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Concordia University–Portland

College of Education

Doctorate of Education Program

WE, THE UNDERSIGNED MEMBERS OF THE DISSERTATION COMMITTEE

CERTIFY THAT WE HAVE READ AND APPROVE THE DISSERTATION OF

Tige A. C. Culbertson

CANDIDATE FOR THE DEGREE OF DOCTOR OF EDUCATION

Trish Lichau, Ph.D., Faculty Chair Dissertation Committee

Yvonne Hefner, Ed.D., Content Specialist

Chad Lakies, Ph.D., Content Reader

Development of Spirituality During Addiction Recovery: An Explanatory Case Study

Tige A. C. Culbertson

Concordia University–Portland

College of Education

Dissertation submitted to the Faculty of the College of Education

in partial fulfillment of the requirements for the degree of

Doctor of Education in

Transformational Leadership

Trish Lichau, Ph.D., Faculty Chair Dissertation Committee

Yvonne Hefner, Ed.D., Content Specialist

Chad Lakies, Ph.D., Content Reader

Concordia University–Portland

2019

Abstract

Individuals who are in recovery from addiction can find spiritual development to be helpful in their pursuit of sobriety. Some individuals have developed spirituality through a transition from negative religious coping (NRC) to positive religious coping (PRC). Prior to this study, no other researchers had focused on the factors that contribute to this transition from NRC to PRC. A qualitative methodology and explanatory case study research design was used to identify the factors that contributed to a transition from NRC to PRC during addiction recovery. Participants included five individuals who were in recovery from addiction and had experienced a transition from NRC to PRC, and four treatment providers who integrated spirituality into their comprehensive treatment plans. Each participant selected for this study expressed that they had experienced a transition from NRC to PRC during their recovery from addiction. Furthermore, each participant shared experiences that described each one of Mezirow's 10 phases of transformation. Analysis of the data was used to show that Mezirow's 10 phases of transformation were general factors of transition from NRC to PRC, and the new roles, relationships, and actions of phase 5 were specific factors of transition. Future researchers could use these results to develop a new treatment modality that utilizes the theory of transformation to develop spirituality in a way that benefits the addiction recovery process.

Keywords: spirituality, spiritual development, positive religious coping, negative religious coping, addiction, recovery, transformation

Dedication

This dissertation is dedicated to the individuals and family members who are affected by addiction. May you find hope, healing, and growth. Transformation is possible.

Acknowledgments

I would like to thank my wife, who graciously encouraged this endeavor and would not let me stop; my daughter, who tolerated my stress; my dissertation committee, who facilitated my learning process; the people who God used to help me navigate my own recovery from addiction; and my God, who mercifully gives me each day to live a transformed life with purpose and value.

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Chapter 1: Introduction

Introduction

Past researchers have explored spirituality as a component of addiction recovery. In 1998, Pargament, Smith, Koenig, and Perez introduced their theory of religious coping, which describes how individuals with negative views of God deal less successfully with major life stressors than those with positive views of God. More recently, the theory of religious coping has been applied to life stressors that surround the addiction recovery process. While the theory of religious coping can offer insight into the relationship of positive religious coping (PRC) and negative religious coping (NRC) to treatment outcomes, the current research has not addressed how an individual develops NRC or PRC. In this study, I explored the factors that lead to the reduction of NRC and the development of PRC.

In this chapter I introduce the main elements of this study, including the problem statement, the nature of the study, and the research questions. The research questions provide the foundation for the purpose of the study, supported by the conceptual and theoretical framework. The operational definitions, assumptions, limitations, and the scope and delimitations are used to provide additional details. I conclude the chapter with a discussion of the significance of the study as well as brief conclusion that transitions to a review of the literature in Chapter 2.

Problem Statement

Hodge (2011) suggested addiction recovery is a complex, difficult, and highly individualized process, supported in the literature in part by the beneficial relationship between PRC and addiction treatment outcomes (Pargament et al., 1998). Religious coping is a means of measuring how one relates to his or her higher power in times of stress, but it is not a modality of treatment for addiction (Abu-Raiya & Pargament, 2015). Pioneers of religious coping have not

yet studied the factors that help decrease NRC and increase PRC. By the same token, identifying the factors that decrease NRC and increase PRC may lead to a new treatment modality. Therefore, the problem I researched was how to improve the use of spirituality as an addition to the addiction recovery process in a way that improves treatment outcomes. This research problem was supported by the gap in literature regarding the factors that decrease NRC and increase PRC in addiction recovery.

Nature of Study

In this explanatory case study, I investigated how religious coping (positive or negative) is developed. Of particular interest was how individuals experience a transition from NRC to PRC and improve their chances for beneficial treatment outcomes. Yin (2009) suggested a process that involves making a statement about a behavior, comparing that statement to a case, and revising the statement. This process is repeated until the statement accurately reflects other cases. I applied this process to attempt to explain how the participants experienced the phenomenon of a transition from NRC to PRC. Nine participants took part in the study, with five being individuals in recovery (Group 1) and four being therapists who treat individuals in recovery and who incorporate spirituality in their treatment plans (Group 2). Instrumentation included pre- and post-interview questionnaires, a series of three interviews for Group 1, and one interview for participants in Group 2. Member checking and collecting artifacts completed the data, which were analyzed using primary and secondary coding to search for patterns and relationships. Greater detail of the nature of this study is provided in Chapter 3.

Research Questions

A review of the literature provided strong support for pursuing a research project to answer the following multipart research question:

1. What are the factors that decrease negative religious coping?
2. What are the factors that increase positive religious coping?
3. What are the effects of these factors on addiction recovery?

Research Objectives

I sought to identify factors used by the participants during the transition from NRC to PRC. With the identification of these factors, therapists who employ spiritual components to augment their treatment plans may choose to focus on these factors to help clients who exhibit NRC to transition to PRC and improve their treatment outcomes. It may also be possible to use the identified factors as the foundation for a new treatment modality for addiction recovery.

Purpose of Study

The purpose of this research is to understand the development of spirituality during the process of addiction recovery by identifying the factors in the transition from NRC to PRC improving the potential for better treatment outcomes. I used the purpose of this study as the foundation for the conceptual framework. I also adhered to this purpose throughout my data collection, and analysis.

Conceptual Framework and Theoretical Base

The conceptual framework of this research was established after I reviewed the literature suggesting substance abuse is a health problem that deserves continuing research for improved treatment outcomes (Kleftaras & Katsogianni, 2012). Addiction to illicit drugs and alcohol abuse is, in part, a spiritual problem (Hagedorn & Moorhead, 2010). Researchers have shown that spirituality can have a positive impact on the process of addiction recovery and should be considered when treating individuals who are open to spirituality (Lietz & Hodge, 2013). Understanding the impact of religious coping may be key to unlocking the power of spirituality

in the recovery process. Therefore, to achieve greater effectiveness in addiction recovery, I explored the factors that contribute to reducing NRC and increase PRC for improved recovery outcomes.

The theoretical framework of this research is a result of a combination of three seminal theories, including the theory of religious coping, the 4MAT theory of learning, and the theory of transformational learning. Pargament et al. (1998) developed the theory of religious coping, which the authors employed to study how people used their faith or religion to help cope with major life stressors. Recently, researchers have begun to use the theory of religious coping to study the effects of religion and spirituality on the stressors involved with the addiction recovery process (Giordano, Cashwell, Lankford, King, & Henson, 2015). McCarthy (1997) developed the theory of learning, which describes four quadrants of learners. The Type 1 learner seeks to identify meaning and connection through *why* questions. The Type 2 learner places importance on the identification of concepts and invests their time organizing and conceptualizing new knowledge. The Type 3 learner finds it important to learn by solving a problem by developing and practicing new skills. The Type 4 learner prefers to learn by action. I structured the interview focus of the first and second interviews on Type 1 and 2 learning styles and structured the third interview on Type 3 and 4 learning styles. Mezirow's (1991) transformation theory was shaped around "a constructivist theory of adult learning addressed to those involved in helping adults learn" (p. 33). Regarding transformation and change, Mezirow outlined 10 phases of transformation. These 10 phases of transformation provided a helpful lens as I sought to explain the phenomenon of spiritual transformation from NRC to PRC in the context of addiction recovery.

Operational Definitions

Pargament, Feuille, and Burdzy (2011) developed the Brief Religious Coping assessment (Brief RCOPE) to help measure levels of NRC and PRC in their study's participants during major life stressors. Despite using a qualitative methodology, I used elements from the Brief RCOPE to operationalize religious coping. NRC examples include the following:

- Wondered whether God had abandoned me.
- Felt punished by God for my lack of devotion.
- Wondered what I did for God to punish me.
- Questioned God's love for me.
- Wondered whether my church had abandoned me.
- Decided the devil made this happen.
- Questioned the power of God. (Pargament et al., 2011, p. 57)

Pargament et al. (2011) also provided examples of PRC, including the following:

- Looked for a stronger connection with God.
- Sought God's love and care.
- Sought help from God in letting go of my anger.
- Tried to put my plans into action together with God.
- Tried to see how God might be trying to strengthen me in this situation.
- Asked forgiveness for my sins.
- Focused on religion to stop worrying about my problems. (p. 57)

I used these operationalized definitions of NRC and PRC to guide the interview questions with the participants and eliminate the need to explain religious coping to the participants.

Assumptions

For the purposes of this study I assumed that (a) participants from Group 1 would be honest with their responses to the pre- and post-interview questionnaires and the interviews, and (b) participants from Group 2 would respond to interview questions by drawing on their experiences with multiple clients. I made these assumptions based on my previous experience with individuals with mature sobriety being open and honest about their healing experiences. I also based my assumptions on my experience working with other therapists in the field of addiction recovery.

Limitations

Four limitations of explanatory case studies were addressed: (a) a perceived lack of rigor for case studies, (b) analysis, (c) instrumentation, and (d) time constraints. To help overcome a perceived lack of rigor, I bracketed my own thoughts, clearly stated the bias, and sought to fairly represent and report the findings. Dedoose.com was used to help aid the analysis of the resulting data, and this afforded the opportunity to dig deeply into the thick and rich data in meaningful and insightful ways. Additionally, triangulation was used with pre- and post-interview questionnaires and artifacts to help corroborate or challenge the self-reported data from the participants. Member checking allowed the participants to review the transcriptions of their interviews and verify the accuracy of the content.

Scope and Delimitations

This study was delimited by the following boundaries:

1. Five participants for Group 1 were selected from the Upper Midwest who experienced using religious coping in their recovery from addiction.
2. At least one participant was recruited who experienced the development and use of

NRC.

3. At least one participant was recruited who experienced developing and using PRC.
4. At least one participant was recruited who experienced both NRC and PRC.

Significance of Study

The result of this research may be impactful, for my own continuing work with individuals and families affected by addiction and for the work of other counselors and therapists who integrate spirituality into a comprehensive treatment plan. By identifying the factors that help transition from NRC to PRC in addiction recovery, it may be possible to increase the effectiveness of spirituality on addiction recovery. This intentional use of the identified factors may also be beneficial when applied to other stressors where PRC has been observed, such as trauma and tragedy (Pargament et al., 1998).

Conclusion

I studied the problem of how to improve the use of spirituality as an addition to the addiction recovery process in a way that improves treatment outcomes. This was supported by the gap in literature regarding the factors that decrease NRC and increase PRC in addiction recovery. I selected a qualitative methodology and an explanatory case study research design to answer *how* and *why* questions regarding the transition of addicts in recovery from NRC to PRC. Individuals who are in recovery (Group 1) as well as therapists who provide treatment for individuals in recovery (Group 2) were interviewed. Instrumentation included pre- and post-interview questionnaires, a series of three interviews for participants in Group 1, and one interview for participants in Group 2. Member checking and collecting artifacts were used to complete the collected data. These data were inputted into Dedoose.com and were analyzed using primary and secondary coding to search for patterns and relationships.

A review of the literature provided strong support for pursuing a research project to answer the following multipart research question: (a) What are the factors that NRC?, (b) What are the factors that increase PRC?, and (c) What are the effects of these factors on addiction recovery? I sought to identify factors used by the participants to transition from NRC to PRC. Therapists who employ spiritual components to augment their treatment plans may choose to focus on these factors to help clients who exhibit NRC to transition to PRC and improve their treatment outcomes.

I established the conceptual framework of this research through a review of existing literature. The theoretical framework was a result of a combination of three seminal theories, including the theory of religious coping, the 4MAT theory of learning, and the theory of transformation. I established assumptions, limitations, and delimitations to provide structure and boundaries for what will and what will not be studied.

The result of this research could be impactful in terms of my own work with individuals in recovery from addiction as well as for therapists who include spirituality into a comprehensive treatment plan. Treatment providers can focus their efforts on spiritual exercises or resources that are supported not through trial and error but by research to improve their treatment outcomes. The current literature has not addressed the factors that contribute to the transition from NRC to PRC.

Chapter 2: Literature Review

Introduction

As the number of people who use illicit drugs and abuse alcohol continues to rise, their effects on individuals and families present a constantly growing danger (Kleftaras & Katsogianni, 2012). Currently, the primary means of treating addiction in the United States is the use of 12-Step programs (Dodes & Dodes, 2014). Adding spiritual and religious methods to existing addiction treatment options can lead to beneficial outcomes (Diallo, 2013). Religious coping, or how a person relates to their higher power in times of stress, is one means of measuring the impact of spirituality and religion on addiction recovery (Abu-Raiya & Pargament, 2015). By increasing PRC, addicts find increases in hope, forgiveness, strength, and gratitude (Charzyńska, 2015). Therefore, PRC may be directly related to improved recovery outcomes (Giordano et al., 2017).

Study topic. Rudd, Aleshire, Zibbell, and Gladden (2016) found that illicit drug use and alcohol abuse continue to present societal problems, with overdose deaths reaching epidemic numbers. Among the many methods of treating this problem, researchers have studied the impact that spirituality and religion have on the addiction recovery process. They found that spirituality and religion have a preventative effect on illicit drug use and alcohol abuse. It is important to note that while I function with a Judeo-Christian perspective, this review includes literature that discusses multiple world religions including Buddhism, Hinduism, and Islam (Abu-Raiya & Pargament, 2015). Furthermore, for people who are already using illicit drugs or abusing alcohol, spirituality and religion also has a reducing effect (Hodge, 2011).

As researchers study effective means of adding spiritual and religious methods to augment treatment options, some have looked through the lens of religious coping to find their

answers (Pargament et al., 1998). While they found that negative religious coping (NRC) appears to reduce the effectiveness of spirituality and religion in addiction treatment, they also found that PRC appears to increase the power of spirituality and religion on addiction recovery (Faigin, Pargament, & Abu-Raiya, 2014).

Context. I found several critical concepts addressed by this literature review that include various names for deities, the measurement of spirituality, and methodologies. Additionally, researchers appear to disagree on two challenging positions. These disagreements include if addiction is a spiritual issue and if 12-Step groups are effective treatment options. The names of deities range from a general spirituality consisting of mindfulness and transcendence to specific names of deities from several world religions including Buddha, Muhammad, and a vast array of Hindu deities (Abu-Raiya & Pargament, 2015). To make the language of this study general enough to be applied across multiple demographics and to acknowledge the primary audience of those connected to addiction recovery vernacular, I have referred to all mentions of deities as a higher power. I have also used the term spirituality to include all types of spirituality and religion, unless it is important to make a distinction between the two.

Among the literature examined for this review, researchers elected to use one of three means of operationalizing and measuring spirituality. The first method of measuring spirituality was by frequency of activities such as worship, reading, prayer, and meditation. The second method involved measuring feeling and thoughts regarding spirituality. Finally, the third method involved an observation of how a person relies on their higher power during times of stress. Researchers have named this third method religious coping, and this is one of three seminal theories that were used by this study.

Regarding methodologies, there appeared to be a strong balance between qualitative and quantitative research among the selected literature. However, longitudinal research conducted on illicit drug use and alcohol abuse was difficult to find, in part because of the difficulty of staying connected to a highly transient population that is prone to relapse, incarceration, or overdose. I observed most quantitative research revealed snapshots of current data and did not reflect changes that were made over long periods of time. Dodes and Dodes (2014) also pointed to a lack of longitudinal research in addiction, especially as it pertained to different treatment modalities.

Challenging positions. I discovered two main themes of contrasting views among researchers. The first challenge deals with whether or not addiction is a spiritual issue. While a majority of researchers supported an inverse relationship between spirituality to illicit drug and alcohol abuse, Webster (2015) claimed that addiction is not a spiritual problem and therefore does not require a spiritual solution. Additionally, researchers disagreed on another question that deals with the efficacy of 12-Step programs to adequately provide resources and support for addiction recovery (Mendola & Gibson, 2016). However, the majority of researchers reflected a positive relationship between 12-Step participation and beneficial treatment outcomes.

