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Exploring the spiritual base of gay men in substance abuse treatment

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EXPLORING THE SPIRITUAL BASE OF GAY MEN

IN SUBSTANCE ABUSE TREATMENT

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

_____

by

Charles Arthur Selner

June 2008

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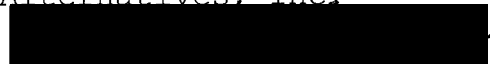
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by

Charles Arthur Selner

June 2008

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ABSTRACT

A problem facing lesbian, gay, bisexual and transgender (LGTB) individuals in substance abuse treatment is how to find a spiritual base for recovery. Most religions and the dominant culture condemn homosexuality as deviant. This study interviewed ten gay men who completed at least sixty days in a treatment program established and operated by LGBT persons. The purpose of this study was a qualitative exploration of how gay men experienced the spiritual base of a substance abuse treatment program.

The current study points to the importance of a safe internal and external environment for spiritual recovery by gay men. However, experts have noted that social workers had not received adequate preparation to address spirituality and may not be aware of the special needs of LGBT persons and gay men in particular. Social workers need to understand the impact of coming out and sexual recovery. Sexual recovery education helps LGBT persons to reexamine core values and beliefs that were oppressive and learn ones more appropriate to the culture of the LGBT community. These include issues of safe sex, how relationships develop and how oppression may have created

a core of anger. Gay men and LGBT persons need

empowerment and strength based approaches to find

appropriate ways to advocate for their concerns as an

expression of spiritual pride.

ACKNOWLEDGMENTS

DEDICATION

This thesis is dedicated to my family. My parents Emery D. and Gertrude L. Selner who had to learn to deal with problem drinking without assistance or support other than the family and church. My father died before I was able to come out to him. My mother loved me and supported my sexual orientation and never was surprised about it.

My children struggled along with me to understand me and know me as "just our Dad" according to my son Russ. My daughter Nancy has demonstrated outspoken support. She confronted a paint salesman by calling his company president to report inappropriate behavior of telling an off color joke about gay men.

My family includes members of the United Church of Christ who have supported LGBT persons by ordination, addressed the AIDS pandemic and supported marriage between LGBT persons.

My family has grown by the company of many social workers who inspired me to this work. I am grateful.

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CHAPTER ONE

INTRODUCTION

Problem Statement

A problem faced by lesbian, gay, bisexual and
transgender (LGBT) individuals in substance abuse
treatment is how to find a spiritual base for recovery
when most religions and the dominant culture condemn
homosexuality as deviant. The confrontational model of
alcohol and drug abuse treatment, including its
twelve-step ideology, imposes mainstream values with a
distinctly conservative Judeo-Christian basis (Quinn,
Bodenhamer-Davis, & Cook, 2003). Therefore, significant
resistance to this model of spirituality has occurred in
gay men. Resistance to spirituality is a threat to
existential and religious well-being (Tan, 2005;
Yakushko, 2005).

Studying the problem of forming a spiritual base by
gay men in recovery is important to social work practice.
High rates of substance addiction and the increased risk
of sexually transmitted diseases including HIV/AIDS among
gay men were reported (Alcohol Medical Scholars, 2006;
Trocki, 2005; U.S. Department of Health and Human

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Services, 2001; Furgusson, Horwood, & Beautrais, 1999; Meyer & Dean, 1995; Patterson, 2006; Berg, Mimiaga, & Safren 2004). Berg et al., 2004, estimated that 58.9% of their sample of HIV-infected gay and bisexual men reported a history of substance use problems in their lifetime.

Social workers may not be aware of the special implications for gay men regarding the relationship of substance abuse with sex addiction (Weiss, 2005) and unprotected sex (Banta-Green, Goldbaum, Golden, Harruff, & Logan, 2005). In addition, defiance of a culture that has not permitted LGBT covenanted marriage may encourage non-monogamous and uncommitted relationships.

This study was also important to social work practice because it examined the larger context of improving quality of life for gay men (Martin, 2006). A broad overview of the general problems experienced by gay men were described as overlapping areas of isolation and invisibility, spiritual, religious and social discrimination and violence (Zastrow & Kirst-Ashman, 2004). Specifically, individual problems include low self-esteem, depression, suicide and the self-destructive behaviors of substance abuse and risky sex. Hate crimes

and male on male rape are significant, yet men were less likely to report victimization (Scarce, 1998). Individualizing of LGBT persons as defective and addicts does not examine environmental issues and particularly the impact on families.

From a social work micro practice perspective, addressing special issues of gay men in recovery programs has included the negative effects of blaming oneself, a victim mentality that hinders emotional growth and perpetuation of self-victimization by substance abuse (Department of Health and Human Services, 2001). The process of strengthening spirituality helped gay men cope with various life difficulties including HIV/AIDS (Tarakeshwar, Pearce, & Sikkema, 2005). The literature review supported the need for treatment programs designed specifically for LGBT individuals.

In broad social work macro practice context, problems included policies of discrimination and denial of civil rights, and the medical models that label behaviors as deviant. Mainstream treatment programs assume openness to LGBT individuals but may not recognize the constraints to recovery for gay men. Constraints were reported to include the ideology of twelve-step programs

based in religious and socio-cultural bias (Quinn,

Bodenhamer-Davis, & Koch, 2004). Many religions have

tried to define God's will (McDonald, Beck, Allison, &

Norsworthy, 2005) making biased judgments against LGBT

individuals who are gay, addicted, have internalized

heterosexism (Amadio, 2006) and may have HIV/AIDS. These

constraints have abused the spirit (Amico, 2003; Larsen &

Hegarty, 1987). Constraints have included continued

legalized discrimination (Tulin, 2006).

Purpose of the Study

The purpose of this study was a qualitative

exploration of how gay men experienced the spiritual base

of a substance abuse treatment program. A study by

Matthews, Lorah, and Fenton (2006) for a similar purpose

did not specifically addressed spirituality unless

inferred by the themes identified.

The specific clientele are gay men who completed at

least sixty days participation in an intensive LGBT

outpatient treatment program and were living in a sober

residence known as The Studios of Palm Springs, CA. The

research question asked whether this program worked to

develop spirituality for gay men. The agency,

Alternatives, Inc., operates the Studios of Palm Springs
and several other residential and outpatient treatment
programs.

Significance for Social Work Practice

Gay men with addiction will benefit from developing
their spirituality in a new context. This is because they
have experienced significant resistance to attachment to
a higher power often called God. Current recovery
programs primarily seem to use the 12-step program as the
basic method of developing spirituality. This study may
help to find alternative, innovative LGBT interventions
and treatment (U.S. Department of Health and Human
Services, 2001) to develop a spiritual foundation for
coping with life's difficulties such as substance abuse
and other addictions.

This study challenges the macro policy of treating
gay men in primarily heterosexual facilities. Social
workers need to be aware that the implementation phase of
recovery programs may require unique interventions. The
specific micro needs of the LGBT recovering community
require education of substance abuse staff to understand
the coming out process and the subculture of LGBT

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individuals. Gay men have experienced cultural, psychological and spiritual abuse including rejection by parents and many traditional religions (Yakushko, 2005). Being reconciled with a traditional religion or a theistic belief does not necessarily determine well being (Tan, 2005).

Tan (2005) noted the importance of the existential aspects of spirituality in determining adjustment. This study may point to ways of overcoming the barriers and resistance to forming a spiritual base. The Department of Health and Human Services (2001) has specifically called for further research into new models of intervention and treatment targeted especially to LGBT individuals.

This exploratory study is important for social work research and practice to increase knowledge of how gay men experience the spiritual base of a substance abuse treatment program. For example, it points toward the importance of creating a safe and supportive environment/sanctuary to discuss issues specific to LGBT individuals and providing a broad perspective of spirituality (Carnes, 1993) complementary to the 12-step process.

