parent-child relationships consisted of the experiential process that generated the inner healing for children which deepened the inner healing process of the participants.

The relevant twelve step philosophies participants implemented with their children range from demonstrating patience and responsible behaviors to positive parent-child interactions. Moreover, by implementing twelve step philosophies with their children, participants were able to help their children heal from past traumas as well as assist their children to find their authentic selves. In fact, parent-child interactions improved participants’ self-discovery of authenticity as well. This was consistent with previous research literature, which suggested that mothers who made an investment in the relationship with their children were also making an investment in themselves (Dumka & Roosa, 1993). Additionally, twelve step philosophies instructed participants on how to take care of themselves and be present for their immediate family members (Collier, 1997).

Participants reported that positive parent-child relationships contributed considerably to their adjustments (Dumka & Roosa, 1993). Also, participants disclosed active parenting makes a difference in their children’s lives (Betty Ford Center, 2013; Hazelden, 2013). These AA philosophies, ideologies and beliefs changed participants’ attitudes, behaviors and interactions with their children, encouraging inner healing

(Black, 2003; Joy, 2009; Packer, 1996). Therefore, participants and their children were concurrently supporting each other in the healing process by formulating new relationships and finding their true purposes (Denzin, 1987; Swora, 2004). The next section reviews the slogans participants integrated with their children.

Slogans

Within AA, NA and CMA twelve step recovery programs, there are certain steps, traditions, slogans, mottos and principles utilized to enhance sobriety. Participants reported that they unconsciously implemented twelve step slogans with their children. Participants stated twelve step slogans assisted in providing balance, radical acceptance and personal grounding. Similar to earlier research literature, all participants disclosed that AA, NA and CMA principles, slogans and steps initiated changes in personal values and interpersonal behaviors (Swora, 2004). Twelve step slogans can be used similarly to mantras which endorsed mind-body medicine. By using slogans, participants discussed expressing a way of handling challenges which taught enduring aptitudes to cope and reinforced maternal sobriety (Packer, 1996; Timko, Kaplowitz & Moos, 2000).

Twelve step philosophies can be implemented when parenting children as a psychodynamic approach in which parents' role-model proactive behaviors with the use of slogans from their recovery experiences. The participants talked about specific interactions with their children that reinforced the phenomena of self-transformation and reiterated how actions do, in fact, speak louder than words. All the participants discussed how implementing twelve step philosophies provided another set of tools to coach their children (both young children and adult children) in the enhancement of self-regulation with the use of mindfulness, such as incorporating the slogan '*right here, right now.*'

Also, when participants felt judged by other parents they were able to implement the twelve step philosophy of ‘principles before personalities’ (Wilson & Parkhurst, 2001). Participants with younger children talked about the use of the serenity prayer and how this simple prayer helped parents to refocus themselves under distress and improve difficult parent-child interactions.

Furthermore, a majority of the participants elaborated on how twelve step philosophies can be integrated into all aspects of life, which allowed participants to cope with complicated situations regardless of time, date, or location. Therefore, these twelve step philosophies, ideologies and beliefs facilitated changes in parenting capacities with children, encouraging self-transformation (Black, 2003; Joy, 2009; Packer, 1996; Swora, 2004). Participants disclosed slogans reduce daily obstacles by increasing simplicity and decreasing stress as well as practicing mindfulness by incorporating mantras such as ‘just for today’ (Alcoholics Anonymous World Service, Inc., 1975). This reciprocal effect process reinforced how helpful mindfulness is and allowed recovering parents to comprehend that life is a series of moments. Participants explained slogans are tools to teach skills, reinforce concepts and develop parenting capacities that improve sobriety. Slogans can improve parent-child interactions and cultivate learning opportunities. Yet, it is critical to understand how the integration of twelve step philosophies impacted participants.

Integration of Twelve Step Philosophies when Parenting in Sobriety

The integration of twelve step philosophies while parenting in sobriety demonstrated proactive parenting techniques. For example, participants gave descriptions of how being more involved in their children’s lives provided increase personal support

for sobriety. Participants explained how the ‘AA promises’ were coming true for them by being a part of their children’s lives (Sandoz, 1996).

Participants explained that working through past issues together with their children created inner healing and helped them to figure out who they are. Once old wounds were healed, participants were able to better understand themselves. In fact, participants explained how in time they were able to support their children by becoming good role models, setting boundaries as well as reasonable guidelines for behaviors to encourage security along with safety (Hazelden, 2013). This was seen when the participants were more present in their children’s lives and provided their children with supportive feedback and redirection.