Significance. Emerging only 20 years ago, the theory of religious coping is quite new (Pargament et al., 1998). However, researchers have only begun to apply religious coping to the stressors involved with addiction recovery. Researchers provided many applications for how religious coping might be an effective strategy for improving addiction recovery treatment outcomes. While several researchers observed the impact of NRC and PRC on addiction recovery, I found it difficult to find any researchers who had identified factors that might help transition from NRC to PRC.

Problem statement. Hodge (2011) claimed addiction recovery is a complex, difficult and highly individualized process. An examination of the literature supported this observation and showed a beneficial relationship between PRC and addiction treatment outcomes (Pargament et al., 1998). Religious coping is not a treatment modality but a means of measuring how one relates to their higher power in times of stress (Abu-Raiya & Pargament, 2015). However, identifying the factors that decrease NRC and increase PRC may lead to the development of a new treatment modality. Pioneers of religious coping have not yet studied the factors that help decrease NRC and increase PRC. Therefore, the problem I researched was how to improve the use of spirituality as an addition to the addiction recovery process in a way that improves treatment outcomes. This was supported by the gap in literature regarding the factors that decrease NRC and increase PRC in addiction recovery.

Purpose statement. The purpose of this research was to understand the development of spirituality during the process of addiction recovery by identifying the factors in the transition from NRC to PRC and thereby improve the potential for better treatment outcomes. The stated purpose was used as a foundation for the entire study. It was used to guide the research questions, methodology, and research design.

Organization. This literature review was organized by two primary means. First, the literature was organized by sequential key points that comprise this study's conceptual framework. The literature was also organized by methodologies and research designs.

Conceptual Framework

This conceptual framework establishes the approach to the current literature and reveals a research gap. It includes a statement of my own bias, provision of basic terminology, and a

complex argument using chain reasoning. The argument that resulted from the conceptual framework was used to identify the gap that this project was used to study.

Researcher's bias. It is important to disclose that I have been an addict for 30 years, a Lutheran Church–Missouri Synod pastor for 15 years, in recovery from addiction for 12 years, and sober for 10 years. I am comfortable in the culture and language of the church, and equally comfortable with the culture and language of addiction recovery. Even though I am Lutheran, I acknowledge there are many successful spiritual paths in addiction recovery, such as Buddhism, Islam, or Hinduism (Abu-Raiya & Pargament, 2015). I equally respect the fact that not all in recovery define their higher power in the same way. In an examination of the literature, I included perspectives from multiple religions as well as diverse concepts of spirituality.

Standard terminology. Understanding the nuances of spirituality, religion, and their relationship with one another is critical. It is also necessary to provide definitions for spiritual bypass, PRC, and NRC. According to Allen and Lo (2010), "In American society, spirituality and religion are continuing to diverge conceptually, many Americans have come to view religion as dry and over-organized and have invested spirituality with more positive connotations" (p. 436). Moscati and Mezuk (2014) distinguished the concept of religiosity as the frequency and quality of how a person practices their religion. Some researchers defined religion as a social system of doctrine, behaviors, symbols, and practices designed to draw near to a higher power (Kleftaras & Katsogianni, 2012; Monod et al., 2011). In contrast, some researchers defined spirituality as a transcendent search for purpose, meaning, and peace (Kleftaras & Katsogianni, 2012; Monod et al., 2011). Lyons, Deane, Caputi, and Kelly (2011) described spirituality as a broad concept that includes religion as a smaller subset. Following the example of several researchers, rather than distinguishing differences between spirituality and religion, I combined

the concepts of spirituality and religion and defined the word spirituality as the activities, beliefs, and connections with self, others, and a higher power.

As spirituality impacts addiction recovery, Cashwell, Clarke, and Graves (2009) warned about spiritual bypass that occurs when an individual uses spirituality to avoid negative or painful experiences, rather than navigate through the pain toward healing. Finally, Pargament et al. (1998) defined positive and negative religious coping as a means by which people use spirituality to cope with stressful situations. Hagedorn and Moorhead (2010) supported this concept as they maintained that we are created with a "God-sized hole." When this hole is filled with God, an individual is strengthened to endure difficulty. When individuals choose to not fill this hole with God, they may be inclined to fill it with self-medication that could include illicit drugs, alcohol, sex, gambling, or food. PRC occurs when an individual has a benevolent view of a higher power and seeks to receive positive support, and this is linked to improved treatment outcomes, not only from a Judeo-Christian approach, but also from Buddhist, Hindi, and Islamic approaches (Abu-Raiya & Pargament, 2015). Inversely, NRC occurs when an individual has a less secure view of a higher power, believes the world is an ominous place, and this results in decreased treatment outcomes (Pargament et al., 1998).

Existing frameworks. A majority of researchers proposed frameworks that addressed a need for improved addiction treatment options, studied the inverse relationship between spirituality and illicit drug use and alcohol abuse, and suggested possible methods of incorporating spiritual development into therapy. A few others (Abu-Raiya & Pargament, 2015; Charzyńska, 2015; Giordano et al., 2015; Lietz & Hodge, 2013; Martin, Ellingsen, Tzilos, & Rohsenow, 2015; Pargament et al., 1998) added that religious coping methods are instrumental in shaping outcomes during extreme stress.

Seeking to find a new way to measure spirituality and relating these concepts to shape outcomes in stressful times, researchers adapted the theory of coping to include a spiritual focus. According to Pargament et al. (2011), the theory of religious coping measures spirituality in a new way. Previously, researchers measured spirituality by recording the frequency of attendance, religious affiliation and self-reported religiousness. However, Pargament's theory of religious coping has been used to focus on how people "understand and deal with life stressors in ways related to the sacred" (p. 2).

Pargament et al. (2011) used the theory of religious coping to observe several elements that address how subjects may deal with stress in relationship to a higher power:

> (1) Religious coping serves multiple functions, including the search for meaning, intimacy with others, identity, control, anxiety-reduction, transformation, as well as the search for the sacred or spirituality itself; (2) religious coping is multi-modal: it involves behaviors, emotions, relationships, and cognitions; (3) religious coping is a dynamic process that changes over time, context, and circumstances; (4) religious coping is multi-valent: it is a process leading to helpful or harmful outcomes, and thus, research on religious coping acknowledges both the "bitter and the sweet" of religious life; (5) religious coping may add a distinctive dimension to the coping process by virtue of its unique concern about sacred matters; and (6) because of its distinctive focus on the ways religion expresses itself in particular life situations, religious coping may add vital information to our understanding of religion and its links to health and well-being, especially among people facing critical problems in life. (p. 2)

However, not all researchers agreed that spirituality is related to addiction recovery outcomes. Dodes and Dodes (2014) maintained that addiction is a psychological problem rather

than a spiritual problem. They also made claims that the use of the 12-Steps should be reconsidered, and psychotherapy should be the preferred modality of treatment for addiction. More on this is addressed as the conceptual framework is outlined.

Substance use disorder presents a growing problem. Kleftaras and Katsogianni (2012) stated, “The problem of alcohol abuse and alcoholism pervades our society today and constitutes a major international public health issue” (p. 268). Rudd et al. (2016) added, “The United States is experiencing an epidemic of drug overdose death” (p. 1323). Researchers suggested that drug and alcohol use is threatening our nation’s health (Al-Ormari, Hamed, & Tariah, 2015; Hagedorn & Moorhead, 2012; Kleftaras & Katsogianni, 2012; Rudd et al., 2016). According to the Centers for Disease Control (as quoted in Rudd et al., 2016), “Since 2000, the rate of deaths from drug overdose has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids” (p. 1378). Furthermore, researchers observed that relapse rates continue to remain high, especially among those addicted to opioids (Hagedorn & Moorhead, 2010; Puffer, Skalski, & Meade, 2012). Medola and Gibson (2016) added, “Relapse rates within six months of addiction treatment are estimated to be at least 40–60 percent” (p. 650). Researchers have found this problem does not only impact the individual, but also the family. Sandoz (2014) maintained that addiction could enter into and cycle through a family system, evolving an individual problem into a deeper systemic issue. Finally, researchers found that addiction can be a strong inhibiting factor of spirituality, reducing or even replacing the transcendent or higher power (Heinz et al., 2010; Pargament, 2014; Sandoz, 2014). Illicit drug use and alcohol abuse present a health problem that deserves continuing research for improved treatment outcomes.

Spiritual and religious factors in the addiction recovery process. Researchers showed an inverse relationship between spirituality and illicit drug use and alcohol abuse. They found

that active drug and alcohol use can reduce levels of spirituality (Heinz et al., 2010; Pargament, 2014; Sandoz, 2014), and increased levels of spirituality can diminish addiction (Allen & Lo, 2010; Hodge, 2011; Krentzman et al., 2017). One possible reason for this may be that addicts may replace self-medicating behaviors with the benefits of peace, forgiveness, and strength that are found in spirituality (Senormanci, Konkan, Güçlü, & Senormanci, 2014). Furthermore, researchers found that spirituality also may have preventative or protective effects from engaging in illicit drug use and alcohol abuse. Gomes, Andrade, Izbicki, Moreira-Almeida, and de Oliveira (2013) found that greater frequency of worship attendance resulted in lower rates of college university students who drink alcohol. Kelly, Polanin, Jang, and Johnson (2015) proposed that this might be due to their observation that students with higher frequency of religious participation are less likely to react to stressors in a self-medicating manner, choosing instead to rely on PRC. While researchers found that spirituality does not totally eliminate drug and alcohol use, the inverse relationship is abundant and clear.

In the examination of the literature, I found that possible reasons for the positive impact of spirituality on addiction recovery include the many tools that are available. At the top of the list, many researchers claimed that prayer is a powerful tool to connect an individual in addiction recovery with a higher power (Al-Omari et al., 2015; Cheney et al., 2014; Chitwood, Weiss, & Leukefeld, 2008; Hagedorn & Moorhead, 2012; Hodge, 2011; Juhnke, Watts, Guerra, & Hsieh, 2009; Sørensen, Lien, Landheim, & Danbolt, 2015). Following prayer, researchers found that connecting the recovering individual with a religious mentor, such as a member of the clergy, can also be helpful (Cheney et al., 2014; Chitwood et al., 2008). Sørensen et al. (2015) explained that an individual who talk with a member of the clergy differs from a therapist. They found that the individual felt greater comfort from not being analyzed or scrutinized by a member of the

clergy as they felt when they were in therapy. This greater comfort may result in deeper sharing and exploring issues in need of healing. In addition to these tools, Timmons (2012) noted that some individuals may connect with their higher power rather than another person as a sponsor. Combined, these tools may serve to increase the beneficial aspects of spirituality in the life of an individual in recovery from addiction.

Addicts in recovery may find that spirituality may increase beneficial personal characteristics and decrease dangerous characteristics in life. Researchers have found that spirituality can increase self-efficacy (Brown, Tonigan, Pavlik, Kosten, & Volk, 2013; Lyons et al., 2011) and hope (Diaz, Horton, Mcllveen, Weiner, & Williams, 2011; Hagedorn, & Moorhead, 2010, Heinz et al., 2010; Unterrainer, Lewis, & Andreas, 2013). Homayouni (2011) claimed spirituality can increase hope even in the face of disappointing circumstances. Other beneficial characteristics increased by spirituality include forgiveness (Lyons et al., 2011; Unterrainer et al., 2013), self-control (Desmond, Ulmer, & Bader, 2013; Sandoz, 2014), peace (Heinz et al., 2010), gratitude (Charzyńska, 2015) and purpose in life (Lyons et al., 2011). As these beneficial characteristics increase, a few dangerous characteristics decrease, including negative emotions (Diaz et al., 2011), resentments (Lyons et al., 2011), and cravings (Hagedorn, & Moorhead, 2010). This increase of beneficial characteristics and decrease of dangerous characteristics may add to the helpful impact of spirituality on addiction recovery.

In contrast to these views, Webster (2015) observed there was, “No statistically significant difference found between substance use and spirituality” (p. 331). However, Webster observed a small sample size of 30 individuals in recovery. Weighted against the evidence of so many other researchers, his contrasting view may be marginalized. In summary, several researchers supported the inverse relationship between spirituality and illicit drug use and

alcohol abuse. They found several tools of spirituality to be helpful in the recovery process. Furthermore, researchers found that spirituality may increase beneficial personal characteristics while reducing dangerous personal characteristics. Therefore, researchers have found that spirituality is an effective component to assisting the addiction recovery process.

Spirituality in treatment planning. In light of these helpful factors, spirituality should be considered as a component of an effective treatment plan. This is especially important when the individual in recovery tends to already value spirituality (Diallo, 2013; Hagedorn & Moorhead, 2010; Lietz, & Hodge, 2013; Sørensen et al., 2015; Timmons, 2012). If the individual is open to adding spirituality to their treatment plan, they may be poised to experience significant growth and development of their spiritual lives. Researchers have found that when therapists integrate spirituality into their treatment plans, they provide their clients with an opportune time for spiritual growth (Cashwell et al., 2009; DeLucia, Bergman, Formoso, & Weinberg, 2015; Heinz et al., 2010; Kelly, Stout, Magill, Tonigan, & Pagano, 2011; Krentzman et al., 2017; Morgan, 2009; Williamson & Hood, 2013). However, individuals with high levels of spirituality may also be prone to spiritual bypass. This occurs when a spiritual individual seeks to avoid their painful pasts, minimizes the effect of the pain, and pushes responsibility for healing and deliverance purely on their higher power rather than walking through the past together with God and their therapist for deep healing and restoration (Cashwell et al., 2009; Clarke, Giordano, Cashwell, & Lewis, 2013; Hodge, 2011).

As spirituality is developed, Al-Omari et al. (2015) strongly suggested cooperation with religious leaders. Additionally, they encouraged religious leaders to grow in their understanding of illicit drug use and alcohol abuse. Al-Omari et al. did this for two important purposes. First, they believed that religious leaders need to grow in their capacity to inform their followers

regarding the dangers of illicit drug use and alcohol abuse. Second, they suggested religious leaders need to grow in their ability to speak with individuals who struggle with addiction with reduced stigma and increased compassion.

In addition to cooperating with religious leaders, a 12-Step program can be highly influential in developing spirituality. The developers of Alcoholics Anonymous designed the 12-Step program, and it has since been adapted to provide treatment options for a broad range of addictions, including narcotics, sex, gambling, and eating disorders. Ingrained within the 12-Steps are practical exercises that foster spiritual growth, such as deepening one's belief in, surrender to, and intentional growth with a higher power (Dermatis & Galanter, 2016; Kelly et al., 2011; Krentzman et al., 2017; Sandoz, 2014; Williamson, & Hood, 2013). Additionally, as individuals in a 12-Step program begin to experience sobriety and observe changes in their character, they will be introduced to the transformative power of God (McDonough, 2012). Gamble and O'Lawrence (2016) observed that while spiritual growth occurs throughout a lifetime of participation in a 12-Step group, the greatest amount tends to occur in the first year. These positive influences that lead to the growth and development of spirituality seem to parallel that of positive psychology, which celebrates the strengths of individuals who are seeking meaningful and purposeful lives (Selvam, 2015).

Many addicts in recovery develop spirituality through their participation in a 12-Step program. These addicts many cultivate two important spiritual qualities, grace and forgiveness. Growing in grace allows people to relate better with one another, grow in their acceptance of others, and seek less retribution and more generosity (Walton-Moss, Ray, & Woodruff, 2013). Closely related to grace, forgiveness is a key component of the 12-Steps and promotes healing from past pain. It involves the forgiving of one's self and others who have harmed them,

receiving forgiveness from self and others, and receiving forgiveness from God (Charzyńska, 2015; Sandoz, 2014).

Despite all this evidence, Medola and Gibson (2016) noted that some researchers struggle with crediting 120Steps to successful addiction recovery. Medola and Gibson noted that Dodes and Dodes (2014) proposed that there is bad science behind 12-Step treatment programs. Dodes and Dodes argued 12-Step groups are not always positive environments, and the structure of 12-Step groups is intentionally nonprofessional, which promotes inconsistency and quality control problems. Dodes and Dodes also found fault with a popular 12-Step phrase. Dodes and Dodes claimed this phrase, "The program does not fail, people do" is as absurd as saying the antibiotic didn't fail, you failed to receive it properly.