The results of this study inform the generalist model of practice and point toward implications for substance abuse treatment in general, as well as for gay men. By exploring the experience of gay men's spiritual journey in a substance abuse treatment program this study helps others who find it difficult to establish a spiritual base or connection with something greater than oneself. The study identifies areas for further research about the importance of persons' reflecting on their lives in a safe, non-judgmental environment.

The basic research question asked how gay men experienced the spiritual base of a substance abuse treatment program.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This review of the literature identified support for

needed research, limitations, and conflicting results in

research studies. The subsections are spirituality and

gay men, substance related disorders and gay men,

substance disorder treatment programs and special issues

in treatment of gay men. The review concludes with the

subsection of some guiding theories and concepts and the

summary.

This study builds upon prior quantitative and

qualitative studies related to the specific study

question. This review has found a significant gap in

research studies when additional problems of gay and

alcoholic men need examination. This study differed from

other studies informing social work theory and practice

on the topic because it focused on the spiritual

development of gay men to provide strength for recovery

from addiction. No study seemed to exist on the topic.

Only Matthews, Lorah, and Fenton (2006) based their study

on the participants' experience in treatment programs but

they were not specifically for LGBT individuals or specifically gay men. Additionally, the study was limited in that many of the participants had been in treatment a number of years prior.

Spirituality and Gay Men

A potential definition of spirituality is a sense of relatedness of oneself to something greater. However, definitions of spirituality differ considerably in substance abuse treatment centers based on 12-step programs (Cook, 2004; LaSalla, 2006; Derezotes, 2006). A manifestation of spirituality is religion defined as being faith-based. In turn, various religions have definitions of how to achieve/maintain a spiritual base. People in recovery have often increased their spirituality by regular meetings and worship attendance.

In contrast, the above definitions differ from those of Derazotes, (2006); Tan, (2005); Furman, Benson, Canda, and Grimwood (2005). Derazotes (2006) applies a spiritual lens to social work as an important contribution. Limitations of the study include lengthy and very detailed explanations of spirituality that the average reader may not understand. This makes the ideas difficult

to apply to social work practice other than by expanding the definition of spirituality. A further limitation is inadequate referencing of the text to be clearly authoritative. For example, much of the discourse seemed very similar to Wilber (2000) without citation of his writings as a source.

Tan (2005) considered spirituality as a sense of meaning, purpose and morality for LGBT individuals. The same study viewed religion as a system of standardized beliefs, practices and experiences related to spirituality. This is significant because the view gives priority to spirituality from which religions emerge as specific frameworks based on interpretation of sacred writings. Thus, it would seem to follow that individuals may be spiritual and create their own sense of rituals, practices or belief systems or draw strength from various faith based systems.

Furman et al. (2005, p. 816) refers to Canda and Furman (1999) as they have identified shared attributes defining spirituality. These attributes were as follows:

1.   An essential quality of a person that is considered sacred and irreducible;

2. A person's search for meaning and a moral framework;

3. Experiences of a transpersonal nature, in which consciousness transcends the ordinary limits of the ego;

4. A developmental process of moving toward wholeness of oneself and with others;

5. Participation in spiritual support groups that may or may not be religious;

6. Engagement in particular beliefs and behaviors, such as prayer or meditation.

The analysis also importantly observed that fundamental to human experience is the reality of loss and that spirituality strongly influenced how clients comprehended profound losses. Critically,

The research found that the majority of social workers in the US and the UK feel that spirituality is an essential part of the human condition but that 75% of the social workers in both countries had not received content on religion and non-religious spirituality in their professional education." (Furman et al., 2005, p. 834)

Various scholars supported the concept that frequent worship attendance, 12-step involvement, and the universal significance of religious and spiritual issues provide a greater sense of existential well-being (Carrico, Gifford, & Moos, 2007; Baetz, Bowen, Jones, & Koru-Sengul, 2006;, Yakushko, 2005). These same studies are significant because they document that few researchers examined how gay men experience spirituality. Even fewer studies examined the spiritual base of treatment programs though most rely on positive outcomes of 12-step involvement without questioning the Judeo-Christian basis.

Quantitative and qualitative studies supported the influence of spirituality, self-esteem, and existential well-being as protective factors in the stress of sexual orientation (Tan, 2005; Yakushko, 2005; Balsam, Huang, Fieland, Simoni, & Walters, 2004); Shallenberger, 1996).

Matthews, et al. (2006), Shallenberger (1996), Tan (2005), and Yakushko, (2005) provided the four main studies as a basis for further research. Matthews, et al. (2006) was the most relevant study because it identified themes and issues important to recovery of spirituality. Tan (2005) explored measures of adjustment to sexual

orientation and Yakushko (2005) examined the potential
protective and damaging factors of religion. These four
studies are further discussed in the following.

Tan's (2005) study reviewed predictors by measures
of adjustment to gay or lesbian sexual orientation. Other
measures compared religious well-being with existential
well-being as well as measuring self-esteem.
Significantly, results may indicate that discrimination
may have challenged LGBT individuals to look beyond
organized religions. Furthermore, the study is
significant in pointing out that being spiritual does not
necessarily entail being reconciled to a religious or
theistic belief system. Additionally, the study seemed to
confirm that gay and lesbian individuals who had a good
sense of life's purpose, meaningfulness and morality were
more likely to be well adjusted. Limitations of the study
were its non-probability sampling, cross-sectional
design, and over-representation of individuals involved
with church and participant selection from the Midwest
area.

Yakushko (2005) presented significant results and
information for counseling professionals. The results
indicated that religion as a factor may be both

protective and damaging when related to LGBT individuals. A limitation of the Yakushko (2005) quantitative study was participant selection from a largely Midwestern area. Other limitations included the survey of participants at an LGBT convention focused on religion and spirituality, and a small sample of eighty-two participants.

Shallenberger (1996) studied twenty-six gay men and lesbian women who were on their journey of reclaiming spirituality. The methodology was a new paradigm, naturalistic and narrative with the intent to understand individuals as they understood themselves. The study is very significant because it identified themes and issues such as safe space that are important in order for LGBT persons to gain recovery from addiction. Limitations of the study include its non-random sampling, sample size, and unclear methods of data analysis.

Substance Related Disorders and Gay Men

A sizeable number of studies about substance related disorders and gay men overlapped or were more distinctive to other categories noted in other places in this literature review. Amadio (2006) seemed the most significant study that surveyed 335 lesbians and gay men

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and studied the relationship between internalized heterosexism, alcohol use, and alcohol-related problems. The hypothesis that internalized heterosexism is connected to alcohol use and alcohol related problems was only partially supported, and mostly for females. The study did not allow causal inferences. However, anecdotal and clinical experience justified the practice of decreasing heterosexism in treatment of alcohol related problems. This practice area seemed in need of research. Other limitations of the study included the assumption that individuals identify as lesbian or gay whereas this precluded locating individuals with the most extreme forms of internalized heterosexism.

Studies regarding substance abuse disorders and gay men focused on environmental reasons for the disorder, counselor attitudes toward LGBT clients, the impact of heterosexism and HIV/AIDS and treatment concerns (Herbert, Hunt, & Dell, 1994; Rosenberg, Rosenberg, Huygen, & Klein, 2005). Gee (2006) noted the primary care health issues among men who have sex with men and discussed the impact of methamphetamines but neglected the correlation of other substance abuse and particularly the widespread use and abuse of alcohol.

Notable studies examined the importance of understanding the culture of LGBT individuals by counselors to provide the best possible care (Paul & Stall, 1991). The cultural factors included the stigma of being gay, substance abuse and HIV infection and the consequences (LaSalla, 2006).

Dual Disorders are a mental health concern prominent among gay men in part related to the impact of HIV/AIDS. Basso and Bornstein (2003) studied the effects of non-injection drug abuse upon executive function and working memory in HIV infection. Individuals with AIDS defining illness and substance abuse dependence (145 of the 295 sample met the criteria) performed worse than controls and individuals infected with HIV on the Wisconsin Card Sorting Test, Trail Making Test B, and the Figure Fluency Test. Cognitive impairment was more frequent across the battery of tests. Unexpectedly, the study did not bear out that substance abuse was associated with greater level of neuropsychological impairment.