Some participants gave explanations of how they involved their children into their own twelve step program of recovery, such as Al-Anon. It is necessary to note that the twelve step philosophies of any self-help program can be implemented in any aspect of an individual’s life if they are willing and wanting to transform. Furthermore, twelve step philosophies and skills helped in the self-discovery and capacity to demonstrate self-transformative experiences which provide support for children. Also, the integration of twelve step theoretical philosophies assisted children with their own inner healing and authenticity.

Participants explained how their past experience allowed them to understand their children because of lived experiences. When children struggled, sober parents understood from personal experiences, acknowledged their children were hurting or sick and used compassionate care giving. Also, all of the participants explained that, when implementing twelve step philosophies with their children, it enhanced their own sobriety

by incorporating proactive interactions with their children that decreased stress, increased acceptance and reinforced positive parent-child relationships (Timko, Kaplowitz, & Moos, 2000).

The incorporation of twelve step recovery philosophies demonstrated that alcoholics and addicts in sobriety were able to take care of themselves and be considerate for their significant others in a loving way (Collier, 1997). This research study found participants transformed in twelve step recovery programs because of self-transformative movements that fosters inner healing and authenticity through working the twelve steps, embracing spirituality and engaging with other sober supports (Swora, 2004). The next section reviews the experienced disparities of the participants.

Experienced Disparities of Sober Mothers

Similar to previously referenced research literature, a majority of the participants experienced various adversities and had difficulties in childhood, which created some distress in parenting (Beckman & Amaro, 1986; Bondman, 1990; Harmer, Sanderson & Mertin, 1999; Rhodes & Johnson, 1994; Schmidt & Weisner, 1995). Participants substantiated earlier inequalities they witnessed while attending a twelve step recovery meetings. Participants reflected on their efforts to be mindful with their children and how important it was for them to gain the trust of their children back from issues that occurred pre-sobriety. Participants reported increased levels of stress because of numerous factors, such as family, socialization, persecution, depression, and adult relationship difficulties (Rhodes & Johnson, 1994; Schmidt & Weisner, 1995).

Participants explained experiences of disparities which manifested as desperation, shame, and lack of support both in pre-sobriety and sobriety. Some participants

articulated difficulties in twelve step meetings by not being able to relate to others. However, other participants communicated the support they experienced during twelve step fellowship (Swora, 2004). This contradiction highlights the importance of shared meaning in twelve step recovery. Participants explained the challenges of their actively using children. These challenges reinforced the importance of self-love and the capacity to incorporate compassion with their actively using children. Sober parents can intuitively parent their children with both their head and hearts as well as meet their children where their children are at in their own twelve step recovery process. Other challenges included feeling judged by other parents which emphasized the importance of the ability to be empathically attuned with oneself and others as well as incorporating the twelve step philosophy of 'love and tolerance' for others (Wilson & Parkhurst, 2001).

And lastly, the difficult hardships of changing and learning to live life sober. Participants were able to honor the idea that people process things differently and have different perspectives which reiterated the twelve step philosophy of 'to thine own self be true' (Alcoholics Anonymous World Service, Inc., 1975). Participants explained how their own perceptions of twelve step philosophies were contingent on their inner healing and journey of authentic rehabilitation, which encouraged unity among recovering individuals. The next section provides some suggestions for clinical practice.

Implications for Practice

The primary implication for social work practice is the importance of assisting sober parents to work on self-forgiveness and understand that they are not alone. Offering support without judgments or assumptions can allow clinical professionals to establish a therapeutic relationship with parents in recovery. Clinical social workers can partner with

sober mothers to set boundaries and honor their diversity. In fact, the *Social Work for Social Justice Principle of Human Dignity* reiterates that “social workers respect the inherent dignity and worth of all individuals and treat each person in a caring, respectful manner mindful of individual differences as well as cultural and ethnic diversity” (SCU/UST School of Social Work, 2006, p. 1).

Clinical social workers can promote self-autonomy to better understand the needs of recovering parents. It is important to offer an open door policy to reduce shame if the sober parents require other professional services. Furthermore, when engaging with recovering parents utilizing a holistic view and demonstrating an awareness of co-occurring issues such as sexual abuse and co-dependency will facilitate restorative rapport which can reduce social stigma and nurture therapeutic relationships.