While seemingly logical, this argument did not take into consideration that an antibiotic does not nor cannot take into consideration the synergistic actions, thoughts, or behaviors of the subject. In the case of addiction recovery, the synergistic responsibility of the subject is just as important as the treatment plan. Dodes and Dodes admitted the importance of synergy as they recognized that the literature they reviewed reflected that 12-Step "engagement," defined as putting intentional effort into the practices prescribed in the 12-Steps resulted in statistically significant improvement over mere "attendance" at 12-Step meetings. Dodes and Dodes proposed a psychotherapy model of treatment that considers identifying the root of the addition, and then resolving that issue with logic and reason. However, Dodes and Dodes used language that was full of bias that revealed a distain for a higher power and spirituality in general. Dodes and Dodes also were quick to poke holes in the use of the 12-Steps as a treatment modality, and they quickly proposed their own suggestion without providing empirical research to support their claim that psychotherapy should be the primary treatment modality.

While Medola and Gibson (2016) agreed that psychotherapy can be beneficial, they also maintained that “Since there is no single, specific cause for addiction, there is no single, standard treatment for it. A variety of psychosocial treatments are used, including counseling, psychotherapy, and mutual help groups” (p. 646). Medola and Gibson concluded that 12-Step groups can be highly beneficial when combined with other treatment modalities and that “The best known and most widely available approach to addiction [recovery] is 12-Step programs of recovery” (p. 626). It may be important to consider how treatment that includes spirituality promotes spiritual growth and how this can increase when cooperating with religious leaders. It also may be important that incorporating 12-Step groups into treatment can intentionally promote key spiritual qualities and characteristics that are helpful in the recovery process. Therefore, it may be beneficial to include components of spirituality in treatment plans for individuals who are open to it.

Religious coping and the impact of spirituality. With researchers proving evidence that shows the positive impact of spirituality on addiction recovery, it is important to address how religious coping maximizes this impact. Pargament’s (2011) theory of religious coping may be a strong theoretical basis on which to address the role of spirituality in addiction recovery. Religious coping refers to how an individual relates to the divine when facing stressors (Pargament et al., 1998). Religious coping can occur in both negative and positive forms. NRC “reflects questioning God in the face of life’s challenges, experiencing religious or spiritual struggle, and conceptualizing God as punishing” (Giordano et al., 2017, p. 135). This type of religious coping can influence an individual to withdraw and isolate themselves, two highly dangerous activities for someone struggling to stop illicit drug use and alcohol abuse, and it is therefore a factor that needs to be reduced (Abu-Raiya & Pargament, 2015; Diaz et al., 2011;

Faigin et al., 2014; Giordano et al., 2015, 2017; Krentzman et al., 2017; Pargament et al., 1998; Puffer et al., 2012; Prout, Gerber, & Gottdiener, 2015). Conversely, PRC has the potential to unlock key factors that maximize the positive impact of spirituality on addiction recovery (Giordano et al., 2015; Krentzman et al., 2017; Pargament et al., 1998; Puffer et al., 2012). With the help of these factors, PRC has the potential to shape outcomes during significant life stress (Abu-Raiya & Pargament, 2015; Charzyńska, 2015; Giordano et al., 2015; Lietz & Hodge, 2013; Martin et al., 2015; Pargament et al., 1998).

Framework summary. Researchers found that substance abuse presents a health problem that deserves continuing research for improved treatment outcomes. Addiction to illicit drugs and alcohol abuse is in part a spiritual problem. Researchers have shown that spirituality can have a positive impact on the process of addiction recovery, and it should therefore be considered when treating individuals who are open to the idea. Understanding the impact of religious coping may be key to unlocking the power of spirituality in the recovery process. Therefore, to achieve greater effectiveness in addiction recovery, it is important to observe the factors that contribute to reducing NRC and increase PRC for improved recovery outcomes. Ciarrocchi and Brelsford (2009) supported this concept by stating that "recovery may be related to altering negative images of God" (p. 34). Figure 1 illustrates this argumentation process:

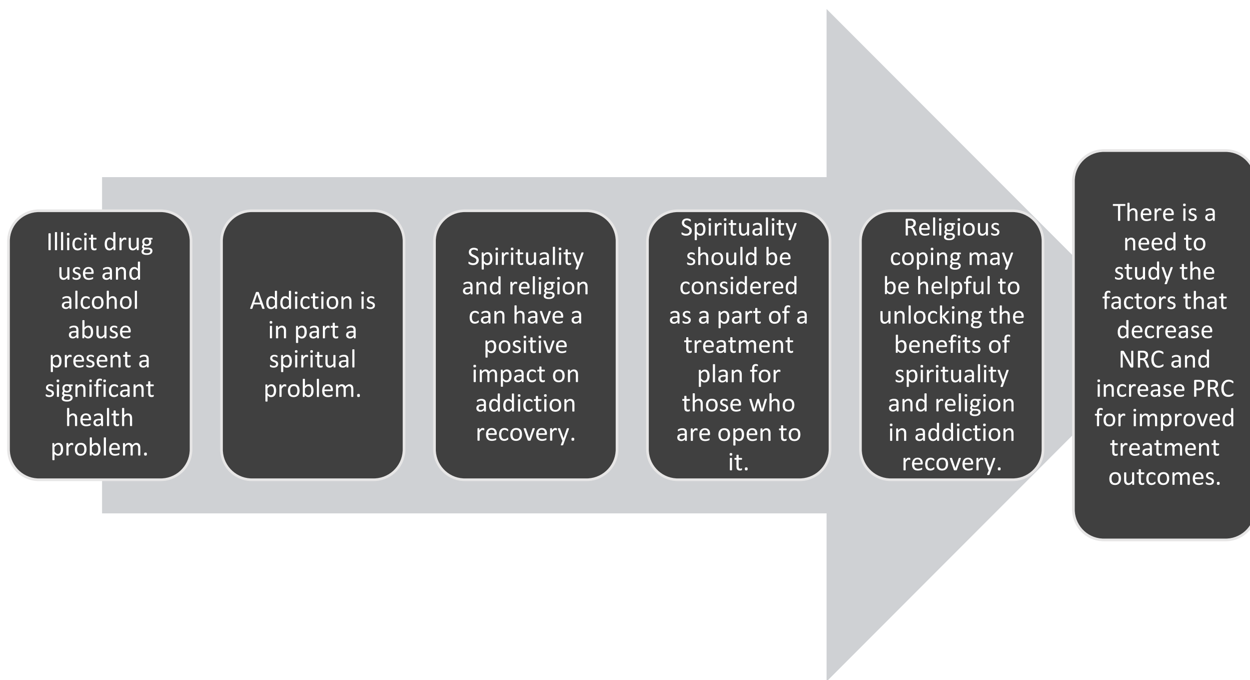

Figure 1. Theoretical framework argumentation.

I developed a framework that closely resembles the frameworks used by existing research. However, current researchers have acknowledged only that PRC is connected with enhanced treatment outcomes. Puffer et al. (2012) determined that during the course of treatment, individuals were able to decrease their NRC and increase their PRC. There is a gap in the literature that explains the factors of how NRC is reduced and how PRC is increased. Once these factors are identified, it may be possible for treatment programs to focus on the development of these factors in the lives of their clients. This may expedite the reduction of NRC and the increase of PRC, which may enhance the treatment outcomes.

Problem statement. Therefore, the problem I researched was how to improve the use of spirituality as an addition to the addiction recovery process in a way that improves treatment outcomes. This was supported by the gap in literature regarding the factors that decrease negative religious coping and increase positive religious coping in addiction recovery. It was my aim to fill this gap with the findings from this research.

Purpose of research. The purpose of this research was to understand the development of spirituality during the process of addiction recovery by identifying the factors in the transition from NRC to PRC and thereby improve the potential for better treatment outcomes. I used this purpose to guide each step of my research. As a result, I was able to use the findings of this research to fulfil the intended purpose.

Review of Research Literature and Methodological Literature

Researchers have used various methodologies to investigate the connection between spirituality and addiction recovery. I categorized the selected literature by methodology and observes the effectiveness of each methodology for this subject. The following sections describe each literature in detail.

Quantitative: Experimental. Of all the researchers selected for this review, only Kelly et al. (2011) elected to study with an experimental approach. They selected 1,726 subjects who were entering an addiction treatment program and administered the Project MATCH instrument, which matches individuals who are addicted to drugs or alcohol with a possible best-case treatment design based on their needs. The subjects were randomly assigned to one of three different treatment plans and then reassessed at three, six, nine, 12, and 15-month intervals. The methodology was appropriate to measure the different treatment possibilities that would allow subjects to enjoy improved treatment outcomes.

Researchers who employed experimental designs with at least one variable allowed for a strong point of comparison for different treatment plans. This would be a potential consideration for future research that would measure and compare the effectiveness of different PRC methods and their impact on treatment outcomes. However, it is not a good choice for my research as it

does not allow for the identification of variables, only the manipulation of variables as the study of results.

Qualitative: Nonexperimental. A vast majority of researchers on the relationship between spirituality and addiction recovery elected a qualitative, nonexperimental methodology. Of these, most chose to use established surveys and questionnaires. However, a minority of researchers elected to use previously accumulated data from existing surveys.

Allen and Lo (2010) compared data drawn from the General Social Survey (GSS) from 2004. The GSS measured a wide range of demographics, behaviors, and attitudes of 1,280 noninstitutionalized adults, making it a regularly used instrument for social research. Because of this, the researchers were able to compare the relationships between spirituality, religion, and illicit drug use and alcohol abuse in a clear and concise manner.

Brown et al. (2013) observed 91 responses to the Brief Situational Confidence Questionnaire and the Spiritual Involvement and Beliefs Scale. The authors selected their subjects from a single community of recovering addicts in Celebrate Recovery, a program that claims Christ is the higher power. The combination of a smaller sample size and a single community made this study a very detailed account for a small area. While this was a specific study for those in that particular community who participate in Celebrate Recovery, the ability to generalize findings to other recovery communities may be difficult.

Charzyńska (2015) studied 98 women and 245 men responding to the Spiritual Coping Questionnaire, Forgiveness Scale, and Gratitude Questionnaire. Charzyńska selected instruments that allowed for a strong comparison between spirituality, forgiveness, and gratitude as they relate to addiction recovery outcomes. In particular, Charzyńska found data that allowed further comparison between men and women as they relate to spirituality, forgiveness, gratitude, and

recovery. While he selected a strong methodology, he could have reinforced his data with samples sizes of men and women that were gender equal, rather than being predominantly men.

Chitwood et al. (2008) provided an in-depth, systematic review of 105 peer-reviewed articles. The authors used peer-reviewed articles published between 1997 and 2006 comprehensively by using 17 electronic databases. Chitwood et al. used only empirically based studies that tested for a relationship between a minimum of one measure of spirituality and one measure of illicit drug use or alcohol abuse. The search resulted in 73 articles that provided references that revealed 32 additional articles. In this systematic review, the researchers illustrated the sample size, sample region, study design, and elements of spirituality, religion, and psychoactive substances. With this methodology, the researchers provided a comprehensive background of foundational thinking in the field of spirituality, religion, and addiction recovery as well as a systematic analysis that revealed what types of studies have occurred. Examples of the foundational thinking included the need for a more precise means of measuring spirituality, the inverse relationship between spirituality with illicit drug use and alcohol abuse, and the need for further research on how spirituality positively impacts addiction recovery.

Ciarrocchi and Brelsford (2009) studied 439 participants from a blend of races, beliefs, and ages consistent with national averages who respond to the Brief Multidimensional Measurement of Religiousness and the Brief Coping Survey, a 28-item instrument that uses 14 scales to measure both the positive and negative coping methods people use in stressful situations. These researchers designed a study that conformed to national norms and had a high level of generalization to many recovery communities throughout diverse demographics. Regardless of religious background, the researchers suggested, “The real power of religion and

spirituality may lie in their ability to promote well-being rather than to diminish pain and suffering" (Ciarrocchi & Brelsford, 2009, p. 34).

Desmond et al. (2013) observed a large sample of 20,745 high school and middle school students from the National Longitudinal Study of Adolescent Health. These researchers utilized the largest participant size in this selection of literature, and they covered the broadest range of demographics. This research team found that practicing one's religion is much like working a muscle; with repetition comes strength. Desmond et al. found that one outcome that results from practicing one's religion is an increase of self-control. Even individuals with low self-control could increase their self-control by regularly practicing their religion. While their study may allow for a high level of generalization, it may be too generalized to illustrate specific uniqueness to specialized areas.

Diallo (2013) provided a study that administered survey questionnaires to 84 individuals from a range of addictions that span both chemical and behavioral addictions. However, Diallo did not mention the instrument he used, and it appeared to be a Likert-type scale of his own creation. The resulting data were insightful if not limited by sample size. Diallo should have been more transparent regarding his methods. Because the author studied a predominantly Christian sample and measured their level of openness to using faith elements in their recovery, his findings showed that a Christian sample of 84 people were very open to including religion in their treatment and preferred a therapist who shared their belief. He also observed that religion and mature age were the largest factors in a subject's willingness to include religion in their treatment plan.

Diaz et al. (2011) provided a subject size of 134 who took the Spiritual Transcendence Index in an inpatient addiction treatment facility in Florida. Participants also took the Center for

Epidemiologic Studies Depression Scale to measure and compare depressive symptoms. This scale measures 20 items that allow the subjects to describe how often they have felt or behaved during the past week. Most participants were Catholic, which may have reduced the generalization of this study due to a lack of spiritual diversity. However, this team of researchers found that depression and substance abuse have high levels of comorbidity and that spirituality is inversely related to depressive symptoms. Therefore, Diaz et al. concluded spirituality produces hope, which helps to offset depressive symptoms.

Faigin et al. (2014) used several instruments including the Negative Religious Coping Scale, Shorter PROMIS Questionnaire (a 160-question tool to measure a wide array of behavioral and chemical addictions), Problem Video Game Playing Scale, Problematic Internet Use Questionnaire, Perceived Stress Scale, and the Neuroticism Index to study 90 freshmen from a midwestern university. Covering a wide range of measurable issues, Faigin et al. focused on how new college students responded to major life transitions by using negative coping methods. Their selection of instruments was strongly suited for their study, and while their sample size was small, this was a specialized study with an intentionally narrow focus on a specific time of life. They found that college freshmen may be especially prone to addiction as they are in a season of transition and may be actively seeking a means of coping with transitional stress. They may also be experiencing a time of spiritual struggles as they transition from their parent's belief system to forming their own. As subjects experience spiritual struggles, they may leave the door open for an increased vulnerability to addiction.

Gamble and O'Lawrence (2016) studied a sample of 1,213 results that were taken from the existing data from the Drug Abuse Treatment Outcome Study from the Inter-University Consortium for Political and Social Research. They observed and drew conclusions based on

participation with spiritual 12-Step programs while in recovery. Primarily, they concluded that 12-Step groups provide peer support and social interaction that may help to protect recovering addicts against relapse. Because of the strong sample size and the wide range of demographics that were included in the existing data, I found that this study may have an ability to be generalized to larger populations.

Gomes et al. (2013) observed the second largest sample size in this list of literature. Taken from the First Nationwide Survey on the Use of Alcohol, Tobacco and Other Drugs among College Students in the 27 Brazilian state capitals, Gomes et al. compared 12,721 subjects. These researchers studied a broad range of demographics and this resulted in an ability to generalize their findings across many students who attend college in Brazil. The researchers found that within the Judeo-Christian denominations, some people appeared to use their spirituality to have a greater preventative effect against alcohol abuse. Particularly, subjects who identified with conservative Protestant denominations showed statistically significant lower numbers of alcohol abuse, perhaps due to how these denominations promote “normative values and behaviors for a healthy life” (Gomes et al., 2013, p. 36).

Homayouni (2011) observed 218 completed responses (109 addicts and 109 nonaddicts) to the Iranian Revised Neuroticism, Extraversion, Openness Personality Inventory. Using this inventory, researchers can observe the five factors of personality as they connect to hope in addiction recovery, even when difficulties are present. Homayouni found that internal spirituality may have a more positive impact on treatment than external religious practices. He selected a sample that was well balanced between addicts and non-addicts, which resulted in a strong and even comparison.

Moscati and Mezuk (2014) studied 6,203 respondents from the National Comorbidity Survey to connect religion and substance abuse. Moscati and Mezuk found, "The effect of declining religiosity [how one practices their religious belief] may seem straight forward; religiosity is protective, so it is reasonable that reduced religiosity leads to increased risk" (p. 132). Additionally, the survey covers a broad range of diversity, which results in a high degree of generalization.