Richardson, Myers, and Bing (1997) looked at substance use and psychopathology in African American men at risk for HIV infection. Of the 502 men between

eighteen and fifty years old, seventy-six or

approximately one quarter identified as primarily

homosexual or bisexual. Many of the participants (45%)

reported annual incomes less than $10,000 with 47%

reporting unemployed and 26% receiving some form of

government assistance. Of primary interest was the

finding that suggests greater vulnerability among the gay

and bisexual participants with an unexamined feature of

the function of unresolved grieving relating to actual

and/or recent losses of friends, loved ones, and one's

own well-being. This study articulated findings that

heavy substance use increased and conferred differential

risk for significant psychiatric disorders. The impact of

this related to the challenges of implementing integrated

dual disorders programs (Torrey, Drake, Cohen, Fox,

Lynde, Gorman, & Wyzik, 2002) when many focused only on

substance abuse treatment.

Substance Disorder Treatment Programs

Traditional treatment programs currently in use

generally involved individual case management, individual

psychotherapy, process and educational groups along with

required daily attendance at 12-steps meetings. Brief

interventions and therapies such as cognitive behavioral therapy were the preferred modality (Substance Abuse and Mental Health Services Administration, 1999). Burke and Clapp (1997) cited ideologies of care approaches such as disease/abstinence, psychosocial, ecological and harm reduction.

Weiss, Jaffee, de Menil, and Cogley (2004) examined group therapy for substance abuse disorders and summarized them into five common models: group education, recovery skills, group process (interactions between group members), check in groups (brief individual treatment conducted in a group setting), and groups to address other issues such as anger management or parenting skills. Review of twenty-four prospective treatment studies comparing group therapies evidenced lack of research on the topic of effectiveness of group therapy for substance abuse disorders.

Quinn, Bodenhamer-Davis, and Koch (2004) challenged the dominant paradigm of the Minnesota Model of alcohol and drug addiction programs. This model emerged from studies by the Hazelden Institute with the basic ideas of combining much of the 12-step self-help approach with confrontational cognitive behavioral therapy. The article

is significant to this review because it asserted that the Minnesota Model required the surrender of the client's deviant identity to one constructed by the recovery subculture. This recovery subculture and the popular view that addiction was a moral issue has stemmed from alcohol and drug treatment based in Judeo-Christian theology. The moral model seemed to add another layer of oppression for LGBT individuals.

Special Issues for Gay Men in Substance
Abuse Treatment Programs

Support for the reality of special issues and needs of gay men was provided by several studies (Matthews, Lorah, & Fenton, 2006; Tarakeshwar, Pearce, & Sikkema, 2005; Avants, Beitel, & Margolin, 2005; Balsam et al.). All support the idea of unique issues of LGBT persons with addictions.

Matthews et al. (2005) conducted a qualitative study of treatment experiences of ten gay men and lesbian women in addiction programs. Significantly, results provided emergent themes:

1. Attention to LGBT concerns in treatment
    programs

2. Mixed versus gay and lesbian specific programs/meetings

3. Importance of role models

4. Role of Alcoholics Anonymous (AA)

5. Shame

6. Boundary issues

7. Interaction between sexual orientation and addiction

8. Suicide

9. Treatment as safe space

10. Issues related to family

These themes seemed particularly relevant for several reasons. The Matthews et al. (2005) study suggested a need to explore the role of religion or perceptions of cultural prejudice and discrimination. Such perceptions may be barriers to connecting to a higher power or development of a spiritual base for recovery. One participant expressed opposition to 12-step ideology.

Limitations of the study were the small sample size of four men and six women, convenience sampling, as well as LGBT self-reports of acceptance of sexual orientation and identity as well as recovery status.

Theories Guiding Conceptualization

Fowler's theory of six stages of faith provided guidance and conceptualization regarding the way people develop faith (Zastrow & Kirst-Ashman, 2004). The primary feature of the theory was movement from projecting an external being such as God to perceptions arising within the individual. This means that God is perceived within the individual and also God as separate and external as in the universe. The stages were arranged according to age and stage of life and progression may include reverting to a prior stage in order to move to an advanced stage.

Fowler's theory (Zastrow & Kirst-Ashman, 2004) frequently did not seem to fit for gay men because of criticism raised regarding the extent of applicability to non-Christian faiths. For example, Zastrow and Kirst-Ashman (2004) referred to Christian concepts in Fowler's theory when many gay men have totally rejected the Christian faith because of feeling rejected by Christians. Thus, this study may reveal the need for another stage perhaps labeled as an evolving spirituality. This stage resembled the movement toward ego integrity in stage eight of Erikson's stages of human

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development (Zastrow & Kirst-Ashman, 2004). This ultimate

form of identity integration involves coping with past

crises and a sense of peace about choices made in life.

Thus, this study may reflect that integration and

coherence of identity (Fowler, 1981) includes the

individual's acceptance of sexual orientation.

The following is a summarization of the stages of

faith (Fowler, 1981) including comments on how this study

may reveal different experiences by gay men.

1.   "Primal or Undifferentiated Faith" (birth to

two years) is characterized by experiencing

their environment as safe and secure or

hostile, unfriendly and abusive. The child may

be impulsive and reactive to the environment.

For gay men, this study may indicate a safe and

secure environment as an important and

continuing need.

2.   "Intuitive-Projective Faith" (age three to

seven) is early childhood characterized by

fantasy, imagination and fluid thought.

Children experience the world in powerful

images and the first awareness of death, sex

and strong taboos. Such taboos are said to

insulate and protect the child from the
inability to understand powerful emotions. For
the LGBT child, religious taboo against
homosexuality may damage the child who is
labeled as gay because of choosing to engage in
non-stereotypical gender roles.

3. "Mythic-Literal Faith' occurs during childhood
    and beyond (age seven to twelve) to illustrate
    the emergence of concrete operational thinking
    typical of most children in school. The child
    is concerned about distinction between reality
    and fantasy. The growing ability to think
    logically helps to create order, categories of
    causality, time and space. The stage is
    characterized by reliance on literal,
    one-dimensional meaning of symbols. The person
    takes on belief systems based on literal
    interpretations of moral rules and attitudes
    based in stories. The stage is the imperial
    self because of the need to order the world.
    At this stage, gay men may interpret sexuality
    as only with females according to social mores.
    At the same time, a boy may experience physical

attraction to other boys, act on it and then
feel morally wrong or sinful resulting in
sexual confusion.

4.   "Synthetic Conventional Faith" arises during
adolescence (age twelve to eighteen) to create
a conformist sense according to the
expectations of significant others extending
beyond the family. The person may not be sure
enough to maintain an independent perspective.
Consequently, there is a tendency to
incorporate systems unreflective of beliefs and
values to support an emerging identity in order
to create relationships with others. The
evaluations of others may be so compellingly
made sacred that they may jeopardize later
autonomy. If personal betrayals occur, this may
yield despair or a compensatory intimacy with
God unrelated to human relationships.

Stage four may not fit for gay men who already may
feel different and have experimented with same gender
sexual activity. At this point, any intimacy with God may
be rejected and not necessarily result in despair.

5. "Individuative-Reflective Faith" is typical of
   young adulthood (age eighteen to thirty) and
   beyond. The characteristics of the stage
   include increasing critical thinking and
   seeming disturbing inner voices. These voices
   break in upon the previous neat perceptions of
   symbols and traditions resulting in
   disillusionment and recognition that life is
   more complex than understood in the prior
   stage. The individual is part of a social
   system with internalization of authority,
   assumption of responsibility and making
   explicit choices of lifestyle.

Stage five exemplifies the institutional self
rejected and/or challenged by gay men. This study may
reveal that gay men clearly see the complexity of life.
Gay men then respond to an inner authority of physical
attraction to other men. Thus, gay men reject social
systems in which they are not accepted and the stage may
generally fit many gay men more than the other stages.