Clinical professionals can work to incorporate more holistic alternative interventions with recovering parents such as guided imagery, mantras, breath work, meditation, journaling and creative arts. By implementing more holistic interventions with recovering parents and their children, clinicians will be able to co-create more creative family-centered approaches that align with twelve step recovery philosophies. Also, by integrating twelve step theoretical approaches to support recovering individuals, clinicians are able to incorporate spirituality, emotional stability as well as the importance of personal relationships, twelve step fellowship, sponsorship and social supports.

It is necessary that clinical professionals use self-awareness by knowing their own wounds and working on their own inner healing process. In addition, by establishing professional authenticity, clinicians can demonstrate increased awareness within therapeutic relationships. From AA, “you cannot transmit something that you haven’t

got” (Wilson & Parkhurst, 2001, p. 164). Furthermore, this research study gives voice to the inner healing process and authentic rehabilitation of sober mothers. As a result, clinical professionals can become more knowledgeable on the specific needs of this population group and work together with sober mothers to generate rehabilitation programs which encompass both parents and children.

The philosophies and tools from twelve step programs can be implemented as a universal skill set to integrate with additional psychodynamic approaches. Interestingly enough, there are some common parallels between incorporating twelve step philosophies when parenting in sobriety with other psychodynamic models. For example, both the dialectical behavioral therapy model and twelve step philosophies integrated the use of radical acceptance to help recovering individuals to come to terms with issues they cannot control (Linehan, 1993). Social workers can provide psychoeducation on alcohol and substance use disorders, twelve step philosophies as well as teach adaptation skills by helping sober parents relearn, reorganize and reconstruct their new identities.

Recovery is a series of actions and thoughts that can be implemented collaborative with recovering parents. In fact, twelve step recovery requires active psychological work and recovering parents must have opportunities to reconstruct their sober identities. Furthermore, social workers can help recovering individuals to regulate interactions and provide empathetic evidence based practices that promote the healing process. In addition, the conceptual framework of self-transformation can be used as a psychodynamic therapeutic approach to assist recovering individuals, especially sober parents.

Clinical social workers along with other helping professionals can use the information from this qualitative research study to help parents in recovery with their inner healing and self-discovery of authenticity. Clinical professionals can assist sober parents to identify available community supports for both parenting and sobriety. In addition, the findings from this study can educate clinical professionals on the disparities and difficulties sober parents' face, especially sober women who are parenting. The next section will review implications for policy.

Implications for Policy

This study substantiated the need for government policy changes at the state level. For example, in the Metropolitan area there are very few agencies that provide inpatient treatment for sober mothers with children. Actually, there are only two operational facilities that offer residential rehabilitation treatment services in the Metro area for sober mothers and their children. Therefore, one policy recommendation would be to mandate a potential budget of state-generated funds to formulate an array of services for sober mothers and their children, especially treatment related services including housing, food, clothing, childcare and legal advocacy.

Inpatient MI/CD treatment program evaluations would assist state officials to determine the rehabilitation services that may benefit sober parents with children. Program evaluations from the Minnesota Department of Health and Human Services would allow for county officials to verify which rehabilitation placements would be optimal for sober parents with children and examine how rehabilitation services may include proactive parenting as well as holistic psychodynamic approaches to twelve step recovery. Also, it is important to take into consideration the obstacles of recovering

fathers with children. Equally, single sober fathers may experience comparable disparities as sober mothers in recovery.

Regarding education, postsecondary Schools of Social Work, Family Therapy, or Alcohol and Drug Studies can offer more holistic focused courses to provide alternative therapeutic interventions for clinical professionals who would like to work with this specific population group. And lastly, public awareness campaigns can educate clinical professionals on the holistic psychodynamic approaches to incorporate twelve step philosophies while parenting in sobriety. The next section will provide some suggestions for research implications.

Implications for Research

Although empirical studies have been conducted on chemically dependent individuals, little information is available on the positive implications of parenting in sobriety. Therefore, future research could build on this study by continuing to investigate mothers in twelve step recovery. For example, a nationwide longitudinal study that reviews parent-child relationships of sober mothers within a five year time frame would provide empirical evidence on how incorporating twelve step philosophies while parenting in sobriety can impact children of alcoholics and addicts.

More research on recovering parents would be beneficial for the field of Family and Marriage Counseling as well as Social Work, especially reviewing parenting, along with maternal and paternal sobriety. As a social work student, I have learned social work practice informs research just as research informs social work practice. Therefore, information from this research project could formulate a new psychodynamic restorative therapy model to implement with sober parents.