Rudd et al. (2016) reviewed the National Vital Statistics System evidence from 2002 to 2016. These researchers compared national statistics from year to year and provided evidence for how specific numbers are trending. Rudd et al. measured data from all across the United States and provided a strong system of measurement for the issue of drug-related deaths in the specified years. The researchers reported statistical evidence in this report of the Centers of Disease Controls and revealed numbers of drug-related deaths that continue to rise and exceed the deaths by other causes. For example, in 2014, the drug related deaths were 150% of deaths caused by motor vehicle crashes (Rudd et al., 2016).

Senormanci et al. (2014) measured males who took the Internet Addiction Test. Fifty participants were selected who were revealed as being addicted to the Internet and 50 were selected who were not revealed as being addicted to the Internet. The resulting 100 men took the Beck Depression Inventory and the Coping Inventory. These researchers examined, compared, and contrasted those who were addicted and those who were not addicted in terms of depression and coping strategies. The researchers found that addicts reported lower tendencies to engage in PRC, as did the control group. Senormanci et al. concluded that PRC may have a protective effect against Internet addiction. The sample size was small, which may have resulted in

difficulty to generalize the findings, however the methods were strong and well suited for their study.

Unterrainer et al. (2013) studied 389 detoxed subjects who took the Multidimensional Inventory for Religious/Spiritual Wellbeing, Sense of Coherence Scale, Freiburger Coping Questionnaire, and the Neuroticism, Extraversion, Openness Personality Inventory. The Multidimensional Inventory for Religious/Spiritual Well-Being is used to add a measurement of religious or spiritual measurement capacity to the bio-psycho-social model. It measures hope, forgiveness, meaning, religiosity, and connectedness. The Sense of Coherence Scale is used to measure the coherence of a subject, or how well they believe that their external and internal experiences can be predicted. The Freiburger Coping Questionnaire is used to measure five different means of coping, including active coping, problem-focused coping, depressive coping, a religious search for meaning, wishful thinking, and self-confirmation. Finally, the Neuroticism, Extraversion, Openness Personality Inventory is used to measure the five main dimensions of personality. Unterrainer et al. (2013) found that "general religiosity, experiences of sense and meaning, and forgiveness were the most prominent factors to discriminate between addiction patients and controls" (p. 210). However, despite the observation that addiction patients tended to have lower religiosity, sense of meaning, and forgiveness than the control patients, they also found that addiction patients who possess high levels of spirituality or religion tend to engage with positive coping methods. I found this sample size to be appropriate to generalize the findings, and the multiple instruments allowed for the study of a broad range of measurements.

Webster (2015) studied 30 participants by using the Index of Core Spiritual Experiences and Self-Report Addiction Severity Scale. The Index of Core Spiritual Experiences is an instrument that measures attitudes and thoughts pertaining to one's higher power as well as

experiences that connect with religion or spirituality. The Self-Report Addiction Severity Scale is used to ask questions regarding background, employment, health, relationships, and drug and alcohol use. These instruments were well suited to the study, however a sample size of 30 resulted in data that led to conclusions that were contrary to the majority of research literature. Webster (2015) found results that were contrary to the results of the majority of other researchers. He found no statistically significant relationship between spirituality and substance abuse. Webster concluded, “Spirituality is not a primary treatment modality” (p. 324). Perhaps repeating this study with a larger sample size would provide different results, or perhaps the limited demographic of this study was indeed different from that of the others subjects. Either way, I found Webster’s proposed concept (that spirituality should not be the only treatment modality) deserves recognition.

Kleftaras and Katsogianni (2012) studied 200 patients in Greece who participated in an alcohol addiction treatment unit. This study showed similar trends as revealed in other countries. They used the Assessment of Spirituality and Religious Sentiments instrument, Life Attitude Profile (Revised), and Questionnaire of Self-Evaluated Depressive Symptomology to accumulate their data and draw their conclusions. The researchers selected a strong sample size considering the community in which it was collected, which could allow for generalization to other treatment units in Greece. The researchers found that higher spirituality scores from the Assessment of Spirituality and Religious Sentiments instrument were related with lower scores from the Self-Evaluated Depressive Symptomology instrument.

Krentzman et al. (2017) studied 364 subjects who took the Life Transitions Study that was conducted in 2011. These researchers collected data from subjects who were diagnosed with alcohol dependence every three months for 30 months from 2004 through 2009. The Life

Transitions Study was used to observe changes that occurred in spirituality among people who abuse alcohol. Even though the data were drawn from a previous study, the study was selected with strong reasoning, and it connected to their desire to study the relationship between addiction and spirituality. The researchers found that as the subjects decreased their drinking, their spirituality increased. The spiritual acts of forgiveness and finding purpose in life appeared to improve the recovery process (Krentzman et al., 2017).

Lyons et al. (2011) observed 277 participants from eight Australian Salvation Army Recovery Service Centers who took the Aggression Questionnaire, Life Engagement Test (which is used to measure purpose as defined by how one engages in activities related to personal values), Religious Background and Behavior Questionnaire, Daily Spiritual Experiences Scale, Spiritual Belief Scale, Heartland Forgiveness Scale (which measures how much one practices the forgiveness of self, forgiveness of others, and forgiveness of situations), and Receiving Forgiveness from Others and God Scale. This wide range of instruments provided for many variables to be compared and related. The researchers found that among people who are in treatment for addiction, "Clients who are more self-forgiving or feel that they have been forgiven may be less shame-prone and resentful, which promotes a greater purpose and engagement in life" (Lyons et al., 2011, p. 467).

Martin et al. (2015) studied 116 participants who took the Timeline Follow Back instrument. This instrument is used to allow subjects to reflect on their substance abuse in the past, ranging from seven days prior to two years before the assessment. These data were taken from a larger study conducted for a study on relapse. The researchers found that PRC has a significant impact on refraining from alcohol following treatment. Furthermore, Martin et al. also observed that in this sample, women reported higher use of religious coping than men. The

researchers could have strengthened their data set by observing a larger number of participants. Martin et al. could have selected a longitudinal study that observed measurements when individuals began treatment, completed treatment, and following intervals in order to strengthen their research methods.

In addition to these quantitative studies that focused on the relationship between spirituality, religion, and addiction, researchers have recently produced an emerging theory. In the past 22 years, researchers have provided studies that focus on how the methods of religious coping impact the effectiveness of spirituality to improve addiction recovery outcomes (Giordano et al., 2017; Pargament, et al., 1998; Prout et al., 2015; Puffer & Meade, 2012). All of these researchers employed the Brief Religious Coping assessment, (commonly called the Brief RCOPE). The Brief RCOPE is an instrument developed by Kenneth Pargament that measures 14 items dealing with positive and negative religious coping methods used in stressful situations.

In their seminal work, Pargament et al. (1998) studied the positive and negative religious coping methods from three groups of people who experienced high levels of stress. The groups included 296 people who were impacted by the Oklahoma City Federal Building bombing, 540 college students who experienced a serious negative event, and 551 hospital patients coping with medical illness. These three groups all took the Brief RCOPE, which was created to use the theory of coping with an enhanced focus on spirituality. According to Pargament et al. (2011), the "Brief RCOPE appears to be a good instrument that does what it was intended to do: assess religious methods of coping in an efficient, psychometrically sound and theoretically meaningful manner" (p. 70). The researchers found that subjects who engage with NRC also report emotional distress, depressive symptoms, psychological symptoms, and an overall lower quality of life. They also found that subjects who engage with PRC tend to advance through stressful

events and report lower levels of psychological distress and higher levels of spiritual growth. Pargament et al. (1998) provided a study that was comprehensive and diverse. These researchers have inspired many others to investigate the impact of positive and negative coping methods in connection with many types of stressors, including the recovery from addiction.

Giordano et al. (2017) studied 326 college who responded to the Experiences in Close Relationship Scale (measuring attachment styles and how people generally experience relationships), the Brief RCOPE, and the Sexual Addiction Screening Test to determine the subjects' level of sexual addiction. These researchers selected a high number of subjects, a thoughtful variety of instruments, and their data were well documented and explained. Furthermore, they worked to ensure that the demographics of the subjects mirrored that of the entire university. Giordano et al. found NRC to be a significant predictor of sexual addiction, and that "Evangelical Christian beliefs could either serve to reinforce the shame involved with sexual addiction or offer a means of redemption" (p. 137).

Prout et al. (2015) studied 380 students who took the Post Traumatic Stress Disorder Checklist–Civilian Version, the Simple Screening Instrument for Substance Abuse, and the Brief RCOPE. Similar to Giordano et al. (2017), this study had a strong sample size and accurately mirrored the demographics of the school. The researchers found that by using PRC methods, subjects could receive support and growth through stressful circumstances. They also found that PRC has strong potential to reinforce addiction recovery treatment plans. They selected instruments that allow for a relational comparison between trauma and illicit drug use and alcohol as positive and negative religious coping impacts them.

Generally speaking, quantitative methodologies are strongly suiting to describing the relationships between spirituality, religion, addiction, and religious coping. Sample sizes for the

literature varied greatly, and therefore have various impacts on the body of research. For example, a large study of more than 10,000 may be helpful for general observations, while smaller samples may shed light on specific nuances in localized communities. As the purpose of this research was to identify what factors contribute to reducing NRC and increasing PRC in addiction recovery, and I did not yet know those factors and did not use this methodology. However, it is difficult to ignore the Brief RCOPE and the implications for further study on this topic.

Qualitative: Case study. Cashwell et al. (2009) studied several case studies they observed from several years of working with multiple clients in addiction recovery. Their focus on spiritual bypass was well suited to a case study approach as it afforded the opportunity for conclusions to be drawn based on several examples. Cashwell et al. found that spiritual bypass can limit the recovery process by hiding psychological problems and should therefore be addressed prior to therapy that addresses addiction recovery.

Juhnke et al. (2009) drew on several cases from their experience in treating addicts in recovery, with a particular focus on the impact of prayer. Pargament (2014) used the same case study design with an emphasis on how addiction is a spiritual problem, one where subjects often use self-medication to try to solve. They found that prayer may be helpful to identify treatment goals, begin and end sessions, and respond to cravings to self-medicate.

Hagedorn and Moorhead (2010) employed a case study that allowed for a highly detailed understanding of their subject of a "God-sized hole." Hagedorn and Moorhead found that a three-part approach to filling this hole with God may be helpful. This approach included focusing on self (which helps to establish a holistic self), focusing on others (which helps create healthy relationships and supportive communities), and focusing on nature (which helps return to

innocence and play). Hagedorn and Moorhead dug deeper into this concept with a phenomenological study to observe this concept. In the future, perhaps a quantitative study would add additional support for increasing its ability to be generalized to larger populations in recovery.

Researchers who employed qualitative case studies provided wonderful illustrations for better understanding and potential application of theories to specific needs. Because case studies can be phenomenological and can help to answer *how* and *why* questions, this was an ideal research design for this study. Ultimately, I selected a case study as the research design that could be uses to offer the best means of identifying factors that contribute to a transition from NRC to PRC.

Qualitative: Phenomenology. Six sets of researchers described the phenomenon of how spirituality impacts addiction recovery. Cheney et al. (2014) interviewed 28 current cocaine users from a rural Arkansas population of African Americans. The researchers found that culturally sensitive interventions may help to apply general treatment methods to unique settings. Cheney et al. also found that many of their subjects claimed that combining religious practices with formal drug treatment was the best option for success. These researchers provided a thick and rich description of cultural implications in the recovery process as it relates to spirituality.

DeLucia et al. (2015) interviewed 19 Narcotics Anonymous members with more than 10 years of sobriety from illicit drug use. Within the Narcotics Anonymous program, fellowship seems to be a critical component that contributes to its success. DeLucia et al. also found that “many of the positive changes articulated by participants can be conceptualized as correcting pathological development trajectories in the personal and interpersonal domains” (p. 17). Even though they selected a methodology that was well suited for their study, their claims could have

greater support with a sample of more than 19 interviews. However, Cheney et al. included the use of focus groups, which also mirrored the interview responses that revealed a strong appreciation for fellowship being an important factor in recovery. Thus, focus groups may have been a better method than individual interviews.

Timmons (2012) and Williamson and Hood (2012) also conducted studies with small sample sizes of 10 each. Timmons found that in Celebrate Recovery (a Christ-centered addiction recovery ministry), God is an integral part of the recovery process that increases an awareness of self in relation to God, communicating with God, and planning for the future with God. Williamson and Hood (2012) argued that if spiritual transformation first begins with spiritual disharmony, then those who are impacted by addiction and struggling spiritually may be an ideal demographic to study. Williamson and Hood found that during ideal spiritual transformation, subjects seem to grow through five overlapping stages including "(1) Sick and Tired, (2) Unmerited Love, (3) I'm Changing, (4) Fast/Gradual, and (5) Destiny" (p. 893). These five stages could lend insight into the transition from NRC to PRC, as this transition seems to parallel that of spiritual transformation.

Lietz and Hodge (2013) investigated focus groups consisting of 20 clients and 20 treatment providers. The researchers found that treatment providers seemed to experience greater success when they use the term *spirituality* rather than *religion* as the former tended to carry less emotional baggage. Lietz and Hodge also found that it may be helpful for treatment providers to approach the topic of spirituality by encouraging new viewpoint without imposing those viewpoints. With data from both clients and treatment providers, Lietz and Hodge studied two perspectives of the same issue. This resulted in a literature that was more comprehensive in nature than the other phenomenological studies. Phenomenology is another design that can

identify a specific concept in terms of perspective or experience and could have been undertaken to explore the why and how questions pertaining to positive and negative religious coping in addiction recovery.

Qualitative: Empirical and theoretical literature reviews. In this final subsection, I examine existing empirical and theoretical literature reviews (Abu-Raiya & Pargament, 2015; Dermatis & Galanter, 2016; Hodge, 2011; Kelly et al., 2015; McDonough, 2012; Morgan, 2009; Sandoz, 2014; Selvam, 2014; Sussman et al., 2013; Walton-Moss et al., 2013). These researchers studied literature samples that varied between 190 articles (Sussman et al., 2013) and 29 articles (Walton-Moss et al., 2013). Even though Walton-Moss et al. (2013) used a small sample of 29 articles, their search resulted in 1,887 sources, which through an extensive and rigorous selection process reduced their size to a concise number. Almost all of these researchers limited their studies to those written only in English, peer-reviewed, less than 10 years old, and pertaining to religion, spirituality, and addiction recovery. Kelly et al. (2015) selected a similar process without any limitations to age. While this may have produced some outdated works, it also allowed for the inclusion of seminal works that offered foundational theories.

Researchers who used a qualitative methodology of empirical and theoretical literature reviews provided for a strong and broad understanding of existing ideas surrounding a research topic. As I considered which methodology to employ in this study, the literature review chapter of this dissertation fits this methodology and was a necessary means of arriving at a foundational understanding of the current body of knowledge of this topic.

Mixed methods: Experimental design using surveys and interviews. Using the strengths of quantitative measurements and qualitative details and explanations, two sets of researchers in this this body of literature employed mixed methods. Al-Omari et al. (2014)

combined 146 inpatient surveys along with open-ended question interviews in two separate addiction treatment facilities. A small number helps to make the qualitative process of interviews more manageable. By combining the two methods, Al-Omari et al. provided thick and rich detail to add depth and understanding to the statistical data of the surveys.

Heinz et al. (2010) also used mixed methodology and used surveys along with interviews from five focus groups collected data over 2 years with a total of 25 subjects in an outpatient treatment facility in Baltimore, MD. Their work was meticulous, in part because of the small sample size. Heinz et al. made up for their small number of subjects by revealing a deep understanding of how the recovery process can be a time of increased spiritual growth for that particular treatment facility. Furthermore, the participants in that treatment facility expressed a desire for an additional spiritual resource apart from 12-Step groups and traditional church services.

The strength of mixed methodologies to connect statistics to thick and rich data has obvious strengths for studies who seek to focus on possible reasons, thoughts, and behaviors associated with raw data. Therefore, as I considered how to study this topic using the Brief RCOPE along with interviews as a strong option if it were important to determine levels of positive and negative coping methods. However, it might have been helpful to use the Brief RCOPE on a longitudinal study that measured subjects as they begin their addiction recovery, and at 6-month intervals for 2 years. Combining this with individual or focus group interviews could result in impactful conclusions.

Review of Methodological Issues

To refine the methodology for this research project, I needed to analyze the methodologies represented in the literature selected for this review. Quantitative, qualitative, and

mixed methods are each relevant to the research I considered. The following sections describe each methodology and research design in detail.