6. "Conjunctive Faith" occurs during mid-life and
   beyond characterized by reconciliation of
   symbols with conceptual meanings. This

reconciliation involves the reworking of the past. The individual has become aware of the paradoxes of life, contradictions, and a vulnerability to experience new depths of spirituality. The strength of the capacity to see beyond boundaries of class and religious affiliation is limited by the recognition that life is half over. As a result, the world is divided between an untransformed real world and a transforming vision of how life could be better.

Gay men may find this stage somewhat applicable because they have already begun to see that advocacy for their rights and responsibilities irrespective of religious affiliation is required. However, Tan (2005) indicated that individuative faith may not necessarily mean being reconciled to a faith of origin or any other organized religion.

    7.   "Universalizing Faith" occurs between mid-life and beyond. Discussions of this stage of mature faith included the assertion that achievement of this is rare. This stage considers the ability of being both passionate and detached

to overcome divisions, oppression and violence
through love and justice. This activist
position is heedless to self-preservation and
incarnates the visions they seek to achieve a
more just world. In many instances, achievement
of this stage was rare and best illustrated by
individuals such as Mother Theresa or Martin
Luther King.

This study may indicate that LGBT individuals often
move to the activist position in reaction to oppression
by society and most organized religions. As a result,
many LGBT individuals may arrive at the seventh stage.

Evolving alternative theories may indicate that
faith stages (Fowler, 1981) are good as a starting point
but they may not fit as well for gay men. Thus, an eighth
stage may need to be called evolving theories beyond
efforts to universalize faith. Gay men may have
experienced traditional religions and faith stances as
oppressive, restrictive and psychically damaging by
unrealistic taboos against sexual relationships between
persons of the same gender. Use of the word faith
frequently equated with religion and systematized beliefs
that do not work for gay men. The prohibition against

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same sex marriage by civil laws and most religions may inhibit reconciliation with traditional faith perspectives.

For example, the assumption that one may be able to rework ones' faith with earlier perspectives in stage five may not be a reality or even a possibility. The challenge to gay and lesbian individuals according to research by Tan (2005) was that gay and lesbian individuals need to look beyond organized religions and to more intensively seek answers to the meaning of existence and faith.

Faith stages (Fowler, 1981) seemed to rely on the degree of intelligence and maturity to move to an advanced stage of faith. However, the theory of multiple intelligences (ways of learning) indicates that these may vary according to culture (Matto, Bryant, Berry-Edwards, Waldbilig, and Hutchison (2006). This theory may call for an examination of stage theory whereby spirituality of LGBT individuals may take a different trajectory.

This different faith trajectory may be in opposition to the culture of origin for LGBT individuals who have experienced oppression and rejection of the sexual feelings between persons of the same gender. LGBT

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individuals may have experienced abusive or problematic authority figures and rejection of homosexuality. For example, to imagine the authority of God as father or mother (having gender like humans) may indicate the need to re-imagine the end of patriarchy according to feminist theory (Zastrow & Kirst-Ashman, 1984) and the end of matriarchy (Daly, 1971).

To recognize faith as evolving may increase the strength of existential and spiritual well-being and importantly, provide a base for recovery from addiction. How gay men experience the spiritual base of a substance abuse treatment program is an important exploration in this study.

Summary

This section explored primarily empirical studies. Definitions of spirituality and religion reflect the intertwining of religion with spirituality though one manifestation of spirituality is organized religion. The literature was divided into subsections, reflecting interwoven areas of how gay men may experience substance abuse treatment. Guiding theories, conceptual bases and this summary concluded this section.

CHAPTER THREE

METHODS

Introduction

This section covers the methods used in conducting

this qualitative study using grounded theory as the

research methodology. Specifically, it presents the study

design, the sampling method, data collection, and

protection of human subjects. The section concludes with

procedures, data analysis and a summary.

Study Design

The study utilized a qualitative design of

face-to-face interviews. The methodological tradition of

grounded theory guided the process to interface the

literature with the findings. The purpose was to explore

how gay men experience the spirituality base of the

intensive outpatient and residential living sober program

of the Studios of Palm Springs, CA. The program was dual

diagnosis with psychiatric supervision, individual

counseling, process group counseling, and special

education topics such as relapse prevention, sexual

recovery to address potential sex addiction or

co-dependency. A weekly process group used InterPlay

(Winton-Henry & Porter, 2004) based in the concept of physicality and kinesthetic movement. The concept takes the best from art, spirituality and therapy to reintegrate body and spirit through new ideas, fun, and transformation.

No study could be located that specifically assessed a relationship between spirituality and substance abuse recovery for gay men. Related literature reflected a paucity of research on how spirituality is experienced. In addition, information available reflected substance use can be a mechanism for coping with the stigma of identity and internalized heterosexism. The foregoing reasons indicated the need for a qualitative design.

The study employs face-to-face interviews conducted with ten gay men who completed at least sixty days of treatment in the intensive outpatient treatment program (IOP) and maintained residence in the sober living facility of The Studios. Conducting face-to-face interviews was the most practical means of effectively accessing participants' perspectives about their experience of spirituality. Because of time constraints, the availability of participants and objectives of the study, recruitment was limited to ten gay men.

The intention of the study was not to represent gay men in recovery or generalize findings to other populations. Because of the nature of a small community, participants were asked not to share their experience of participation with each other until publication of results.

Sampling

Availability sampling of gay men for the study assured access to the population for face-to-face interviews because few former clients of The Studios continue to live in the Palm Springs area. The participants were limited to those who have completed the specific program of The Studios of Palm Springs. Awareness of these individuals came from the researchers' former internship and attendance at twelve-step recovery meetings.

Ten potential participants were located by casual contact in the community, a social gathering at The Studios' open to the public, and by telephone. The individuals expressed interest in being interviewed and agreed to future contact to participate in the research study.

This study design focused on correlation of experiences from these particular individuals. The sample included primarily Caucasians with limited non-Caucasians. This is generally representative of the ethnic utilization of this facility.

A letter of consent from Alternatives, Inc. granted access to participants. The criterion for selection was the completion of sixty days in treatment without relapse. Sixty days of completion was justified as a criterion because it is the approximate time to complete all treatment intervention modules in that some educational components include eight weekly sections. Sixty days without relapse was also a criterion because any intervening relapse might bias validity and reliability of findings.

The researchers' theological and social work knowledge base strengthened the projects' credibility and validity. The researcher was familiar with the participants to increase the likelihood of open disclosure of pertinent information as to the experience of the spiritual base of the program. Because this study was exploratory and intended to point to further research directions, the familiarity with participants and

experience with both theology and social work strengthens the projects' credibility and application.

Potential limitation of the sampling included familiarity with participants as noted. However, this familiarity did not seem to prohibit the possibility of providing insight to the experience of how gay men experience spirituality in a treatment program. Careful transcription, procedures, and university faculty oversight and structured interview questions potentially increased validity and reliability to help offset biases.

Data Collection and Instruments

Specifically, this study collected data by structured interviews by the researcher. Tape recordings were made of responses by participants and asked to consent. The researcher intended to schedule interviews according to participants' availability. This study used open ended, structured interviewing with general questions to elicit widest responses and highest candor (see Appendix A). A logical sequential formatting of the exploratory questions encouraged participants to reflect on prior experiences before answering.

Procedures

Ten individuals who expressed interest in participating in a research project were called to schedule interview appointments.

Interviews were to take place in a neutral location acceptable to the participants such as an office or a church unrelated to the researcher or participants.

This research collected data by tape recording with pocket size recorder. The researcher documented observed behaviors or visual cues when possible.

Interview questions evolved from consideration of the literature review as well as possible directional themes indicated. In particular, Matthews, Lorah, and Fenton (2006); and Tan (2005) indicate areas of focus. Simple phrasing of open-ended questions allowed a potential wide range of responses. Questions addressed areas of spirituality formation such as the experience of The Studios' treatment program and activities associated with twelve-step meetings and work with sponsors.