Another suggestion for future research is to compare the socioeconomic status, cultural differences and sexual orientations of mothers in recovery in order to better understand the differences between sober mothers themselves and how sober mothers are impacted by their income, cultural values or sexuality. In addition, a large part of this research study reviewed family dynamics in sobriety. Therefore, any future research that specifically looks at parent-child dyads while incorporating twelve step philosophies would gather pertinent information regarding sober parents. The next section reviews strengths and limitations of this research study.

Strengths and Limitations

Strengths of this research study included the semi-standardized interview design, which resulted in rich qualitative information from the interviewees. This design allowed sober mothers to elaborate on specific experiences they discussed during the interview process. The interview participants provided first-hand information on their experiences of AA, NA and CMA recovery while parenting in sobriety.

Another strength was the length of longer interviews, which allowed time to ask questions and specifically discuss the research topics in-depth. The length of the interviews allowed extended time to collect detailed data. The comprehensively rich data provided more substantial evidence of the themes found in the interviews. The strength of interviewing eight different mothers in sobriety provided an opportunity to collect diversified viewpoints on individualized experiences of AA, NA and CMA recovery, self-exploration and parenting. This qualitative data gave voice to sober mothers' personalized journey of self-discovery and experiences of inner healing and authenticity while parenting in recovery.

There were limitations in this research study. This study sample was not representative of all mothers in recovery and cannot be generalized to a larger population. This study only interviewed recovering women, therefore excluding other populations such as recovering fathers and the voices of children with chemically dependent parents. Also, this qualitative research study reviewed the primary philosophies, ideologies and beliefs of the Alcoholics Anonymous program only, but some of the interviewed participants were engaged in other twelve step recovery programs, such as Narcotics Anonymous and Crystal Meth Anonymous. This study focused primarily on the positive implications of parenting in sobriety. However, it is necessary to note that not all recovering parents incorporate their families into their twelve step recovery process.

Another limitation of this study was that each participant was only interviewed one time. There was no participant verification of the interview transcripts and no clarification from the participants on the meanings behind the information discussed during the interview. Another limitation was no reliability check of the data analysis and the data findings were the interpretations from one researcher. This singular approach lacked triangulation of data, multiple analysts and multiple ways of collecting data.

Conclusion

This research study explored how twelve step recovery cultivated the inner healing process for sober mothers, which allowed for these recovering parents to discover their authentic selves while simultaneously influencing their parenting abilities and parent-child relationships. Findings from this research study, clarified that this self-transformative process generally improved the parenting abilities of sober mothers and relationships with their children.

This research study found that sober mothers do experience inner healing which led to authenticity when engaging in twelve step recovery and the journey of inner healing and authenticity is an individualized process. The incorporation twelve step philosophies while parenting helped sober mothers to be true to themselves and reciprocated healing relationships. In the healing realm, there can be more than one standard practice or experience to facilitate self-transformative movements.

Through this research study, I learned the importance of inquiry which “is a heuristic process that is driven by acknowledging the deep questions that arise in our lives” (The importance of inquiry, 2014, p. 1). In this sense, it is an open form of learning, which opens the learner to the truth that can reveal itself directly from authentic questioning and genuine listening (The importance of inquiry, 2014). From this research study, the journey of experiential learning was a twofold process for me. For example, I learned that every person we meet is looking for an opportunity to tell their story and honoring their extraordinary unique sharing allows for an opportunity to become a part of their story and their story becomes a part of your story.

I aim to increase awareness, reduce prejudice and improve education on the positive implications of parenting in sobriety. My objective is to carry the message of these serenely sober women and provide knowledge to clinical professionals in order to help sober parents. Professionals need to know that it is just as imperative to know the recovering parent as it is fundamental to know the nature of alcohol and substance use disorders in order to optimally help recovering parents because each recovering parent has individualized obstacles and challenges to overcome. In the future, I plan to

formulate specialized twelve step support groups for chemically dependent parents to provide sober networks.

In totality, everyone heals in a different way and through a different process. Individualized healing is a memorable scared experience and when individuals have achieved complete understanding of their true selves; they will no longer be disturbed by the distracting influences around them. In conclusion, “healing comes from taking responsibility to realize that it is you—and no one else—that creates your thoughts, your feelings and your actions” (Shepherd, 2014, p.1).