Quantitative: Experimental. Researchers who employed experimental designs with at least one variable allow for a strong point of comparison of different treatment plans. Kelly et al. (2011) were the only researchers to use this type of methodology in this selection of literature. Kelly et al. compared the effectiveness of different addiction treatment designs. Strengths of this methodology included the ability to provide a current snapshot of data. The authors compared and contrasted different treatment designs in a clear way. Using 1,726 subjects, they found a strong level of generalization to other groups of individuals in addiction recovery. Additionally, the authors mitigated risk with anonymity of the participants.

However, this methodology was burdened with weaknesses. First, while this method could be beneficial as a longitudinal study, it would expand the scope of this dissertation to an unwieldy long timeline. Second, the longitudinal aspect of this design could prove difficult, as the demographic of subjects who are in addiction recovery are prone to relapse, incarceration, overdose, or death, making longitudinal follow-up difficult or impossible. Third, as there are so many possible variables that may impact effective treatment, it may be difficult to maintain sufficient constants among subjects that would allow for strong inferences or data interpretation. While the variable being measured may appear to have strong statistical significance, another variable may have affected the results. Finally, this methodology only provides statistical data without the thick and rich description found in qualitative methodologies. It can answer what is happening but falls short on answering why or how the phenomena may be occurring.

Overall, this methodology could be a potential consideration for future research that would measure and compare the effectiveness of different PRC methods and their impact on

treatment outcomes. However, I sought to discover the factors that decrease negative religious coping and increase PRC in addiction recovery, and as these factors have not yet been identified, they would be difficult to compare and contrast as variables in an experimental design.

Quantitative: Nonexperimental. Researchers who used quantitative methodologies with nonexperimental designs composed most of the literature I reviewed. Most opted to collect fresh data from established surveys and questionnaires; a few chose to use data collected during previous research. Much like the experimental methodology, this design comes with several strengths and weaknesses. I did not select this as the best design for this study.

Regarding strengths, this methodology includes the ability to measure relationships between spirituality, religion, addiction, and religious coping. The Brief Religious Coping assessment (Brief RCOPE) is a widely accepted and used means of measuring the levels of religious coping (Pargament et al., 2011). Additionally, this methodology allows for high levels of ethical standards as it measures subjects as they are, regardless of race, gender, or religion (Ciarrocchi & Brelsford, 2009). Furthermore, researchers such as Allen and Lo (2010) and Desmond et al. (2013) studied large numbers of subjects, which led to high levels of generalization to other addiction recovery populations and a better measure of the relationships among the variables of spirituality, religion, coping, and addiction recovery. Therefore, this methodology has high value for research that would be beneficial to treatment centers and counselors who seek to improve their clients' treatment outcomes.

This methodology is not without weaknesses. Similar to experimental methods, it connects the relationship of religious coping with treatment outcomes, but it does not offer answers to why the relationship exists or how a person transitions from NRC to PRC. Additionally, Webster (2015) had only 30 participants, and the results of the study reflected

contrasting data to the majority of research that I reviewed. Webster (2015) reported no statistically significant relationship between spirituality and substance abuse, in contrast to the discoveries of the majority of literature in this field. Perhaps a similar study with a larger sample would provide further insight with greater reliability and either reveal with other researchers have missed or reflect a relationship with statistical significance.

This methodology presented potential for benefit for this study. The Brief RCOPE could be an intriguing fit in a longitudinal study is intriguing, but it would broaden the scope of this dissertation. Additionally, while this methodology was beneficial to add significant knowledge to the research topic, it also only answers the question of whether a relationship between religious coping and addiction recovery exist. It does not offer possible reasons why or how, leaving the researcher to make inferences that may be prone to bias.

Mixed methodologies: Experimental design using surveys and interviews. The strength of mixed methodologies is the connection of statistics to thick and rich data. Researchers who use this methodology could help to infer explanations for how or why relationships between spirituality, religion, coping, and addiction recovery occur. The two sets of researchers who employed mixed methodologies approached their sample sizes differently. Al-Omari et al. (2015) used a sample size of 146 inpatient surveys and open-ended questions in two treatment facilities. Heinz et al. (2010) used a smaller sample size of 25 subjects in one treatment center. The larger sample size from multiple locations may serve the body of research with findings that have a higher capacity to be generalized, while the smaller sample allowed researchers to dig meticulously through great details and offer a deep understanding of a smaller demographic.

The strength of this methodology in the topic of religious coping and addiction recovery is a more complete picture than either qualitative or quantitative studies alone. As noted previously, larger sample sizes have the strength of greater generalization while smaller samples afford the luxury of greater depth of understanding in a specific location. Either way, this methodology has much to offer the topic of religious coping and addiction recovery and could be greatly beneficial to providing treatment centers and therapists with more effective treatment plans with increase recovery outcomes. The Brief RCOPE (Pargament et al., 2011) appears to be the most commonly used instrument to measure religious coping, as it was employed by nearly all literature selected for this review that focused on religious coping. The Brief RCOPE offers researchers an abbreviated statistical instrument that effectively assesses "religious methods of coping in an efficiently, psychometrically sound and theoretically meaningful manner" (Pargament et al., 2011, p. 70). Combining this instrument with qualitative data from individual or group interviews would reinforce quantitative data to offer possible reasons, feelings, and behaviors associated with the raw data. It would allow the subjects to offer their explanations and reasons rather than rely merely on the inferences and conclusions of the researchers.

Weaknesses of this methodology exist in the danger of unbalanced studies. Great care should be taken so that both qualitative data and quantitative data are equally considered and help to explain and support claims and findings. Additionally, researchers who collect data from too large of a sample size may make the qualitative data too unwieldy to accurately measure great details while a sample size that is too small may make the quantitative data less statistically significant.

Overall, this methodology has the potential to expand the body of knowledge in the topic of religious coping and addiction recovery and improving future treatment plans, which may

result in improved recovery outcomes. However, as mentioned with the discussion on quantitative methodologies, I sought to identify possible factors that decrease NRC and increase PRC. As these factors have not yet been identified, it was not possible to quantitatively study them. A mixed-method approach would be a strong choice for a follow-up study to this dissertation, once the factors are identified.

Qualitative: Case study. Researchers who use qualitative case studies provide illustrations for better understanding and potential application of theories to specific needs. The strengths of this methodology include feasibility, benefit to stakeholders, and a high ability to interpret the findings. The feasibility of this method is high due to a low subject size. It is also a great benefit to all stakeholders, as it allows for the application of a specific theory to a subject and can therefore be a prelude to a follow up phenomenological study for additional support for increasing its ability to be generalized to a larger sample. Hagedorn and Moorhead (2010) proposed that an individual may try to fill God's place in their lives with using illicit drugs or abusing alcohol. By studying their subject, the authors applied a theory of replacement that could be reinforced with a follow phenomenological study. Finally, this methodology has a high degree of inference, as it allows in-depth interviews and observations with a small sample size. Careful observation of the collected data can result in a time of clarification for a more precise understanding.

Yet with a small sample size, uniqueness that is present in individuals may make it difficult to apply the findings of the study to broader populations. Juhnke et al. (2009) helped to offset this weakness by drawing on several case studies that results in an ability to spot trends in the impact of prayer on addiction recovery. By studying several case studies, they were able to draw conclusions that have broader applications.

In the field of spirituality, religion, coping, and addiction recovery, this methodology could be helpful as a launching point for applying theories to specific needs. For example, it would be valuable to observe a subject to determine the events and factors related to reducing NRC and increasing PRC in the recovery from addiction. It could also be employed to better understand how a subject developed negative religious coping prior to the recovery process. These two examples merely scratch the surface of the multitude of facets that could be observed within the framework of a case study. However, as I desired this study to have increased levels of generalization, a small sample size would have limited this ability. This was offset by studying a small group of subjects as a single case.

Qualitative: Phenomenology. Phenomenology helps to understand a specific concept in terms of perspective or experience. Because of this, this methodology had a strong potential for this research. It may have been advantageous to consider this methodology, as I desired to understand which factors help transition from NRC to PRC in addiction recovery.

Strengths of this methodology that related to this topic include a minimized risk, applicable methods, and observation of a phenomenon. which could all result in data that supported inferred and interpreted findings. The minimized risk involves the identity of the subjects. This population group cherishes their anonymity, and by changing the subjects' names, I shielded their identity. Applicable methods could include one-on-one interviews as in Lietz and Hodge (2013), or even with focus groups as in DeLucia et al. (2015). One-on-one interviews can provide highly detailed individual data, while focus groups allow for multiple subjects to provide data in a quicker format to the interviewer. DeLucia et al. also revealed that focus groups allow the subjects to be reminded of important data by the response of a fellow subject. Data from these methods can be organized in a matrix that will enhance the ability to identify patterns,

similarities, and differences between each subject. Thick and rich data from these interviews will result in inferential and interpretive findings that will provide important details for a careful study of the phenomena of the factors that decrease NRC and increase PRC in addiction recovery.

Weaknesses of this methodology for this topic included a lack of quantitative data and the danger of too small of a subject size. By nature, this methodology does not include quantitative data. However, a phenomenological study of this topic could be the forerunner for a follow-up study that could include a mix methodology or a quantitative study of the factors that were identified in this study. Also, care could be taken to ensure an adequate sample size. Timmons (2012) had a sample of only 10 subjects. While a smaller size is easier to focus on greater levels of detail, the study also lacks its capacity to be generalized to a larger population.

Overall, a phenomenological methodology had potential for the goals of this study. If a moderate sample size of 30 to 40 subjects were to be used, thick and rich data would be possible without the data becoming unwieldy in size. It may have been worth considering subgroups similar to the study of clients and treatment providers by Lietz and Hodge (2013). In addition to these to subgroups, it may have been interesting to interview family members of addicts in recovery as well. If a smaller sample size were to be used, then it may be beneficial to also consider focus groups to for additional data.

Qualitative: Empirical and theoretical literature reviews. The qualitative methodology of empirical and theoretical literature reviews provides for a strong and broad understanding of existing ideas surrounding a research topic. While I considered which methodology to employ in this study, the literature review chapter of this dissertation fits this

methodology and provided a foundational understanding of the current body of knowledge of the topic of how spirituality is best applied to addiction recovery.

Strengths of this methodology include providing a foundational understanding of the topic and an awareness of gaps in the research with high feasibility. This foundational understanding can be developed by an extensive collection of relevant literature, such as the comprehensive list of 190 articles that were compiled by Sussman et al. (2013). In contrast, it could also be refined with higher levels of relevance by starting with a large sample and reducing that sample with tightly defined search criteria. This is exemplified by Walton-Moss et al. (2013), who started with 1,887 articles but with a specific system of refined search criteria, reduced their sample size to only 29 literature. It can also allow for flexible goals for either obtaining the most recent literature for cutting edge data for current theories and evidence or allow for a historical view by including older articles that may provide context and seminal literature as evidenced by Kelly et al. (2015). The feasibility of this methodology is strong with modern Internet search engines that allow for identifying topical peer-reviewed literature, as long as there are literature that deal with the topic. While this is a strength in the topic of religious coping, it would be considered a weakness for the topic of the factors that are responsible for transitioning from NRC to PRC as this appears to be a gap in current research literature.

One glaring weakness of this methodology in relation to this research topic is that the researchers do not create any new knowledge. They do provide a foundational basis for new research, but they do not reveal any new data. Therefore, while this methodology does have strength, it cannot be a primary methodology for the research of this dissertation. With that said, it does provide the basis and framework for this literature review, and it is valuable to establish what is known on this topic and what is yet to be researched.

A newly suggested methodology. Dodes and Dodes (2014) suggested a new, untried method that is quantitative and experimental. Dodes and Dodes contained a bias against spirituality as a treatment modality, and some of their argumentation involved logical problems. One such logical problem was how they related the lack of engaging in the 12-Steps to taking an antibiotic that did not work. A more accurate application of logic would be engaging in the 12-Steps (actively working the principles) is similar to taking an antibiotic while merely attending the 12-Step meeting is akin to filling a prescription for antibiotics and not taking them (or taking them in a manner inconsistent with the directions on the label). That said, their suggestion for a new research model was intriguing, and the results could shed new understanding on this topic. They suggested a nationwide study with a large number of subjects from several addition treatment centers. Subjects would be randomly assigned into for different modalities including cognitive behavioral therapy, psychodynamic therapy, 12-Step outpatient approach, and a control group with no treatment modality. All four groups would be matched to reflect national percentages of age, race, income, and education levels. Following treatment, surveys and interviews would then be conducted at intervals ranging from one month to twenty years.

The results of such a study could have a great impact on how addiction treatment improves; however, it seems to present some significant challenges. Such a project would be difficult to limit other variables that could potentially impact the results. It also fails to consider the theory of positive or negative religious coping (most likely due to their bias against spirituality). As such, it is possible for some subjects from each of the four modality groups to engage in religious coping, and this study would not be able to take that into consideration. For that reason, as well as the length of time necessary for the follow surveys and interviews, this was not an appropriate methodology for this present research focus.

Synthesis of Research Findings

In this synthesis, I spotlight major themes and concepts that are formed from many sources. I also incorporate two important points of contention among the researchers. Finally, I address an important gap in the current research.

Major themes and concepts. Researchers who have studied the relationship between spirituality, religion, and addiction recovery generally agreed on several major themes and concepts. These major themes and concepts included definitions of spirituality and religion, the theory of religious coping, unique differences regarding the use of religious coping among men and women, and unique differences regarding the benefits of religious coping among world religions.

Defining spirituality and religion. Researchers defined spirituality and religion somewhat differently, and many common themes were presented. According to Allen and Lo (2010), religion is a social and doctrinal construct. Many other researchers agreed, and they defined religion as a social system of doctrine, behaviors, symbols, and practices designed to draw near to a higher power (Kleftaras & Katsogianni, 2012; Monod et al., 2011).

In contrast, some researchers defined spirituality as a transcendent search for purpose, meaning, and peace (Kleftaras & Katsogianni, 2012; Monod et al., 2011). Other researchers defined spirituality as how a person connects with self, others, and the universe (Clark et al., 2013; Diallo, 2013). Allen and Lo (2010) added, “Spirituality can range from exhibiting a close, intertwining relationship with religion, to being enhanced by religion in some small way, to being completely secular” (p. 434). Following the example of several researchers, rather than distinguishing differences between spirituality and religion, I used the combined concept of spirituality and religion as defined by the activities, beliefs, and connections with self, others,

and a higher power. As such, I used the term spirituality to include both spirituality and religion unless it is necessary to illustrate a difference between the two.

Among the majority of literature selected, researchers supported the notion spirituality has a positive impact on the process of addiction recovery. Al-Omari et al. (2014) and Gomes et al. (2013) shared that spirituality appears to have a protective and preventative quality against substance use. They asserted that spirituality influences attitudes regarding substance use, and attitudes in turn influence behaviors. Desmond et al. (2013) found that spirituality helps subjects to develop a stronger sense of self-control. Other researchers came to similar findings that spirituality increases meaning and purpose in life and promote hope for a better life (Diaz et al., 2011; Heinz et al., 2010; Kleftaras & Katsogianni, 2012; Krentzman et al., 2017). Finally, Unterrainer et al. (2013) reported that subjects who exhibit higher levels of spirituality have higher levels of meaning and forgiveness and show fewer tendencies to self-medicate.

Theory of religious coping. The theory of religious coping has its origins in coping theory, which Pargament et al. (2011) used to describe how individuals relate with God in the midst of stressful times. Generally speaking, coping theory explains how people use cognitive and behavioral means to deal with stressful circumstances (Martin et al., 2015). However, coping theory does not include spiritual or religious factors that people employ to deal with stressors. Pargament realized this important omission, and together with his colleagues, developed the theory of religious coping. This theory spans a wide range of factors that are multimodal, capable of describe dynamic change, and acknowledges a reality that can be both bitter and sweet.

Religious coping can occur both in positive and negative ways. PRC is related to a benevolent view of the sacred, greater spiritual well-being, and positive psychological constructs (Pargament et al., 2011). Giordano et al. (2015) found, “Perceiving God as a source of support

when faced with negative life circumstances appears to be a strong and effective coping strategy which may diminish the appeal of escaping negative mood states through mind-altering substances, such as alcohol and marijuana" (p. 76). Examples of PRC include turning to God in times of difficulty, finding support and encouragement from one's faith community, and relying on God for protection and care (Giordano et al., 2015; Prout et al., 2015).

Researchers associate NRC with a malevolent view of the sacred, lower spiritual well-being, depression, and anxiety (Pargament et al., 2011). Examples of NRC include questioning or blaming God during times of difficulty, experiencing spiritual turmoil, viewing God as punishing, feeling rejected by one's faith community, and self-blaming thoughts (Giordano et al., 2015; Prout et al., 2015).