Protection of Human Subjects

Protection of the confidentiality of participation was the primary concern of the researcher. The following

precautions protected human subjects involved in this study. First, the research limited the amount of personal identifying information. Names and addresses were not collected and materials and participant identification were by number only. Second, the number of individuals with access to the data was limited to the faculty advisor and researcher. Storage of data collected was in a locked file in the researchers' home. Data collected will be destroyed after three years.

Participation involved minimal risk and openly audio-taped recording provided additional implied consent. The researcher was the only one who transcribed the interviews. Final reporting is by group data only. Participants were agreeable to a business office interview location. Participants were given the right to refuse to answer any questions they were uncomfortable with and withdraw from the study at any time. Each participant was reminded of the confidential nature of answers.

<center>Data Analysis</center>

Data analysis was by various data analysis techniques. A coding scheme was developed from

transcriptions of the audio/taped interviews. As part of qualitative data analysis, the first level of coding identified categories and assigned codes. A journal documented rules guiding the definition of categories and the coding process to assure consistency of coding. The second level of coding identified similarities and differences between categories. The second level of coding also identified any relationships between the major themes or patterns that emerged from the data set. The supervising faculty member reviewed coding/category, designation and data analysis. This added weight to the credibility, reliability and validity of the results to guard against personal bias.

Summary

This chapter presented the methodology employed in the study. The chapter reviewed issues about the study design; sampling, data collection, procedures, and an explanation of the interviewing style of questions were presented. This chapter also discussed issues of the protection of human rights including confidentiality and concluded with data analysis procedures.

CHAPTER FOUR

RESULTS

Introduction

Data analysis was completed using grounded theory
methodology for qualitative studies as discussed by
Morris (2006). This chapter includes a description of the
analytical process recorded in a journal, demographics
and a compilation of responses to each of the eight
questions in the interview.

Analytic Approach

The journal was in two parts. The first part was
used to take the responses to each question and compile
them into documents containing all responses to each
question. This provided a way to examine and compare each
person's response to the others as well as explore for
overarching themes and categories emerging from each
question. The second part of the journal tracked the data
gathering process and analysis decisions.

For example, the accumulated responses to question
one were analyzed to see if any themes emerged before
comparing the responses to one another. Several themes
did emerge in the first interview reviewed. As the third

interview was reviewed, it seemed there was a tendency to force other responses into those same categories. To limit this tendency, the analysis process was changed to summarize the themes from all responses to each question. This seemed to increase the likelihood of giving equal weight to each of interviews.

After this was completed, then overarching themes and categories were compared. The comparison was accomplished by copying each question's summary into a new document so that axial coding could also be compared. From this, the overarching codes were further created from the findings.

Equality of weight to each interview was also accomplished by the fact that the individuals chose their own identifying numbers. As a result, the numerical identifier did not correspond to the sequence of when the interviews were held. The analysis was done in the sequence of the lowest to highest assigned numbers. Further, the cutting process then reduced the ability to know from which interviews the comments came.

The interviews were transcribed by the researcher and the process initiated an immersion into getting a sense of the data. Using words as a source of meaning,

the overall interviews were read twice and then sorted by color highlighting into axial coding schema.

The themes were first identified by a review of the overall responses irrespective of the questions being asked. The questions were each analyzed for themes as a means to determine if other themes might emerge. These themes emerged as very similar with three exceptions: the role of staff, the role of environment and the motivations for treatment. The comments about the role of the staff were then merged into the theme of treatment outcomes and various problems that were addressed including spirituality. Of important note, two categories emerged from the analysis of each question that had not been anticipated. These categories were identified as the importance of environment and the motivations for treatment. The latter arose from the frequency of responses that included what brought the individuals into treatment.

It was noted that there was a range of responses from very blunted (one word or phrase responses) to lengthy (one or more pages per question) responses. It seemed inappropriate to this researcher to judge length of responses as important other than to report the wide

range. The initial themes from the first three interviews examined did remain similar to those in other interviews. However, three more themes emerged from the remaining interviews explored. The themes and categorical findings are presented in order of their seeming predominance.

Presentation of the Findings

<u>Demographics</u>

Gender:	All male
Ethnicity:	Caucasian 7
	*Mixed Race 3
Sexual Orientation:	homosexual/gay 10
Religion:	Christian 5
	Eastern religions or Buddhist 2
	None 3
Age:	Mean 40.1
	Median 42.5
	Tri-Modal 42, 43, 46
	Range 26-46

* To protect confidentiality, further breakdown was not provided.

Interview Questions

Question 1: Tell me as much as you can about how you experienced your spirituality while participating in the Studios Treatment program.

Reponses to this question seemed to break down into five categories.

a) Many talked extensively about the environment of the program. Some of the terms used seemed to refer to environment as the location or setting in the City of Palm Springs and external to the program on into the "universe." The terms included references to the mountains, nature, and the LGBT and sober community. The context also seemed to infer that feeling safe also included feeling safe in this larger community.

b) The environment also seemed to include the internal environment of the program. Such words as "structured, safe place, home to live in, foundation, home base" seemed to re-emphasize the need for safety external to the person.

c) Methods of the program seemed to be talked about as important experiences of spirituality

in the program. Such methods included both optional and the required attendance at 12-step meetings. Some experienced the program in an early stage of evolution when meetings were not required but strongly recommended as a means to become clean from drugs and sober from alcohol or the 12-step phrase simplified to "clean and sober." The group also talked of the importance of weekly sessions about spirituality including the importance of the role of the staff persons. Others mentioned reading and nature as a source of their experience of spirituality. References to nature and setting seemed to also refer to the physical buildings and views outside the building.

d) Because the question asked how the individual experienced the program, the responses extensively focused on the outcome of the treatment program related to spirituality. Becoming "connected" was a frequently used expression seeming to mean becoming connected to themselves to solidify their identity

("better person"), to other persons (LGBT persons, family and staff) and to the universe.

e)   A couple of people reported either not experiencing spirituality or feeling negative about the program but not the eventual results.

Axial coding for question one seems to be references to the environment as external and internal on the vertical axis with connections/relationship/feeling versus concepts and thinking on the horizontal.

Question 2: What has been most important and influential for you in recovery from addiction while at The Studios?

The responses seemed to group into four areas of importance. These were: environment and structure, counselors and counseling, relationships, spirituality and a place to deal with problems. The environment and structure comments were similar to responses to question one. Relationship connections referred to the counselors, during the group process and others wanting recovery. Spiritual references had to do with different paths (journey, walk) and feelings (shame and guilt about being gay, addicted and/or HIV+). Of further importance was having a place to deal with problems such as co-occurring

disorders, learning to be honest and keeping a check on ones self.

The axial coding seemed to be a vertical axis of environmental versus a place to deal with personal problems. The horizontal axis may be the juxtaposition of relationships with the potential of the experience of spirituality in relationships.

Question 3: What does religion mean to you?

The answers to this question spoke of definitions such as structured, organized, a set of principles, rules, being forced upon them and man made. Several individuals spoke strongly about the negative impact of religion as painful. They objected to being referred to as "sinful," as "going to burn in hell," having been afflicted with "shame and guilt" or being "made to feel unacceptable." A minority seemed to mix the terms religion and spirituality and used religious terms such as grace and forgiveness. A minority spoke of religion as having no impact on or no meaning for them. Others affirmed God as loving and did not hate religion but saw it as a "safety blanket" for those who needed it.

The axial coding here seems to be religion versus spirituality on the vertical axis. The horizontal axis

may be indicated as the contrast of religion as important versus unimportant.

Question 4: Tell me what spirituality means to you today given that you have completed at least sixty days at The Studios.

Four areas seemed to emerge as (a) mixed viewpoints, (b) the question heard as asking for a definition of spirituality, (c) spirituality as personal and (d) spirituality as a learned ability. Again, a few individuals had mixed responses ranging from a small minority who said they did not experience spirituality or had a negative experience to feeling that the program is as "spiritual as it can get."

The majority spoke of definitions about the environment of serenity and beauty, the help of staff, group sessions and involvement with 12-step meetings. Some of the defining terms used were "heart beat," "breath," "letting go," and "energy source" as well as "what happens after treatment."