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Appendix A
Recruitment Flyer

ATTENTION: SOBER MOTHERS

Researcher looking for sober mothers with at least three years of sobriety

Hello. I am a graduate student who is conducting a research study to investigate inner healing and self-discovery of authenticity which may positively impact parenting abilities in sobriety. I am looking to interview recovering mothers with at least three years of sobriety, who integrate concepts and practices from their AA recovery experiences with their young child or children (ages 3-10 years old). The interview will be audio-taped and consist of a time obligation estimated at about 120 minutes. If you are interested in sharing your experiences of inner healing, authenticity and parenting in sobriety, please contact me and provide an email address or telephone number. This research study will give voice to sober women in the metro area. There are no monetary benefits to participating in this research study. Looking forward to talking with you!

Contact Necol A. at (763)248-3338

Appendix B
Craigslist Ad

Researcher looking for sober mothers with at least three years of sobriety.

Hello, I am a graduate student conducting interviews on AA recovery experiences, inner healing, self-discovery of authenticity and parenting in sobriety. I am looking to interview recovering women with at least three years of sobriety, who actively participate in Alcoholics Anonymous (AA). Primarily, this research study will focus on sober mothers, who are integrating concepts and practices from their AA recovery experiences with their young child or children ages 3-10 years old. The research questions this study will investigate include first, what concepts of AA philosophies are sober mothers implementing with their young child or children to improve parent-child relationships? And second, how does sobriety impact sober mothers' inner healing to develop authenticity and positively influence parent to child relationships which further promotes inner healing? If you are interested in answering questions about your experiences of parenting in sobriety please feel free to contact me. The interview will be audio-taped and consist of a time obligation estimated at about 120 minutes. There will be no monetary benefits to participating in this research study. This study will give voice to sober women in the metro area. Please be sure to include your contact information such as an email address and/or telephone number.

Thanks for your time and consideration.

Sincerely,

Necol A.

Appendix C

CONSENT FORM

ST. CATHERINE UNIVERSITY

GRSW682 CLINICAL RESEARCH PROJECT

Discovering Authentic Self through Healing Relationships: An Inquiry in Implementing
Alcoholics Anonymous Theoretical Philosophies to Parenting in Sobriety
IRB#75

Introduction:

I am conducting a research study that investigates which Alcoholics Anonymous (AA) principles, slogans, steps and traditions sober mothers might be implementing with their children. This study examines how implementing these AA philosophies may help sober mothers to find their authentic selves through inner healing by improving their parent-child relationship. Inner Healing is a term often given to emotional healing or healing of a person's inner heart (Moultrie, 2013). Similarly, the term, "authenticity is the degree to which one is true to one's own personality, spirit, or character, despite external pressures" (Golomb, 1995, p.1). I aim to understanding the holistic perspectives of the benefits of parenting in sobriety. I am asking if sober mothers experience positive holistic approaches when they use specific concepts from AA philosophies while parenting their children. This research project will examine the healing impact of incorporating AA philosophies when parenting children of recovering chemically dependent individuals. I invite you to participate in this research study. You were selected as a possible participant because you are a woman in long-term recovery who is parenting or have parenting experiences. Please read this form and ask any questions you may have before agreeing to be in this study. This study is being conducted by Necol Arens, B.S.W., a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas and is being supervised by Abel Knochel, Ph.D., M.S.W., LGSW.

Background Information:

The purpose of this study is to gain knowledge on what concepts of AA philosophies sober mothers are implementing with their children and examine how implementing these AA philosophies may or may not help sober mothers to experience inner healing, self-exploration and authenticity when parenting in sobriety. This study will look at whether applying the AA philosophies with children helps to formulate healing relationships. In

addition, I want you to know, I am mandated reporter of child abuse and neglect. Therefore, if you discuss any current child abuse and neglect, I will have to report it to Child Protection Services.

Procedures:

If you agree to be in this study, I will ask you to participate in a face to face, ninety minute interview and to give feedback about the interview questions. You will be asked to discuss how incorporating concepts from twelve philosophies, ideologies and theories has influenced your parent-child relationship, inner healing and ability to discover your authentic self. The interview will be audio taped and transcribed by me. The transcript from the interview will not be shared with anyone and I will conduct my own data analysis. Your name, your children's names and any identifying information will be removed from the transcript.

Risks and Benefits of Being in the Study:

This interview will focus on your personal experiences of twelve step recovery and parenting in sobriety, which could generate certain feelings. I have a resource list I will provide you after the interview to use at your own discretion. The study has no direct benefits. However, information from this study may help rehabilitation professionals to understand the experiences of sober mothers and the potential holistic approaches of applying twelve step recovery principles when parenting in sobriety.