Still, the theory of religious coping is not a treatment modality for addiction recovery but a concept that describes how people connect their spiritual or religious belief systems to major life stressors. The theory is used to describe how people use their belief systems to cope in times of distress. Giordano et al. (2015) inferred that religious coping may be beneficial to better understand and treat addiction. Therefore, identifying these factors that transition from NRC to PRC could result in a new addiction treatment modality to be incorporated into a comprehensive addiction treatment plan. Puffer et al. (2010) also supported this possibility as they find that reducing NRC is related to reduced post-treatment opioid use. They also found that many subjects experienced a change from NRC to PRC during the treatment process. Discovering what factors contribute to this process could help to refine the treatment process to better facilitate this change.

Differences among gender. How subjects use religious coping is not always the same. Charzyńska (2015) found that men and women tended to respond differently in terms of how

they use religious coping for effective treatment outcomes. In a balanced study with equal numbers of men and women, Charzyńska found that compared to women, men tend to emphasize spirituality less than women, by which he inferred that men may find less benefit from religious coping than women. Walton-Moss and Woodruff (2013) also that women tend to show greater relationships between spirituality and sobriety than men. Martin et al. (2015) found that women tend to report more use of religious coping during stressful times than men.

Differences among world religions. While a majority of current research selected for this literature review focused on Western culture and Christian perspectives of religion, a few researchers inspected how other religions impacted the process of addiction recovery. Al-Omari et al. (2015) observed subjects from Jordan who are 92% Sunni Muslim. People who identified as Muslim reported high levels of their religion providing peace of mind, new beginnings, protection from substance use, and increased motivation for addiction recovery. Despite these benefits, Al-Omari et al. also reported critical views of men in positions of religious leadership, describing them as "harsh, superficial, and unfriendly" (p. 1274). However, Abu-Raiya and Pargament (2015) reported that Muslims tended to report using PRC far more often than negative religious coping.

Abu-Raiya and Pargament (2015) also conducted an analysis of seven literature focused on how religious coping impacts Jews. The authors found that high levels of spiritual identity could serve as a means of coping during stressful times. They also found that PRC was connected to lower levels of worry and anxiety, due to a sense that God cares for their well-being. Finally, Abu-Raiya and Pargament (2015) found that NRC is related to depressive symptoms.

Among Buddhists, Abu-Raiya and Pargament (2015) found similar results when compared to subject who claim to be Christian. They found that Buddhists results included using PRC more often than NRC. Abu-Raiya and Pargament also found that Buddhists who relied on PRC tended to report higher levels of well-being while Buddhists who relied more on NRC tended to report lower levels of well-being. Among Hindu samples, subjects reported less connection between religious coping and treatment outcomes. However, the Hindu samples did reveal a connection between PRC and higher life satisfaction scores.

A synthesis of all these unique differences regarding how different world religions utilized religious coping suggests each religion provides a means of dealing with major life stressors. According to Abu-Raiya and Pargament (2015),

> Muslims, for example, read the Qur'an to find consolation and remind themselves to be patient, Jews consult with their rabbis and wait for the Sabbath, Buddhists focus on right understanding and mindfulness, and Hindus look for a total spiritual awakening. (p. 30)

Furthermore, as religious leaders seek to better serve their followers who are in recovery from addiction, they would all be wise to be aware of the need to relate to people in recovery from addiction with increased empathy, compassion, and acceptance.

Disagreements and critical gaps. I found two primary topics of disagreement among the selected literature. The first disagreement was whether or not addiction is a spiritual problem. The second disagreement was whether or not 12-Step programs are effective as a modality for treating addiction. In addition to these primary areas of disagreement, I identified a gap in the current research. While the reduction of NRC and the increase of PRC has beneficial outcomes for addiction treatment, the factors that may impact this transition from negative to positive religious coping have not yet been identified.

Is addiction a spiritual problem? The first area of disagreement within the literature deals with viewing addiction as a spiritual problem. Since the birth of Alcoholics Anonymous over 75 years ago, American society has assumed that addiction is a spiritual problem (Dodes & Dodes, 2014). While a majority of researchers held this view, there were some who did not. The implications for this disagreement are substantial, as many current treatment plans (including many court-ordered treatment plans) and many inpatient treatment centers incorporate the 12-Steps (which claim to be a spiritual process).

Charzyńska (2015) suggested addiction has a side effect of destroying one's spiritual life. Abusing substances for reasons of self-medication can cause one to withdraw from a higher power due to shame. Pargament (2014) described addiction as a "spiritual vacuum" that opens a void in one's spirit. For the addict, this void is filled with any number of chemical or behavioral addictions in an attempt to feel whole. Hagedorn and Moorhead (2010) supported this concept, as they described this void as a "God-shaped hole." Sandoz (2014) concluded that when one fills this hole with anything other than God, spiritual misdirection results.

All of these ideas resonated deeply with me. They all describe my experiences with addiction and my attempt to fill a void with unhealthy chemicals and behaviors that filled me with shame, drove me to attempt to run from God, and led me toward spiritual misdirection. I have found that the process of recovery has been a spiritual journey, allowing me the opportunity to draw closer to God, seek God as my source of all that I need, and follow God's path for my life.

However, two sets of researchers have refuted the view that addiction is a spiritual problem. Webster (2015) found no statistically significant relationship between spirituality and substance abuse. I found illogical jumps in Webster's theoretical foundation. Webster asserted

four reasons spirituality is a helpful aspect of treating addiction but ended his theoretical framework with the claim that “spirituality is not a primary treatment modality” (p. 324). While his work may have supported this claim, his process for arriving there contained holes. For example, he supported the positive impact of spirituality on addiction but showed no theories of treatment that could be more effective primary treatment modalities. Furthermore, Webster’s selection of literature for his review all supported the claim that spirituality has a positive impact on addiction recovery, and no literature was included to support his claim. Webster used a quantitative methodology with a sample size of 30 nonrandomized participants. He admitted that a small sample size and a lack of randomization may have contributed to his results. Despite these weaknesses, Webster raised an interesting point: Approaching addiction treatment from a multimodal approach that incorporates spirituality with other modalities is shared by other researchers (Diaz et al., 2011; Faigin et al., 2014; Pargament, 2014; Selvam, 2015).

Dodes and Dodes (2014) also asserted that addiction is not a spiritual problem. However, unlike Webster (2015), Dodes and Dodes worked diligently to address a multitude of other researchers and found fault with their methodology and theoretical frameworks. Some of their arguments have merit, especially concerning methodologies because of the difficulties inherent to studying addiction. For example, longitudinal studies that would show long-term effects of religion and spirituality on recovery from addiction are highly difficult. If a researcher wanted to measure the impact of spirituality on addiction recovery at a baseline, and then follow up measurements at yearly intervals for 10 or 20 years, a substantial amount of time would be necessary. Also, because of the highly transient demographic (addicts are prone to move, relapse, overdoes, enter prison), an originally large sample size would be difficult to maintain connection with and the availability to collect measurements at annual intervals could rapidly diminish.

Webster also critiqued previous researchers' theoretical frameworks with illustrative arguments that at first sound compelling, but with closer examination contain faulty logic. For example, Dodes and Dodes (2014) discredited an Alcoholics Anonymous slogan, "The program does not fail, people do" (p. 3) and equated it with an absurd idea in medicine: "The antibiotic didn't fail, you did" (3). While seemingly logical, this argument does not take into consideration that an antibiotic does not depend on the synergistic actions, thoughts, or behaviors of the subject. It simply works. A more logical argument would be "the antibiotic didn't work because you didn't take it as prescribed." In the case of addiction recovery, the synergistic responsibility of the subject is critical, and Dodes and Dodes themselves recognized that active engagement in the spiritual component within the 12-Steps provided more positive impact on addiction recovery that mere attendance of 12-Step meetings. After poking holes in the theories and methodologies of previous research, Dodes and Dodes proposed their own suggestion without providing empirical research of their own to support their claim that psychotherapy should be the primary treatment modality. The bias inherent in Dodes and Dodes was revealed in their disdain for a higher power and faith in general. For me, these factors of faulty logic, a lack of empirical evidence to support their claim, and the high degree of bias reduced the weight and validity of this literature.

That said, in my experience psychotherapy is beneficial, especially when the therapist has the goal of identifying and resolving the root pain that led to the development of a behavioral addiction. My experience suggests the spiritual component to my treatment has been largely beneficial to provide the necessary hope, forgiveness, and purposeful meaning necessary to daily accomplish the herculean process of addiction recovery. Again, this is supported by the

recommendations for multimodal treatment plans by many researchers (Diaz et al., 2011; Faigin et al., 2014; Pargament, 2014; Selvam, 2015).

Are the 12-Steps and effective means for addiction treatment? The second area of disagreement among the literature is over the efficacy of 12-Step programs. Similar to the previous disagreement, a majority of researchers supported the 12-Steps as viable modalities for treating addiction. Gamble and O'Lawrence (2016) found that the fellowship and peer support provided by such programs are beneficial to the recovery process. DeLucia et al. (2015) found that this fellowship produces hope, a sense of belonging, and enjoyment, which help to relieve the despair, isolation, and depression common to many addicts. Dermatis and Galanter (2015) noted that working a 12-Step program may activate (or reactivate) a spiritual state which relates to reduced drinking outcomes and may also predict factors for relapse. Sandoz (2014) found that the 12-Steps offer a roadmap for spiritual development as they outline several practical steps that result in growing closer to a higher power. Kelly et al. (2011) found that, as subjects increased the frequency of their 12-Step meeting attendance, they reported decreased alcohol use and increased development of spirituality. Lyons et al. (2011) found that subjects related the 12-Steps to the development of forgiveness from God, others, and self. Finally, McDonough (2012) found that subjects reported 12-Step fellowships as being helpful in understanding their addiction as standing between them and their higher power as well as their need to be reconnected with the grace and love of their higher power.

Once again, Dodes and Dodes (2014) stood in disagreement. They maintained that the 12-Steps were founded on bad science and should no longer be considered as a primary means of treatment. Instead, Dodes and Dodes suggested psychotherapy is the most effective primary treatment modality. Their arguments contained elements of faulty logic and bias. Furthermore,

Dodes and Dodes did finally admit that the 12-Steps do have a positive impact on addiction recovery.

In my experience, walking others through the process of addiction recovery has suggested not everyone has access to or resources to afford psychotherapy. Qualified psychologists are not in every community, and their rates for therapy can be too high for some addicts. However, 12-Step groups are relatively easy to find and most only request that you share a dollar or two to help offset the cost of rent and coffee. Again, just as the first disagreement has merit on both sides (a spiritual approach and a psychological approach to treating addictions can be helpful), I believe, based on the literature and personal experience, that both psychotherapy and 12-Step programs can have beneficial impacts on the addiction recovery process.

A gap, a problem, and a purpose. Originated by Pargament (1998), the theory of religious coping has emerged as the most recent means of understanding the role of religion and spirituality as coping methods for major life stressors. Pargament's theory has been applied to various stressors, such as the human response to terrorism, fatal health diagnosis, serious relationship failures, and most recently, both chemical and behavioral addictions (Abu-Raiya & Pargament, 2015; Diaz et al., 2011; Faigin et al., 2014; ; Giordano et al., 2015, 2017; Krentzman et al., 2017; Pargament et al., 1998; Prout et al., 2015; Puffer et al., 2012). The theory of religious coping has also been studied from the perspective of multiple world religions (Abu-Raiya & Pargament, 2014). Researchers have found that NRC is related to active addiction and increases difficulties with the addiction recovery process. They also found that PRC is related to improved recovery outcomes and general wellbeing. However, there is a problematic gap in the current research that fails to explain how to decrease NRC and how to increase PRC, especially in the field of addiction recovery. Therefore, the problem I researched was how to improve the

use of spirituality as an addition to the addiction recovery process in a way that improves treatment outcomes. This was supported by the gap in literature regarding the factors that decrease NRC and increase PRC in addiction recovery. The purpose of this research was to understand the development of spirituality during the process of addiction recovery by identifying the factors in the transition from NRC to PRC and thereby improve the potential for better treatment outcomes. Puffer et al. (2010) believed that further research on the relationship between addiction recovery and religious coping could help to improve treatment outcomes.

Critique of Previous Research

I examined and critiqued various components of research gleaned from the literature selected for this review. Strong examples of study purpose, evidence, research design, literature review, research question or hypothesis, study samples, data collection, and study results were illustrated. I also provided examples of each of these components that were weak or could have been improved.

Study purpose. Several researchers whose work was selected for this literature review described their purpose in a clear fashion. One example of a clear purpose was the qualitative study of Williamson and Hood (2012). Their purpose was to contribute another perspective on the process of spiritual transformation. The researchers stated this purpose clearly in their introduction, as they built on existing perspectives of understanding the phenomenology of spiritual transformation. They expressed that there was a need for such a study, as additional perspectives of spiritual transformation could help provide a bigger picture of *how* and *why* spiritual transformation occurs. Williamson and Hood stated, “ If we assume that [spiritual transformation] begins with disharmony and discontent, then perhaps a most useful group to consider would be those who have been caught hopelessly in the snare of substance abuse and

have turned to religion as a way to make changes and regain their lives" (p. 890). Therefore, their work was relevant to my research. The process of reducing NRC and increasing PRC in addiction recovery could be described as a spiritual transformation.

Prout et al. (2015) provided a quantitative example of a strong study purpose. Their purpose was to evaluate the moderating roles of religious coping on the relationship between trauma and illicit drug use. Prout et al. defined their purpose in the abstract, and again in their introduction. The study was needed to provide addicts with additional tools such as developing spirituality and the engagement with a spiritual community, which may ease the recovery process. Prout et al. were relevant to this dissertation, as it is my experience that trauma and addiction are closely related. Also, I have experienced the benefit of using religious coping as well as developing effective strategies that help to offset addiction triggers or cravings.

Although few researchers offered weak purpose statements, Kleftaras and Katsogianni (2012) were weaker than the others when assessed in its connection to this research project. Kleftaras and Katsogianni (2012) provided a study with a twofold purpose. First, they wanted to examine the relationship that spirituality has with how one perceives meaning in life. Second, Kleftaras and Katsogianni wanted to examine the spirituality and meaning in life of subjects with low, medium, and high levels of depression symptoms. While studies that helped reduce the numbers of depression-related suicides have great importance, this study appeared to duplicate research previously done in other countries in Europe for the implicit purpose of examining persons in Greece. While this had value in Greece, the researchers provided a purpose that has less value for a current study with subjects in the Midwestern United States.

Research design. Regardless of design, most of the literature shared a common theoretical framework. Two designs stood out as being exemplary. Williamson and Hood (2012)

began with a theoretical framework that maintained spiritual transformation involves a change in self that provides new meaning. This change involved moving from discord to harmony, and this change came through external spiritual help. Williamson and Hood selected their samples from individuals who were in recovery from addiction, as this demographic is by nature seeking a change from discord to harmony. They devised a phenomenological study that involved interviews to explore the experiences of their subjects pertaining to their spiritual transformation during the addiction recovery process. These researchers provided a research design that could have had a great influence on the research design of this study, as I sought to explore the phenomenon of the transformation from NRC to PRC during addiction recovery.

Another set of researchers who provided an exemplary research design is Pargament et al. (1998). Even though this study is beyond the recommended scope of 10 years, I discovered this literature as being foundational to the theory of religious coping and to many other research teams who study religious coping (Abu-Raiya & Pargament, 2015; Charzyńska, 2015; Faigin et al., 2014; Giordano et al., 2017; Giordano et al., 2015; Prout et al., 2015). In addition, these researchers set the bar not only for research design but also for all other components of the literature. This set of researchers produced the strongest overall literature that was selected for this literature review. However, in an attempt to address other researchers' work and to avoid overusing this literature as an example, I will only address this literature in a discussion pertaining to research design.

Pargament et al. (1998) began with a theoretical framework that argued that individuals must translate their religious beliefs into coping methods for stressful situations. These coping methods have implications on overall health during stressful situations. Religious coping is a predictor of how subjects successfully deal with stressful situations, and religious coping tends to

fall into positive or negative patterns. To study people who have encountered high levels of stress, these researchers selected three separate groups of people from various locations of the United States. One group included members of two churches in Oklahoma City at the time of the bombing of the federal building. The second group was a sample of college students who experienced extreme stress in the form of a death of a friend or family member or the loss of a significant romantic relationship. The final group was a sample of hospital patients coping with severe medical illness. Pargament et al. studied these three samples by using the Brief Religious Coping Scale (Brief RCOPE). These researchers' study had profound implications for this dissertation. Although I did not follow their quantitative methodology, these researchers provided the theory of religious coping that has inspired a curiosity and drove my research problem and purpose. While many other researchers have studied religious coping since 1998, I was unable to find any study that identified the factors that reduce NRC and increase PRC in addiction recovery. The problem I researched was how to improve the use of spirituality as an addition to the addiction recovery process in a way that improves treatment outcomes. This is supported by the gap in literature regarding the factors that decrease NRC and increase PRC in addiction recovery. The purpose of this research was to identify the factors in the transition from NRC to PRC and thereby improve the potential for better treatment outcomes.