Many spoke of spirituality as "very personal" and being given the ability to define a higher power through the 12-step program. A majority seemed to view spirituality as strength or ability. The abilities were

referred to in terms of "learning how to deal with problems" and "life situations," and to becoming "a blank slate" or "beginning a new journey" with a "foundation" learned in treatment.

The axial coding seems to be a vertical axis of experiencing a state of being versus behaviors or something one does (being or doing). The horizontal axis appears to be the ability to be in relationships versus the problems of life or difficulties.

Question 5: What do you think are the benefits of a sense of spirituality?

This question spoke of spirituality in similar terms as question four. However, the benefits seemed to fall into the following groupings that were not given a categorical label. In general, the responses seemed to fall into the theological categories of being and doing. The groupings are as follows for no particular significance or comparison.

a) peace, serenity, harmony, calm, well-being

b) hope, faith, direction

c) acceptance, wisdom, love

d) road to learning, forgiveness

e) connection and opportunity to grow

f)   strength to deal with change, problems and

relationships

g)   being able to be present and in the moment.

The axial coding appears to be the polarity of

spirituality as being and doing though both seem relevant

dynamics of spirituality.

Question 6: What was it about the Studios treatment

program that helped you understand spirituality?

These responses seem to cluster around addressing

treatment needs, the staff and counselors, maintaining a

structured program, providing a foundation for recovery

and learning that there is a reason for being, learning

about forgiveness and learning of acceptance as good

persons. It seemed that reference to the providing of a

foundation meant a safe environment, setting and

structure of program, process and spirituality groups,

required attendance at 12-step meetings and education

groups such as anger management, sexual recovery and

other treatment needs. The sexual recovery was important

to address coming out and learning about core beliefs

that were incorrect or inappropriate for recovery.

Axial coding on the vertical seemed to be the

relationship between the learning a foundation for

recovery in the treatment program and the 12-step program. The horizontal axis may be reflective of the staff/counselors related to addressing treatment needs and concerns.

Question 7: What do you think about the 12-step program related to your sense of spirituality?

The group seemed somewhat divided in their reaction to this question. The majority of the responses were positive about 12-steps. However, the responses ranged from the very positive view that "the 12-steps are a brilliant way to recovery" to a more basic view that "they seem to work." On the other hand a significant minority (3) viewed the 12-steps as "another religion," having skeptical feelings or feeling that there's a lot about the 12-steps that they "need to reach beyond." This feeling seemed to be related to the view that the 12-steps are forced upon people. For many (6), the 12-steps are viewed as a "necessity" or that spirituality and the 12-steps "go hand-in-hand."

The axial coding seemed to be a vertical axis of the 12-steps as a necessity versus significant skepticism by a few. The horizontal axis appears to be a relationship between the 12-steps encouraging a spiritual awakening

versus religion based in freedom of choice to define a
higher power.

Question 8: Were there any major events in your life
that were turning points in your spiritual life?

Responses to this question clustered around issues
of mental health, positive events, illnesses, addiction
and some negativity about the Studios program. However,
it is worth noting that the negativity was reversed by
the experience of the 12-step program which encouraged
letting go of resentments. This seeming acceptance of the
limitations of the program allowed the overall recovery
process/program (inclusive of the 12-steps) to be
effective. Mental health problems seemed to represent
co-occurring disorders such as anxiety, depression, grief
and features of personality disorders. Issues more
specific to gay men seemed to relate to being gay, HIV+,
and other crises. Among the crises were childhood sexual
abuse, a suicide attempt, and realizing a "core issue of
sexual addiction." Other crises were physical illness and
the diagnoses of cancer or HIV/AIDS. Most of these events
seemed to be significant to their addiction while for
several (3) addiction was the primary crisis event.

Several individuals in the group talked about positive events as turning points. Examples of these included getting into counseling, being introduced to the 12-step program, and the birth of children. A theme seemed to weave through these turning points as the events created a time to question the origin, meaning and the end of life.

An examination for axial coding seems to indicate an axial correlation of mental and physical health problems with positive events and recovery.

A concluding review of axial coding seems to indicate axes as follows:

a) Spirituality as a positive influence versus skepticism.

b) Religion as a positive influence versus religion as more negatively opposed.

c) 12-Steps as a positive influence versus questioning the program with appreciation nonetheless.

d) Program components as effective versus lack of consensus about which ones may be more or less effective.

Summary

This chapter presented the analysis of data using grounded theory methodology for qualitative studies. This chapter included a description of the analytical process recorded in a journal, demographics and a synopsis of emergent themes. Themes or categories from each question asked were presented. Axial coding was included from the responses to each of the eight questions in the interview and then summarized.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter presents a discussion of the summary of
themes from the findings of this qualitative study of 10
gay men who completed at least sixty days at the Studio's
treatment program. Limitations and the recommendations
for social work practice, policy and research are
included along with conclusions of this study.

Discussion

In review, this program was an intensive outpatient
treatment program in association with a living sober
facility in Palm Springs, CA. The program was operated by
Alternatives, Inc. of Los Angeles, CA and was advertised
and known as established, directed and operated primarily
by and for LGBT individuals.

Barriers to recovery were noted as religious
oppression, spiritual abuse and the 12-steps roots in
Christian theology. Therefore, research revealed there
was insufficient knowledge and evidence about the gay
male experience of the spiritual base of a substance
abuse treatment program. Most treatment programs required

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attendance at 12-step meetings and it seemed that a number of gay men struggled with the religious base. Thus, the questions focused on dimensions of religion and spirituality as experienced in the treatment program including required attendance at 12-step meetings.

The responses to the questions are discussed in this chapter in the context of the themes and categories that emerged from the findings. Axial coding was used to report the themes and categories that emerged.

1. Environment as positive versus oppression/spiritual abuse. Environment seemed to be an overarching theme that provided for the development of spirituality by the responses evident from questions one and two. Environment was seen as external to the program such as the beauty of Palm Springs versus the climate and atmosphere internal and within the structure of the program. The structure of the program included components and relationships with the staff. The supportive environment versus an environment of oppression or spiritual abuse seemed to be the appropriate axial coding. Selective coding revealed the categories that are discussed.

The two categories of internal and external environment were not often discussed in the research

literature. Matthews et al. identified the importance of "treatment as safe space" in their qualitative study. This study supported the need for treatment as safe space as participants (8 of 10) used terms such as "safe place," "safe niche," "safe space," "home" a place to "reboot" as the substance of this category. The latter was accomplished both in private time as well as connecting in relationships with self, others and the universe. The responses seemed spoken with reverence and as though the program was regarded as a sanctuary. While reverence and sanctuary are religious terms, they are used to illustrate the climate of the program and spiritual nature of the responses in the context of the exploring the research questions. This is not to say that participants did not report the struggles of getting along with peers or with staff. Rather, the results seemed to point to the overarching positive respect for the program.

The internal spiritual environment category was also reported as a safe place to address problems and begin a spiritual journey. The significance seemed to be that the context of a LGBT atmosphere made it possible to address special issues of gay men related to oppression. These

issues were coming out in a straight environment, coping with the stigma of being gay and the added layers of stigma created by being asked to identify with labels of a mental disorder or physical diagnoses (addict, bipolar, HIV/AIDS, cancer).

As a result of this labeling, the study by Matthews, et al. is again supported by this study as they identified themes of "interaction between sexual orientation and addiction," "suicide," "shame" and "issues related to family." Of importance, the environment was seen as a place of grounding to face these problems as well as face the future and the possibility of death.

Other important comments about the internal category seemed to be related to spirituality. The treatment program was seen as a place of "learning that being clean and sober was fun" and was also a safe place to start on a new spiritual path or journey. In a sense, these comments seemed to refer to a sense of time (a new beginning) or a time of re-creating personal spirituality.