Confidentiality:

The records of this study will be kept confidential. I will publish and present information acquired in the interview process. No identifying information will be disclosed in the publication or presentation. I will identify you and your children by pseudonyms to protect confidentiality. Research records, including the audiotape and transcript, will be kept in a locked file in my apartment for the duration of the research study. One or more members of my research committee may see your interview transcript, but I will delete all identifying information from the transcript. The audiotape, papers, electronic copies of the transcript and data analysis paperwork documents will be destroyed by June 30, 2014.

Voluntary Nature of the Study:

Participation in this study is completely voluntary. If you decide to participate, you are free to withdraw at any time without penalty. You may skip any questions you do not

wish to answer. You may stop the interview at any time. Should you decide to withdraw before April 1, 2014, all written and electronic materials related to your participation will be destroyed and removed from the publication and presentation. Your decision to not participate in this study will not affect your future relations with any treatment or twelve step programs. Your decision not to participate will not affect your current or future relations with St. Catherine University (SCU), the University of St. Thomas (UST), or the SCU-UST School of Social Work.

Contacts and Questions:

If you have any questions, please do not hesitate to contact me, Necol Arens, at 763-248-3338 or aren9800@stthomas.edu. You may ask any questions you have now or at any point during the interview. You may also contact the faculty advisor responsible for overseeing this clinical research project, Abel Knochel Ph.D., M.S.W., LGSW, at 612-876-2125 or knoc2442@stthomas.edu. If you have other questions or concerns about the study and want to talk to someone other than the researcher and clinical research chair, you may also contact John Schmitt, Clinical Research Chair, St. Catherine University Institutional Review Board via telephone at 651-690-7339 or at jsschmitt@stkate.edu.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I choose to participate in this research study. My signature indicates that I have read the previous information provided within this consent form and that my questions about this study have been thoroughly answered. I understand that I may withdraw from this study at any time during or after the interview and that information shared by me will be excluded from the study if I withdrawal by April 1, 2014.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

Appendix D
Qualitative Research Questions
Qualitative Research Questions for Sober Mothers

1. Has attending twelve step meetings, talking with your sponsor and living a twelve step program one day at a time helped with your inner healing process? If so, how?
2. Has attending twelve step meetings, talking with your sponsor and living a twelve step program one day at a time improved your parent-child relationship(s)? If so, how?
3. Do you feel that putting the principles, slogans, steps and traditions of twelve step recovery into practice has improved your parenting abilities? If so, how?
4. How do you incorporate any twelve step philosophies, concepts or beliefs with your children?
5. Has attending twelve step meetings, talking with your sponsor and living a twelve step program one day at a time as well as implementing twelve step philosophies with your children helped you to discover your authentic self? If so, how?
6. Has improving your parent-child relationship(s) helped with your inner healing process? If so, how?
7. Has improving your parent-child relationship(s) helped with the self-discovery of your authentic self? If so, how?
8. What are some ways that clinical professionals can provide support for parents in sobriety who implement twelve step philosophies, concepts or beliefs with their children?

Appendix E

Screening Process/Telephone Script

Hello, my name is Necol Arens. I am a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas. I'm calling you in reference to the 'sober mothers' clinical research study.

Exclusion Criteria Questions

1. Is now a good time to talk?
2. Where did you hear about the study?
3. How many years of sobriety do you have?
4. Do you have any children?
5. What are the ages of your children?

End screening process

****If the participant does not have at least three years of sobriety AND has no experience parenting then this researcher will thank the participant for inquiring about the research study as well as explain to the participant that they did not meet the qualifying criteria for the requirements of this research study.**

****If the participant does have at least three years of sobriety AND has parenting experiences both pre-sobriety and/or sobriety then this researcher will continue on with the pre-interview screening.**

Initial Conversation with Potential Participants'

Given the responses to these screening questions, I would like to clarify the purpose of this research study. The purpose of this research study is to examine how recovering mothers might be incorporating information from their twelve step recovery experiences, when raising their children in ways that promote inner healing and develop authenticity. Inner Healing is a term often given to emotional healing or healing of a person's inner heart (Moultrie, 2013). Similarly, the term, "authenticity is the degree to which one is true to one's own personality, spirit, or character, despite external pressures" (Golomb, 1995, p.1). Furthermore, this research study will investigate what concepts of twelve step philosophies sober mothers are practicing with their young children and examine how applying these twelve step philosophies may help sober mothers to find their genuine selves through inner healing by actively engaging in twelve step recovery and improving the parent-child relationship(s).

Do you have any questions at this time?