One set of researchers proposed a research design that was weaker than the majority of literature selected for this review. Dodes and Dodes (2014) developed a theoretical framework that claimed to debunk what they consider to be bad science behind 12-Step addiction recovery programs. Dodes and Dodes argued that 12-Step programs have long been accepted as an effective addiction treatment program; however, they maintained that current research only describes the success rate of 12-Step programs to be around 5%–10%. Furthermore, they

asserted that addiction is not a spiritual problem, and needs a psychological solution. They maintained that every research design that has studied addiction as a spiritual problem has had methodological flaws. However, while Dodes and Dodes (2014) poked holes in other theories and frameworks, their own contained a few flaws as well. First, they employed faulty logic in their theoretical framework. For example, they asserted that while Alcoholics Anonymous claims that if people have the capacity to follow the program, rarely will they fail. However, these researchers make the inference that this is the same as claiming, “the program doesn’t fail; you fail” (Dodes & Dodes, 2014, p. 3). They claimed a logical illustration of this as being equal to claiming that someone with an infection who took an antibiotic and did not experience healing would be as ridiculous as stating that the antibiotic didn’t fail, the patient failed.

While this may seem logical, I would argue that a more appropriate logical illustration would be that the patient with an infection filled the prescription (attended a 12-Step program) but did not take the antibiotic according to the instructions (did not actively engage with or work the 12-Steps). In fact, Dodes and Dodes (2014) finally admitted that there was a distinct difference in effectiveness between attendance and active engagement. They reported research that revealed significantly higher success rates among addicts who actively engage with the 12-Steps than those who passively attend 12-Step meetings. Another point of concern that I had with this literature was the presence of language that revealed a bias against spirituality or religion. For example, they described Bill Wilson’s (founder of Alcoholics Anonymous) faith as being “eclectic and fungible” (Dodes & Dodes, 2014, p. 17). They also criticized biochemical researchers who related findings from studying rats, addiction, and dopamine to humans with addiction as being “half-loaf takes on addiction” (Dodes & Dodes, 2014, p. 148).

Dodes and Dodes (2014) made some strong points that I could connect to personal experiences. For example, they asserted that it was important to use psychology to help uncover triggers and predictors for relapse or cravings. I have found this to be an important benefit in my own recovery. However, care must be taken in reading this literature due to the logic issues within the theoretical framework and the language that contains bias against theories other than those pertaining to the field of psychology. Finally, while they claimed to find flaws in other researchers' work, and they proposed an alternate methodology for a longitudinal study of addiction and treatment, they did not attempt to conduct a study themselves, and as such, they provided no research findings of their own to support their theory.

Literature review. A majority of researchers provided literature reviews that were comprehensive and that strongly supported their theoretical framework. Two particular sets of researchers set the standard among the literature that were selected for this review. Walton-Moss et al. (2013) reviewed 29 studies that focused on the relationship between religion or spirituality and substance abuse. I at first thought that this sample was too small to be comprehensive. However, the methods used by Walton-Moss et al. were thoughtfully designed to limit literature with strict parameters. Three databases were searched using the following terms: *religion, spirituality, substance abuse, drug abuse, alcohol abuse, Alcoholics Anonymous, Narcotics Anonymous, recovery, treatment, abstinence*. The Moss et al. search revealed 1,887 citations. The researchers reduced the number of these studies by searching for a relationship between recovery and spirituality or religion. The researchers narrowed the number of studies to 74 citations. The researchers then read each abstract and selected the literature for further review if it met three criteria: the research needed to be a quantitative study, it listed recovery as an outcome, and either spirituality or religion was listed as an intervention. The resulting 29 studies

provided significant insights into the field of study. One area of weakness in this list of 29 studies was the age of some of the literature, which spanned from 1993 to 2012. The researchers published this study in 2013, resulting in the time from publication to their oldest literature was 20 years. However, the majority of their studies were within 10 years of their publication. The sources were all primary, and the review was well organized by findings, and the introduction and summary were clear and concise.

Another set of researchers who provided an example of a strong literature review was Chitwood et al. (2008). Even though the date of publication was older than the recommended newer than 10 years of this research project, Chitwood et al. provided a foundational understanding of the field of study. I discovered that at least 114 other researchers have made reference to this literature, and it has been widely accepted as having a high degree of validity. The researchers identified 105 articles that met the following criteria: they were published between 1997 and 2006 (all within 10 years of the study), they were all empirical studies, and they addressed the relationship between religion, spirituality, and either drug or alcohol use. The researchers also limited their literature to only primary sources, and their organization followed a clear and orderly systematic study of theses literature.

Research questions or hypothesis. Many researchers provided clear research questions or hypotheses. Prout et al. (2015) exemplified this in their quantitative literature. They tested three hypotheses: (a) direct relationship exists between substance use and trauma, (b) defense factors will reduce this relationship between substance use and trauma, and (c) PRC will also reduce this relationship. These hypotheses had a logical flow from the stated purpose of this study. Prout et al. described their purpose of this study as the evaluation of “the potential

moderating roles of defense factors and religious coping on the already established relationship between trauma symptoms and substance abuse" (p. 123).

Charzyńska (2015) also provided a solid example of clear hypotheses in his qualitative research. Charzyńska hypothesized that there will be a difference between men and women in the way they employ religious coping during addiction treatment, that both genders will connect an increase of PRC with increased levels of forgiveness and gratitude, and that spiritual development during addiction treatment will be stronger among women when compared with men. These hypotheses were clear, and they closely matched the expressed purpose of this study, as Charzyńska sought to explore the differences among men and women in terms of religious coping, forgiveness, and gratitude before and after addiction treatment.

However, not all researchers provided good examples of clear hypotheses or research questions. DeLucia et al. (2015), for example, defined their purpose as seeking "to understand quality-of-life outcomes beyond abstinence and the recovery-related constructs that may account for them" (p. 5). These researchers did not clearly assert their research question. However, they did share the questions they asked their participants, and while not clearly identified as their research questions, an analysis of their methodology revealed the necessary information. They listed the questions for their subjects as identifying the additional benefits to recovery, what contributed to these additional benefits, and how continued recovery related activities might develop these benefits further. Assuming these questions for their participants were also their research questions, then they closely matched their purpose of this study.

Study samples. A majority of researchers provided studies with strong study samples. Sørensen et al. (2015) provided a qualitative study that set the bar high for study samples. They offered a phenomenological study that investigated how subjects in an inpatient addiction

treatment facility experienced spirituality or religion in the process of making meaning during rehabilitation. They identified their target population as being therapists and patients in an addiction treatment facility located in South-East Norway. The researchers studied a sample of 14 therapists that included nurses, psychologists, social workers, and one chaplain. Both genders were represented and all subjects were between the ages of 40 and 65. They also studied a sample of eight patients who were selected by their willingness after completing at least four months of treatment, and were four men and four women between the ages of 20 and 50. This sample had strength in offering multiple perspectives on the same research question, as different therapist perspectives (medical, psychological, social, and spiritual) were considered as well as the perspectives of the patients themselves. This sample could have been strengthened further if the participants were randomly selected. However, random selection would have resulted in a smaller number as those who were willing to participate in the study restricted the total number of 24 subjects.

In their quantitative study, Gomes et al. (2013) observed a large sample size of 12, 595 college students in Brazil. They studied a sample comprised of students who attend colleges located in the 27 Brazilian state capitals. They data were collected between May and December 2009. The subjects were first randomly selected from a reference list, and then invited to voluntarily complete a 50-minute survey that was comprised of 98 closed-ended questions. These researchers studied a sample that provided for strong generalizations for college students from all across the country of Brazil, as every state is represented.

However, not all researchers provided strong examples of study samples. Webster (2015) fit this category, as his quantitative study observed a small sample size that was limited by a few factors. The sample was taken from a single long-term treatment facility in Baltimore, MD, and

was convenient and non-randomly chosen. The participants were all above the age of 18 and were diagnosed with drug or alcohol abuse. The sample provided results that were incongruent with Webster's own literature review, and he indicated his sample size was too small and recommended a "larger sample size to be investigated to increase the power of the correlation coefficient" (p. 331). Webster also admitted that he should have used randomized selection for other participants to have equal chance of selection.

Data collection. Many researchers represented in this literature review utilized responsible means of collecting their data. Using a mixed methodology, Al-Omari et al. (2014) employed a trained research assistant who was also a certified occupational therapist to collect the data over a 6-month period. This research assistant shared the purpose of the study with the subjects and acquired consent forms from each of them. After the data were collected, all interviews were transcribed and distributed to Al-Omari, Hamed, and Tariah. The three researchers independently reviewed and codified the results, and then met to ensure agreement on themes and subthemes that emerged. These measures of multiple perspectives that were independently formed and discussed allowed for an increased ability to observe as many themes as possible as well as reinforcement for insights by multiple viewpoints.

Faigin et al. (2014) also provided an example of accurate and responsible data collection in their quantitative study. The researchers used one instrument to measure their independent variable (spiritual struggles), three more instruments to measure dependent variables (addictive behaviors, video game usage, and problematic internet use), and two more instruments to measure control variables (perceived stress and neuroticism). They collected an extensive amount of data collection that allowed them to make a vast array of observations and extrapolate

insightful results. Faigin et al. administered instruments to freshmen who were enrolled in a college psychology class and the subjects were invited to complete the instruments online.

However, DeLucia et al. (2015) provided an example of data collection for their qualitative study that had room for improvement. Three different recruiters used different methods of locating subjects, two focus groups met in person while two focus groups were conducted via a teleconference. Although these variances might have played a part in the data that was collected, DeLucia et al. provided data collection methods that guarded the anonymity of the Narcotics Anonymous subjects by encoding all data using identification numbers rather than names.

Study results. A majority of researchers selected for this literature reviews produced study results that answered their research questions or hypotheses, could be generalized to other populations, and were supported by previous research. Sandoz (2014), for example, hypothesized that addiction recovery is a process that reduces resentment and promotes forgiveness. Sandoz found strong evidence that correlated with his reviewed literature and provided support for his hypothesis. He concluded that 12-Step programs could provide spiritual direction and empowerment for helping to overcome addiction. Sandoz generalized his findings across both chemical and behavioral (or process) addictions. While Sandoz anticipated the reduction of resentment and the increase of forgiveness, he also found that the spiritual development that occurs as a result of working the 12-Steps also produces gratitude, humility, and an element of service to others. The increase of forgiveness, gratitude, humility, and service may be connected to the reduction of NRC and the increase of PRC. This could provide insight to the spiritual transformation or development that occurs as a result of working the 12-Steps.

Giordano et al. (2015) also revealed exemplary results from their quantitative study. In their three-part hypothesis, the authors studied college students and proposed that there would be significant variance in self-reported drinking and spirituality, less marijuana use would be related to higher spirituality levels, and no significant difference would be found in spirituality and psychostimulant use. Their results confirmed all three parts of their hypothesis. They found results that were consistent with their literature review. However, some interesting differences were noted between motivations for engaging in hazardous drinking and marijuana use. Unifying connectedness was a predictor of hazardous drinking while a lack of sensed purpose in life and a lack of PRC was a predictor of marijuana use.

Another interesting result was the justification of psychostimulant use as being connected to improved performance in school. This appeared to be less connected with religious coping as the justification is viewed by the students as resulting in a beneficial outcome of higher grades. Giordano et al. (2015) proposed that this may be explained as "the desire to excel academically may override any sense of spiritual/religious violation" (p. 93). Giordano et al. maintained that these results have implications in counseling students with addiction issues with special significance when considering different types of drugs and the motivations behind their use. They also admitted that their study was limited by only observing a college sample, which could reduce the generalizability to other populations. They also suggested using a larger sample for further studies of psychostimulant drugs. They recommended further study to also focus on experimental studies that determine causal relationships between religion, spirituality, and substance abuse.

Not all researchers provided solid results that confirmed or rejected their hypothesis. Dodes and Dodes (2014) illustrated this with their research. Dodes and Dodes argued that the 12-

Steps should not be considered as an effective treatment option for addiction recovery. They reviewed previous literature that supported the effectiveness of 12-Steps and highlighted the limitations of those researchers' work. They also acknowledged the effectiveness of the 12-Steps when participants actively engage with working the Steps with a sponsor as opposed to merely attending the meetings. However, while their study showed that the 12-Steps can be effective when they are actively worked, they dismissed this possibility for their own theory. They expressed their own theory of treatment that totally dismissed any spiritual or religious element or biochemical models and focused entirely on a psychological approach. They designed a method for studying the effectiveness of such a model, but they did not actually test that model. The conclusion of their work found fault with the previous research in the field, offered their own model for greater effectiveness, yet provided little theoretical support or qualitative or quantitative study to prove or disprove their theory. Further research, especially a longitudinal study, could help to provide support to their theory. However, Dodes and Dodes provided some helpful insights that included the psychological benefit to identifying emotional triggers that increase the likelihood of substance abuse as well as the importance of actively engaging in the 12-Steps for improved treatment outcomes.

Criticism conclusion. This criticism was instructional for my own research. First, I was intrigued by the possible connection of spiritual transformation as studied by Williamson and Hood (2012) and my study of the transition from NRC to PRC. The study purposes were closely connected, as each sought elements of transformation. Second, it was important to develop a research design that took multiple perspectives into consideration. As Pargament et al. (1998) studied three separate groups, it was beneficial for my own design to incorporate different groups as well, such as a sample taken from people in recovery as well as therapists who treat people in

recovery. Third, it was important to have a sufficient number of subjects in each sample group, and have that sample reflect demographic ratios that would allow for increased generalization. Finally, data collection was done in a way that protected the confidentiality of each subject as exemplified by DeLucia et al. (2015) who used identification numbers rather than names.

Claim of the argument of advocacy. After my review of this literature, I was able to develop a conceptual framework that I used to argue addiction as being in part a spiritual problem, spirituality's positive impact, spirituality's place in treatment plans, and the theory of religious coping, to understand what can assist the addiction recovery process. After reviewing the literature, I found reason to believe that a search to identify the factors that decrease NRC and increase PRC may provide significant findings. This literature review has provided me with substantive support for undertaking a research project to provide answers this multipart research question: What are the factors that decrease NRC, what are the factors that increase PRC, and what are the effects of these factors on addiction recovery?

Based on this review of literature, which developed a unique conceptual framework using addiction as being in part a spiritual problem, spirituality's positive impact, spirituality's place in treatment plans, and the theory of religious coping, to understand what can assist addiction recovery, there was sufficient reason for thinking that an investigation to discover the identity of the factors that decrease NRC and increase PRC may yield important findings. I could, therefore, claim that the literature review has provided strong support for pursuing a research project to answer the following multipart research question: What are the factors that decrease NRC, what are the factors that increase PRC, and what are the effects of these factors on addiction recovery?

Conclusion

This review of the work of previous researchers allowed me to identify a gap in the research and to build a solid foundation of understanding in this field. I was also able to deepen my understanding of opposing viewpoints and the significance of the need for further study in the area of addiction recovery and religious coping. This was used to develop my problem statement and argument of advocacy.

Study topic. Researchers found overdose deaths resulting from illicit drug use and alcohol abuse to be reaching epidemic numbers (Rudd et al., 2016). Among the many methods of treating this dangerous problem, researchers have studied the impact of spirituality on addiction. They found that spirituality has a preventative effect on illicit drug use and alcohol abuse. While I operate from a Judeo-Christian perspective, researchers who discussed multiple world religions including Buddhism, Hinduism, and Islam were considered in this literature review (Abu-Raiya & Pargament, 2015). As researchers study effective means of adding spiritual methods to augment treatment options, some have looked through the theory of religious coping to find their answers (Pargament et al.,1998). While NRC appears to reduce the effectiveness of spirituality in addiction treatment, PRC appeared to increase the positive power spirituality may have on addiction recovery (Faigin et al., 2014).