The external environment was mentioned by nine of ten individuals. The setting was referred to with

comments about the "spirituality of the mountains," "a place to go out and meditate," and to enjoy the facility (sunshine and swimming pool). The verticality of the mountains as serene and comforting seemed to be one dimension while a horizontal dimension seemed to be their relationship to the community of Palms Springs. Palm Springs was noted for a large, supportive gay population with a Pride Center, a large HIV/AIDS project, and a sizeable recovery community. The recovery community has a clubhouse for meetings primarily for LGBT persons.

By extension, relationships were important within this external environment that was also supportive politically. Thus, the external environment provided a larger, safe environment conducive to LGBT recovery from addiction. The external environment accompanied by staff competence and personally being LGBT seemed to provide the positive outcome of recovery.

2. The second theme seemed to represent spirituality as a positive and meaningful benefit versus skepticism about spirituality. The positive discussion was by eight persons who ranged broadly from hearing the questions as being asked to define spirituality or spirituality as a meaningful value in their lives. One of these eight spoke

emphatically about the importance of not wanting to define spirituality and that he was in the process of developing it.

Definitions of spirituality referred to the importance of relationships again seeming to refer to a horizontal dimension and perspective. A category seemed to emerge by reference and frequent usage of phrases such as "keeping" or "maintaining" a "connection" to the 12-Step program, members of the treatment group, the environment and the universe. This "connection" was also viewed as a common energy source and connection with others who are LGBT and in recovery. This was summarized as keeping one's self grounded in the realities of living.

A second category emerged with spirituality meaning something internal to the person. Responses to question four illustrated this to the greatest extent. Words associated with feelings such as serenity, being calm or at peace with self and others reflected this internal state of the person. Interestingly, many defined spirituality as a state of being. This was evidenced by using a wide set of descriptors as noted in the results.

These were grouped according to synonyms that clustered into concepts of spirituality as both being and doing.

Such splitting seemed to bear some representation of Fowler's third stage of faith. This stage was early childhood (age 7-12) in which the child is concerned about how to "logically create order, causality, time and space". The ideas of spirituality as being present and in the moment seemed to be an example of the concern about time.

As noted in the results, there seemed to be a variety of words used to describe states of being. Additionally, spirituality was viewed as a capacity and strength that one was able to gain by attending to rituals of recovery. Such rituals seemed to be going to 12-step meetings, maintaining relationships (sponsor, friends, family and community) and being in a positive environment. A positive environment seemed to mean feeling safe to gain the ability and strength to address difficulties of life including mental and physical health concerns. These latter responses seemed to underscore the emerging overarching theme of the importance of environment.

3. Religion as important versus religion as unimportant. It seemed significant that religion was mentioned as very important by only one person and of the other nine, three people talked of religion as either a source of spirituality or the same thing as spirituality. Tan (2005) spoke as though religion were a product of spirituality whereas the impression here is the reverse: spirituality was an outcome of religion. Perhaps it would be equally appropriate to assert that the results here seemed to indicate a reciprocal reactivity. Among the three who spoke more negatively, two also seemed actually neutral: not "hating religion" or seeing it as a "safety blanket" for those who need it.

It seemed significant that few used typically religious terms such as grace, forgiveness, feeling redeemed or worthy. Many directly talked of God as loving in contrast with what they thought religion taught.

The majority of participants reported negative aspects of religion reflectively described as related to being gay. It seems that these gay men regarded religion as wanting to be the keepers of morality and were coming to reject this notion. Others saw religion as man made dogma, rules or painful. Fowler's (1981) stage five

"Individuative-Reflective Faith" seemed to be representative of this theme regarding religion. In this stage, Fowler describe the individual in the sense of internalizing authority and assuming one's own responsibility for making explicit choices of lifestyle.

As a consequence of the oppression by religion, gay men also seemed to go beyond the boundaries of religious affiliation. This was reported by Fowler (1981) as stage six "Conjunctive Faith" that occurs during midlife and beyond. This seemed to fit as the mean age of participants was 42.5.

4. The theme of the 12-step program was seen almost equivalent to spirituality and a positive foundation for spirituality though three seemed dubious about some aspects. The axial coding seemed to be the 12-step program as a necessity for spirituality by many versus continuing questioning about it.

Four respondents spoke in similar optimistic tones of the 12-steps as encouraging a spiritual awakening, to get in touch with ones self, to gain a gay and sober identity and to become more independent. The results showed a clear majority as affirming the 12-steps. One person went so far as to say spirituality and the

12-steps go "hand-in-hand." This seems to indicate that
the steps may be viewed by some gay men as the spiritual
part of recovery and that the Christian basis is not a
barrier to creating their own sense of spirituality.

One of the people who questioned the 12-steps
indicated the felt need to "move beyond" the 12-steps
because his peers had seemed to force them upon him not
unlike religion had been forced on him. One person also
seemed to think the 12-steps were for recovery but did
not identify them as having to do with spirituality.

Consequently, the merit of the 12-steps was
demonstrated in the interviews whereas the literature had
seemed to indicate that other paths to spirituality
needed to be explored. Furthermore, the 12-step program
seemed to encourage the development of one's own sense of
spirituality despite some of the language based in
religious concepts. Three individuals felt that the
required 12-step meeting attendance helped them connect
to this recovery mode and they might not have if it had
not been required.

5.   Program components as important for spiritual
development versus ambiguousness about the evidence base
of effectiveness. This axial theme emerged from the

various program components that were commented upon in response to research question six. The question asked about the importance of the treatment program related to the development of spirituality.

The narrative responses to question six seemed to comment on all of the treatment components. However, the emphasis seemed to be comments about the groups specifically addressing spirituality. In this regard, there was mention of the counseling staff and appreciation for a comfort level to learn how to work the steps along with support to obtain a sponsor's assistance. Several individuals included the required attendance at 12-step meetings as a treatment component helpful to developing spirituality.

The program component of sexual recovery education was commented upon (three instances) in the results as important to understand spirituality. Glaser (1998) wrote about coming out as a sacrament. If the safe environment were considered sacred, the safe environment, setting, and program components that include sexual recovery assist gay men and are vital to their development of spirituality. In several instances, the acceptance of being gay, having cancer or being HIV+ was important to

their process and also required a safe, supportive environment to discuss their feelings about the meanings of life.

Furman, et al. (2005) identified the shared attributes defining spirituality and considered the essential quality of a person as sacred. This reminder affirms this as a common category as the search for meaning and a moral framework. It seemed gay men needed sexual recovery education to discover and own their own value system of core beliefs that also needed reworking in a non-judgmental environment. The attributes of spirituality also made reference to spiritual support groups but were not necessarily religious. Even so, such groups provided support for engaging in the exploration of particular belief systems and behavior such as prayer or meditation.

Because sexual recovery was brought up as important for recovery, the need to refer to a theology of the body (Nelson, 1987 & 1992) emerged for the purpose of discussion. It seemed a theology of the body offered a clearer understanding the bodily attraction of two persons irrespective of gender as sacred. By increasing the capacity of gay men to accept their bodily

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attractions and emotions seemed to be important toward assisting the individual's coming out. This is important because studies by Matthews, et al. (2006) and Shallenberger (1996) both reported safe space as important for gay men to develop spirituality.

6.   Unexpectedly, the theme of program methods and components emerged to address treatment problems versus recovery outcomes. Question eight directly requested responses regarding turning points in the participants' spiritual life. However, the question did not ask the impact of these events on the participant's addiction or recovery. Thus, open questioning and the responses provided some insight as to the role of critical events in life that directly impact spirituality. Additionally, the program's ability to address the impact of these turning points on the patient receiving treatment for addiction seemed important. It seemed to give evidence of the positive value of this treatment program by the recovery of these ten gay men in the study.

In particular, the results pointed to these events as significant to the individual's addiction. While these do not seem likely as causing the addiction, the role and impact of these events were addressed in treatment and

likely played a role in their subsequent recovery. For three people, coming into treatment for addiction was a significant turning point in itself. Furthermore, the indication of entering counseling and/or treatment seemed to establish the theme of spirituality related to turning points. These turning points in spirituality seemed to be confirmed by the results as important in life review, raising questions about the meaning of life and perspectives on the end of life.