Answer participants' questions/concerns

Mandated Reporter Clarification

I would like to emphasize that I am a licensed social worker and mandated reporter of suspected child abuse and neglect. I would like to clarify to you that if during the interview process there is any suspected child abuse and neglect I will be required to report it to Child Protective Services. Examples of child abuse include causing any physical injury, malnutrition or cruel punishment. In addition, child abuse includes sexual, emotional and mental abuse. Similarly, neglect is the failure, whether intended or unintended, of the person responsible for the child's care to provide and maintain adequate food, clothing, medical care, supervision as well as education.

Clarify if participants are still interested in engaging in this research study.

Scheduling Participants' Interview

Would you be willing to set up a time and date to meet to conduct a face to face interview?

Set up interview time, date and educate participant that the interview will be held at the St. Catherine University library, any Alano or community public library to ensure confidentiality.

Inform the participant this researcher will email them a map of Catherine University, any Alano or community library driving directions to get to the appropriate location along with a participant packet for review.

Reference

Golomb, J. (1995). *In search of authenticity*. (1 ed.). New York: Routledge.

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Appendix F

Mechanics of the Interview

1. Discuss with participant where to meet in the community.
2. Go to the decided location in a timely manner.
3. Introductions: Hello, my name is Necol A. it is nice to meet you in person.
4. Find a place to sit.
5. Negotiate where the participant would like to sit in order to maintain confidentiality.
6. Thank the participant for meeting with the researcher.
7. Get out participant's packet from bag: one for the participant and one for the researcher.
8. Once situated, give the participant a copy of the participant's packet, which includes consent form and resource list.
9. Educate the participant I am a mandated reporter.
10. Read through the participant's packet.
11. Offer time for the participant to ask questions.
12. Check in with the participant: ask if they are comfortable.
13. Ask the participant if they are ready to start the interview.
14. Start the Dictaphone.
15. Educate the participant that if they need to get up during the interview or take a break, they can and also they can end the interview at anytime.
16. Begin the interview.
17. After the interview, allow sometime for the participant to reflect on their experiences during the interview.
18. Ask the participant, "Do you have any feedback on your interview experience?"
19. Encourage the participant to use the Resource List and if needed call the researcher.

Appendix G

Participant's Packet/Resource List AA Recovery and Parenting Resource List

Dear Research Participant,

I want to thank-you for taking time to share your experiences with me. I appreciate your willingness to discuss your self-exploration of inner healing, authenticity, parenting abilities and interactions with your children. I understand the information that you decided to shared is very personal and may potentially bring up a few emotions.

Therefore, I would like you to have this list of resources to utilize if necessary. I want to remind you that your confidentiality will be upheld. If you have any questions after the interview, please contact me at 763-248-3338 or aren9800@stthomas.edu.

AA Recovery Resources:

1. Allow some time to debrief and reflect on the interview process with the Researcher
2. Call a family member, twelve step sponsor or close friend in twelve step recovery for additional support
3. Call Alcoholics Anonymous Greater Minneapolis Intergroup at 952-922-0880
4. Attend a local twelve step meeting (please see list of AA meetings)
5. Practice self-care, implement prayer and meditation and use the Serenity Prayer

Minnesota Parenting Websites and Resources:

1. PACER is the Minnesota Parent Training and Information Center, funded by the U.S. Department of Education's Office of Special Education Programs. PACER call center telephone number: 952-838-9000
2. Minnesota Parents Know is a program that provides trusted parenting information, resources and activities to help children develop and learn from birth through high school. Website: <http://www.parentsknow.state.mn.us/parentsknow/index.html>
3. The University of Minnesota's Center for Early Education and Development helps children from infancy through age eight to learn and develop their abilities through research and community outreach. Website: <http://www.cehd.umn.edu/ceed/>
4. The University of Minnesota's Children, Youth and Family Consortium is a bridge to a wide range of information and resources about children and families. Website: <http://www1.extension.umn.edu/family/cyfc/>
5. MinnesotaHelp.info is an online directory of services designed to help people in Minnesota identify resources such as human services, information and referral, financial assistance, and other forms of aid and assistance within Minnesota. Website: <http://www.minnesotahelp.info/public/>
6. The University of Minnesota Extension Parenting Education Resources provides programs that promote effective parenting of children and youth. Website: <http://www1.extension.umn.edu/family/Parenting/>
7. Prevent Child Abuse Minnesota works to prevent child abuse and neglect by promoting positive parenting, healthy families, and supportive communities where children are respected and valued. This website provides a county-by-county resource map. Website: <http://www.pcamn.org/>


8. The University of Minnesota Extension Youth and Family Development programs address parenting skills, childcare, youth development, family economic stability, finances, consumer education and divorce transition. Website: <http://www1.extension.umn.edu/Family/>

AA Meeting Schedule with Daycare

Location	Group	Address	Time	Type	HC
Sunday					
Minneapolis, Downtown	Sunday Night Step & Speaker Mtg	First Baptist Church 10th & Hennepin (55403)	Sunday 07:00 PM	Open Men and Women Speaker Meeting Child Care	
Monday					
Buffalo	Cornerstone	Presbyterian Church County Rd 134 & County Rd 35 (55313)	Monday 07:00 PM	Closed Men and Women Big Book Child Care	
Golden Valley	Tradition Five AA Group ASL	Valley of Peace Lutheran Church 4735 Bassett Creek Dr (55422)	Monday 07:30 PM	Closed ASL Provided Men and Women Step & Tradition Child Care	
Minneapolis, Southeast	This Simple Program	Bethlehem Covenant Church 3141 43rd Ave South (55406)	Monday 07:00 PM	Closed Men and Women Step & Tradition Child Care	
Tuesday					
Crystal	Sisters of Sobriety	The Hall 4805 Welcome Ave N (55429)	Tuesday 07:00 PM	Open Women Step & Tradition Child Care	
Golden Valley	Common Solution and Beginners Meeting	Spirit of Hope United Methodist Church 7600 Harold Ave (55427)	Tuesday 07:00 PM	Closed Women Big Book Child Care	
Minneapolis, Southwest	Lynnhurst AA Group	Lynnhurst Congregational Church 4501 Colfax Ave S (55409)	Tuesday 07:00 PM	Open Men and Women Step & Tradition Child Care	
Minneapolis, Southwest	Children of Chaos	St Mary's Greek Orthodox Church 3450 Irving Ave S (55408)	Tuesday 07:30 PM	Closed Men and Women Step & Tradition Child Care	
Wednesday					

Chaska	Worthy Women's Big Book Study	Moravian Church (Back Entry- Small Rm Main Level) 115 E 4th St (55318)	Wednesday 07:00 PM	Closed Women Big Book Child Care	
Dassel	Dassel AA	Dassel City Hall No Address (55325)	Wednesday 07:30 PM	Open Men and Women Discussion Child Care	
Thursday					
Wayzata	Wayzata Womens AA Group	Wayzata Community Church Hwy 12 & Ferndale Rd (55391)	Thursday 10:00 AM	Closed Women Step Child Care	
Friday					
Dassel	Dassel AA	Dassel City Hall No Address (55325)	Friday 07:30 PM	Open Men and Women Discussion Child Care	
Saturday					
Crystal	Saturday Night Greet & Meet	The Hall 4805 Welcome Ave N (55429)	Saturday 07:30 PM	Open Men and Women Speaker Meeting Child Care	
Minneapolis, Southeast	Amigo's II	Bethel Evangelical Lutheran Church 4120 17th Ave S (55407)	Saturday 09:00 AM	Closed Men and Women Discussion Child Care	
Minneapolis, Southwest	Pocket Our Pride	Grace Trinity Community Church 1430 W 28th St (55416)	Saturday 11:30 AM	Closed Men and Women Big Book Child Care	

Abbreviations and Terms

- Closed Meeting: For anyone who thinks they may have a drinking problem
- Open Meeting: Anyone can attend
- Step: Meeting that studies a different one of AA's 12 Steps each week.
- **Big Book:** Meeting that reads & discusses the book "*Alcoholics Anonymous*"
- Discussion: Discussion meeting.
- Men: Men's Meeting
- Women: Women's Meeting
- ASL Interpreted: Signed for the deaf and hard of hearing
-  Handicapped Accessible

The website meeting schedule was last updated on Friday, December 20, 2013 and is accurate to the best of our knowledge. Due to the formation of new groups, time changes, cancellations, etc., the contents contained herein are subject to change. For more up-to-date information, please call our office at (952) 922-0880. Please [contact us](#) if you notice any mistakes, errors or omissions!

Minnesota Clean Air Act - all public buildings are non-smoking - some Alano Clubs offer non-smoking meetings - but allow smoking on the premises. Most meetings have a smoke break outside the building.

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Comments or Questions? Please [E-mail us](#).

(E-mail monitored during office hours)

**If you have questions about drinking or want to stop drinking,
please call us anytime, 24 hours per day, at (952) 922-0880.**