Limitations

Among the limitations of the study were the inability to generalization findings to other populations, the sample size and selection method, and the researcher's familiarity with the participants. It was necessary to use availability sampling thus the sample may not be representative of the many clients served by the program. The small sample size also limited generalizing though inferences and ideas for further research were revealed in these findings.

The researcher's familiarity with the participants and the program created the potential for bias in participant selection as well as bias in reporting the

findings. However, the program served individuals from around the United States and not very many of these individuals lived in the area of the program after leaving treatment. Thus, the population from which to draw participants was extremely limited. Limitation of the study to those completing at least sixty days in treatment also limited the population from which to draw.

Bias in reporting the findings was limited by the nature of the researcher's role as a student intern and leaving the internship before the research interviews began and before the research was completed. In many ways, the researcher's role proved to be beneficial because it enabled access to the population and increased openness to disclosure.

The limitations of this study included the limited scope of the study. This precluded in-depth analysis or psychosocial assessments of the individual persons. The study might have been strengthened by including a review of the client's charts in order to provide impressions of the client's history, education, family dynamics and progress in treatment. Additionally, it was not asked whether or not the client relapsed after completing the

sixty days of treatment. These and other limitations of
the study provide considerations for further research.

Recommendations for Social Work
Practice, Policy and Research

The findings seemed to point toward the importance
for social workers to provide a safe context and
environment for gay men seeking spirituality as a
foundation for recovery from addiction. The findings also
seem to support the need for social workers to gain an
understanding of the special needs and issues facing gay
men and the impact of these on recovery from addiction.

Among these special needs were for social workers to
understand the process and implications of the LGBT
person coming out. Social workers particularly need to
understand the layers of stigma gay men may experience.
Stigma seemed to have impacted self-esteem and created a
barrier to an individual's ability to create an
attachment or connection to a higher power. As a result,
the development of spirituality to facilitate recovery
may be impaired if this is not understood and not
explored for relevance. Each person may experience
situations differently so that assumptions should not be
made about the impact of stigma.

Critically, Furman, et al. (2005), pointed out the extensive disparity between need and reality regarding social work educational content about religion and non-religious spirituality. The recommendation for social workers was to better prepare themselves by increased awareness and knowledge about spirituality. Social workers need to look for ways to give more attention to this important subject area in the provision of psychosocial assessments. There needs to be more attention given than simply noting whether or not a person has a religious or spiritual affiliation. This study provided additional evidence that spirituality and spiritual development are appropriate and important areas of study in strengths based treatment.

In the area of policy, this study is significant for social work educators as Furman, et al. (2005) point to the need for professional curricula to provide improved content on religion and non-religious spirituality. At minimum, social workers need to assess for spiritual needs and to make appropriate referrals to resources if the needs exceed their area of competency as a clear policy.

The limitations sections introduced some of the factors not taken into account in this study and these provided clues for further research considerations. Quantitative studies need to be undertaken in order to better demonstrate reliability and validity of findings. Such studies may be able to increase the ability to provide generalizations to other populations, environments, and other treatment programs.

Conclusions

It seemed that the findings and discussions pointed toward a potential theory of re-creative spirituality. This is evidenced by the themes that emerged. The significant theme of the importance of the environment emerged relative to gay men seeking recovery from addiction. In particular, sexual recovery seemed to be demonstrated as an important educational component along with the need to explore values in a non-judgmental manner.

The theme of the environment seemed to reflect this as a need for gay men to better facilitate addressing the special needs and circumstances that need to be addressed in treatment. Macro policies of treatment programs have

not seemed to sufficiently recognize the special needs of gay men and particularly the need to provide a safe environment for disclosure without having to risk heterosexism from program staff or peers in recovery. Thus, treatment programs need to be provided similar to those of Alternatives, Inc. in order to assure the safe environment that emerged so prominently in this study.

The conclusion seemed to be that social workers may lack sufficient competence to provide spiritual counseling and support. Social workers need to pressure educational systems and social work organizations to address the problem. Treatment programs need to be sure to employ LGBT staff and those with spirituality education to be able to offer a variety of educational topics for an individual to explore spirituality. This study seemed to confirm that spiritual development was a core need to facilitate recovery from addiction. As a result, chaplains, spiritual therapists, or spiritual directors would enhance treatment programs.

APPENDIX A

STRUCTURED INTERVIEW QUESTIONS

STRUCTURED INTERVIEW QUESTIONS

1. Tell me as much as you can about how you experienced your spirituality while participating in the Studios treatment program.

2. What has been most important and influential for you in recovery from addiction while at the Studios?

3. What does religion mean to you?

4. Tell me what spirituality means to you today considering you completed at least sixty days at the Studios.

5. What do you think are the benefits of a sense of spirituality?

6. What was it about the Studios treatment program helped you understand spirituality?

7. What do you think about the 12-step program related to your sense of spirituality?

8. Were there any major events in your life that were turning points in your spiritual life?

Demographic Questions

1. What is your gender? _____

2. What is your ethnicity? _____

3. What is your sexual orientation? _____

4. What religion do you identify with? _____

5. What is your age after your last birthday? _____

APPENDIX B

INFORMED CONSENT

Informed Consent

The study in which you are being asked to participate is designed to investigate the spirituality of gay men who have completed a minimum of sixty days in the intensive outpatient treatment program of the Studios of Palm Spring, CA. This study is being conducted by Charles A. Selner under the supervision of Dr. Paulina Martinez, Assistant Professor in the Department of Social Work at California State University at San Bernardino.

In this study, you are being asked to respond to a structured list of open-ended questions. The process should take about one hour. All of your responses will be held in strictest confidence by researcher. By your participation, you consent to audiotape recording of your responses. A journal will be used to document observations. Your name will not be identified with any responses. All data will be reported in group form only. You may review the group results of this study upon completion at the Studios, 560 Grenfall, Palm Springs, CA, 92264 after September 1, 2008.

Your participation in this study is totally voluntary. You are free to not answer any questions and withdraw during this study without penalty. When you have completed the interview, you will receive a debriefing statement describing the study in more detail.

In order to assure the validity of the study, we ask that you not discuss this study with other participants or persons who have completed or are in the process of completing the treatment program of Studios of Palm Springs.

This study may have limited personal benefit to you. It may help you to understand some of the dynamics of spirituality that you may wish to explore in follow-up care by way of a sponsor, attending 12-step meetings or with a therapist of your choosing. This study may benefit professionals and others to learn how to address the issue of forming a spiritual base for recovery.

Minimal foreseeable risks are anticipated with the exception that your responses may raise issues that may want further follow-up through an after-care program of your choosing. There may be some discomfort in responding to personal questions and you may choose not to answer. You may withdraw from the study at any time.

The interviews will be held at Church of St. Paul in the Desert, 125 W. El Alameda, Palm Springs, CA, 92262 to provide you with confidentiality. If you have any questions or concerns about this study, please feel free to contact Paulina Martinez, PhD, L.C.S.W, Assistant professor and advisor at (909)537-5584.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that understand the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place a check mark here ☐ Today's date: _____

I agree to have the interview taped.

☐ Yes ☐ No

APPENDIX C

DEBRIEFING STATEMENT

Debriefing Statement

The study you have just completed was designed to investigate how gay men experience the spirituality basis of a substance abuse treatment program. The framing of the questions were designed to explore areas that have surfaced in other research studies as well as to assess the spirituality basis of treatment program of the Studios of Palm Springs. Demographics were collected to describe the small group of men participating in this study. We are particularly interested in the ways spirituality is experienced by gay men in this treatment program.

Thank you for your participation and keeping the interview confidential. In particular you are asked not discuss the contents of this study with other participants that you may have knowledge or others participating in the treatment program If you have questions about the study, please feel free to contact me, Charles A. Selner at (760) 363-7328 or Professor Paulina Martinez, at (909) 537-5584. A copy of the study will be at the Studios, Palm Springs, California after September 1, 2008.

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