Context. I included several key concepts in this literature review. Among them, he included various names for deities, the measurement of spirituality, and methodologies. Regarding names of deities, I elected to use the term *higher power* to connect with the vernacular of the addition recovery community and to generalize the concept beyond my own religious background. Even though researchers have developed three types of operationalizing and measuring spirituality, I focused on the most recent and emerging theory of religious coping that

Pargament pioneered in 1998. Regarding methodologies, I found a strong balance between qualitative and quantitative research among the selected literature. However, longitudinal research conducted on illicit drug use and alcohol abuse proved difficult to find.

Challenging positions. Researchers disagreed on two primary issues. First, although a majority of researchers supported an inverse relationship between spirituality and substance abuse, Webster (2015) claimed that addiction is not a spiritual problem and therefore does not require a spiritual solution. Researchers also disagreed on the efficacy of 12-Step programs to adequately provide resources and support for addiction recovery (Medola & Gibson, 2016). However, the majority of researchers found a positive relationship between 12-Step participation and beneficial treatment outcomes.

Significance. Only 20 years ago, Pargament et al. (1998) established the theory of religious coping. The application of religious coping to the stressors involved with addiction recovery is even newer. There are many possible applications for how religious coping might be an effective strategy for improving addiction recovery treatment outcomes. While several researchers observed the impact of NRC and PRC on addiction recovery, finding literature that suggested factors that might help transition from NRC to PRC proved to be a difficult task. Based on my exhaustive review of the literature, no such research has been conducted to discover these factors.

Problem statement. Research suggests addiction recovery is a complex, difficult, and highly individualized process. The literature showed a beneficial relationship between PRC and addiction treatment outcomes. Religious coping is not a treatment modality but a means of measuring how one relates to his or her higher power in times of stress. However, identifying the factors that decrease NRC and increase PRC may lead to the development of a new treatment

modality. At this time, pioneers of religious coping have not yet studied the factors that help decrease NRC and increase PRC. The problem I researched was how to improve the use of spirituality as an addition to the addiction recovery process in a way that improves treatment outcomes. This was supported by the gap in literature regarding the factors that decrease NRC and increase PRC in addiction recovery. The purpose of this research was to understand the development of spirituality during the process of addiction recovery by identifying the factors in the transition from NRC to PRC and thereby improve the potential for better treatment outcomes.

Claim of the argument of advocacy. After my review of this literature, I was able to develop a conceptual framework that I used to argue addiction as being in part a spiritual problem, spirituality's positive impact, spirituality's place in treatment plans, and the theory of religious coping, to understand what can assist the addiction recovery process. After reviewing the literature, I found reason to believe that a search to identify the factors that decrease NRC and increase PRC may provide significant findings. This literature review has provided me with substantive support for undertaking a research project to provide answers this multipart research question: What are the factors that decrease NRC, what are the factors that increase PRC, and what are the effects of these factors on addiction recovery?

Chapter 3: Methodology

Introduction to Chapter 3

This qualitative study explored how to improve the use of spirituality as an addition to the addiction recovery process in a way that improves treatment outcomes. Qualitative researchers seek "answers to questions that stress how social experience is created and given meaning" (Denzin & Lincoln, 2000, p. 8). With an explanatory case study, researchers study a small participant group to "investigate a phenomenon, population, or general condition" (Stake, 2000, p. 437). The study addressed a gap in the identity of factors that decrease negative religious coping (NRC) and increase positive religious coping (PRC) in addiction recovery. The results can be used to provide data for an emerging field that could impact how spirituality is employed in treatment plans. This study drew on the theory of religious coping as developed by Pargament et al. (1998). In this chapter, I developed the rationale for the selection of case study as the research design and showed how this design best fit the framework and research questions.

This chapter begins with the research questions, followed by the purpose and design of the study, the research population and sampling method, and the instrumentation and data collection. With the data achieved from this study, I discuss the identification of attributes and shared the procedures used for data analysis. The limitations of this research design are explored, the validation is discussed, and the expected findings are projected. Finally, ethical issues concerning conflict of interest, positionality as a researcher, and ethical issues in the proposed study are illustrated.

Research Questions

The research questions were developed from the theory of religious coping, which was developed by Pargament et al. (1998), as well as transformation theory (Mezirow, 1991). I

developed the research questions and connected them to the theory of religious coping and the research goal. I used the research questions to guide my interviews with each participant in this study.

Theoretical framework and current gap. Pargament et al. (2011) found that religious coping is “a dynamic process that changes over time” (p. 53). This change could occur as continual development or as a transition from negative to PRC. I was intrigued by this concept of religious coping changing and wondered what factors may contribute to this change. No researchers had identified the factors that may assist someone as they transition from NRC to PRC as they work through the addiction recovery process. This lack of identified factors represented a gap in the current literature. Therefore, the problem I researched was how to improve the use of spirituality as an addition to the addiction recovery process in a way that improves treatment outcomes. To accomplish this, I sought to identify the factors that decrease NRC and increase PRC in addiction recovery.

Theory of religious coping. Pargament et al. (1998) developed the theory of religious coping, which helps to explain how individuals use their religious beliefs to cope in stressful circumstances. Pargament et al. (2011) defined religious coping as

> efforts to understand and deal with life stressors in ways related to the sacred. The term “sacred” refers not only to traditional notions of God, divinity or higher powers, but also to other aspects of life that are associated with the divine or imbued with divine-like qualities. (p. 52)

To provide examples of NRC and PRC, I examined the Brief Religious Coping Scale (Brief RCOPE) and shared items from its subscale measurements. NRC examples include the following:

- Wondered whether God had abandoned me.
- Felt punished by God for my lack of devotion.
- Wondered what I did for God to punish me.
- Questioned God’s love for me.
- Wondered whether my church had abandoned me.
- Decided the devil made this happen.
- Questioned the power of God. (Pargament et al., 2011, p. 57)

Pargament et al. (2011) also provided examples of PRC that include:

- Looked for a stronger connection with God.
- Sought God’s love and care.
- Sought help from God in letting go of my anger.
- Tried to put my plans into action together with God.
- Tried to see how God might be trying to strengthen me in this situation.
- Asked forgiveness for my sins.
- Focused on religion to stop worrying about my problems. (p. 57)

This study was designed to identify the factors that contribute to the transition addicts make from NRC to PRC as they deal with the stress involved with addiction recovery. Several researchers who have found that individuals who engage in NRC tend to struggle more with depressive symptoms while individuals who engage in PRC tend to experience higher levels of emotional positivity and successful recovery (Abu-Raiya & Pargament, 2015; Faigin et al., 2014; Giordano et al., 2015). Therefore, the answers that resulted from the research questions could provide insight for how to improve the development of spirituality for the benefit of increased addiction treatment outcomes.

Transformation theory. Mezirow's (1991) transformation theory was shaped around "a constructivist theory of adult learning addressed to those involved in helping adults learn" (p. 33). Regarding transformation and change, Mezirow (1991) outlined 10 phases of transformation, including the following:

1. A disorienting dilemma.
2. A self-examination with feelings of guilt or shame.
3. A critical assessment of epistemic, sociocultural, or psychic assumptions.
4. Recognition that one's discontent and the process of transformation are shared and that others have negotiated a similar change.
5. Exploration of options for new roles, relationships, and actions
6. Planning a course of action.
7. Acquisition of knowledge and skills for implementing one's plan
8. Provision trying of new roles.
9. Building of competence and self-confidence in new roles and relationships.
10. A reintegration into one's life on the basis of conditions dictated by one's perspective. (p. 168)

This study was used to explore the phenomenon of how to improve the application of spirituality to addiction recovery through the lens of Mezirow's (1991) 10 phases of transformation. Individuals in recovery from addiction regularly face disorienting dilemmas for which they often turn to addictive chemicals or behaviors to self-medicate. The cyclical nature of addiction results in shame over these negative coping strategies. In return, this nature leads to repetitive self-medication to cover the pain of shame. The addict may be trapped in a repetitive cycle of phases 1 and 2, until the recovery process begins. Breaking free from repetition may

allow individuals to be introduced to new thoughts, behaviors, and relationships. Ending this cycle correlates to phase 3, when the existing worldview is reflected upon and deemed no longer helpful for beginning a new life of recovery. Phase 4 may occur when an addict is introduced to other addicts who have begun to successfully experience a recovery journey that resulted in sustained sobriety and recovery. This experience could result in phase 5, when the individual begins to learn new patterns of behavior and thoughts. At that point a transition from NRC to PRC can begin as the individual learns new strategies for employing his or her spirituality to their recovery. Phases 6, 7, and 8 may happen as the individual practices these new strategies. If individuals begin to experience newfound success, then they may advance to phase 9 and develop a sense of confidence in their new practices. Finally, phase 10 may result if these new practices become an integrated part of a new lifestyle.

Research questions. A review of the literature has provided strong support for pursuing a research project to answer the following multipart research question: What are the factors that decrease NRC, what are the factors that increase PRC, and what are the effects of these factors on addiction recovery? Each part of this research question is addressed in the following sections.

What are the factors that decrease NRC? A focus on this question helped to illuminate how the participants who experienced NRC have developed those coping skills. During in-depth interviews, I explored the participants' past experiences for a better understanding if they have now or have in the past used any types of NRC during their experience in recovery from addiction. If so, the participants were asked how they believe they developed these NRC skills. I was particularly interested to learn from the participants' past experiences as they provided insight into how the participants believed their life experiences impacted their use of negative religious coping.

What are the factors that increase PRC? This question addressed the heart of this study. During in-depth interviews, I asked participants if they currently or had ever used PRC in their recovery journey. If so, they were asked how they believed they developed those PRC skills. If a participant had experienced both negative and positive religious coping, they were asked how they believed this transition occurred, and if they could identify any factors that aided that transition. I was particularly interested in learning about the participants' history, which could be used to place their answers within the context of their lived experiences.

What are the effects of these factors on addiction recovery? This question was used to discover the participants' perceived meaning and value for their use of the factors they identified by their responses to the primary research question. The participants were asked how they believed these factors had impacted their recovery process. The answers to this question provided insights into how future treatment plans use spirituality to positively affect the addiction recovery process.

Through these three questions, I hoped to discover a pattern of shared factors that the participants experienced as they developed their religious coping skills. This discovery could help to better describe how these coping skills are used on a daily basis and to provide deeper insight into the perceived meaning and value of religious coping as it relates to the stressors involved with addiction recovery.

Purpose and Design of the Study

The research design and methodology were selected based on the research questions. In the following sections I discuss the purpose and significance of this study. I also share support for selecting a qualitative methodology and a case study research design.

Purpose and significance. The problem I researched was how to improve the use of spirituality as an addition to the addiction recovery process in a way that improves treatment outcomes. The purpose of this research was to understand the development of spirituality during the process of addiction recovery by identifying the factors in the transition from NRC to PRC and thereby improve the potential for better treatment outcomes.

During the past 10 years, I have worked with many addicts to improve how they use spirituality to make their recovery from addiction more effective. However, I have based previous efforts to apply spirituality to treatment plans based on my own experience and assumptions. Upon the review of the current literature, I came to understand the beneficial use of spiritual exercises in times of stress as PRC (Abu-Raiya & Pargament, 2015; Faigin et al., 2014; Giordano et al., 2015). However, I was unable to locate any research that identified specific factors that help transition from NRC (which is detrimental to the addiction recovery process) to PRC (which is beneficial to the addiction recovery process). This study was a scholarly approach to identifying these factors. My bias was Judeo-Christian, but the review of the current research spans multiple world religions.

The result of this research could be impactful, for my own continuing work with people impacted by addiction, and for the work of other counselors and therapists who integrate spirituality into a comprehensive treatment plan. By identifying the factors that help transition from NRC to PRC in addiction recovery, it may be possible to increase the effectiveness of spirituality on addiction recovery. This intentional use of the identified factors may also be of benefit when applied to other stressors where religious coping has been observed, such as trauma and tragedy (Pargament et al., 1998).

Qualitative methodology. The majority of researchers who have studied religious coping have elected to employ a quantitative methodology (Abu-Raiya & Pargament, 2015; Giordano et al., 2015, 2017; Pargament et al., 1998; Puffer et al., 2012). These researchers made use of the Brief Religious Coping Scale (Brief RCOPE), which measures the usage of NRC and PRC (Pargament et al., 2011). The Brief RCOPE effectively measures the use of religious coping, but it does not offer a way to explain how religious coping (positive or negative) is developed.

The research questions addressed *what* and *how* questions rather than quantitative relationships. The research questions of this study included:

- What are the factors that decrease NRC?
- What are the factors that increase PRC?
- What are the effects of these factors on addiction recovery?

According to Denzin and Lincoln (2000), "Quantitative studies emphasize the measurement and analysis of causal relationships between variables, not processes" (p. 8). The research questions were formulated to identify factors that could not be quantitatively measured. Denzin and Lincoln (2000) maintained that researchers who use a qualitative methodology can "seek answers to questions that stress how social experience is created and given meaning" (p. 8). Therefore, I rejected a quantitative methodology and selected a qualitative methodology that could better answer the research questions.

Case study research design. Researchers who use case studies have provided illustrations for better understanding and potential application of theories to specific needs. According to Yin (2009), "The case study is preferred in examining contemporary events, but when the relevant behaviors cannot be manipulated" (p. 11). The strengths of this research

design include feasibility, benefit to stakeholders, and a high ability to interpret the findings. The feasibility of this design was high due to a low participant size that was manageable and that also provided highly detailed observations resulting in thick and rich data. As it was impossible to study every detail concerning a participant, I maintained feasibility by remaining close to the research questions and case study propositions. A case study was also beneficial to all stakeholders, as it allowed for the application of a specific theory to the participants and could therefore be a prelude to a follow up phenomenological study for additional support for increasing its ability to be generalized to a larger sample. This is the case with Hagedorn and Moorhead (2010), who proposed that individuals may try to fill God's place in their lives by using illicit drugs or abusing alcohol. By studying their participant, they applied a theory of replacement that could be reinforced with a future phenomenological study. Finally, this design had a high degree of inference, as it allowed for in-depth interviews and observations with a small sample size. Careful observation of the collected data resulted in a time of clarification for a more precise understanding of *how* and *why* questions.

According to Yin (2009), a strong case study contains five important components: a study's questions, propositions, unit of analysis, logical linkage between the data and the propositions, and the criteria used to interpret the findings. The proposition, unit of analysis, logical linkage between the data and the propositions, and the criteria proposed to interpret the findings are addressed later in this chapter.

Perceived weaknesses of case studies. This methodology was not without weakness. Because of a small sample size, it is difficult to apply the findings to broader populations. However, Juhnke et al. (2009) helped to offset this weakness by drawing on several case studies. Their findings resulted in an ability to spot trends in the impact of prayer on addiction recovery.

By studying several case studies, they were able to draw conclusions that had higher degrees of generalization. Yin (2009) added to the perceived weakness of case studies by illustrating other prejudices such as a lack of rigor due to a lack of procedural discipline, and a complaint that case studies take too long and result in unwieldy reports that are unreadable. Although Yin (2009) acknowledged that case studies are challenging to do well, he defended the case study as a valid form of research. Yin stated that researchers could use case studies to effectively generalize theories, develop strong rigor by reducing bias and increasing discipline, and reduce time and size of the study by not confusing case studies with ethnographies or lengthy narratives.

Collective, naturalistic, and explanatory case study design. Stake (2000) noted three different categories of case studies: intrinsic, instrumental, and collective case studies. Intrinsic case studies are focused on an individual case for the purpose of better understanding that particular case with no desire to generalize findings on other populations. This category was inappropriate this study, as I desired to find commonalities to better understand how to improve treatment outcomes for a large number of people. Instrumental case studies are used to scrutinize a single participant for the purpose of better understanding a certain phenomenon. In instrumental case studies, the participant is secondary to the phenomenon. While an instrumental case study could have provided answers to the research questions, I believed the third category (collective) could be used to bring a higher degree of certainty and generalization. A collective case study consists of several cases that allow a researcher to "investigate a phenomenon, population, or general condition" (Stake, 2000, p. 437).

Furthermore, this study was developed to be naturalistic and explanatory. Naturalistic case studies are designed to view a phenomenon as it occurs without manipulating variables or conditions. The researcher only records what results naturally. Explanatory case studies are

designed to find answers to causal questions that may be too complicated for highly structured surveys, experimental or nonexperimental designs (Yin, 2009). Yin (2009) suggested that the following process could be used to build a strong explanation:

- Making an initial theoretical statement or an initial proposition about policy or social behavior.
- Comparing the findings of *an initial case* against such a statement or proposition.
- Revising the statement or proposition.
- Comparing other details of the case against the revision.
- Comparing the revision to the facts of *a second, third, or more cases* [italics in original text].
- Repeating this process as many times as needed. (p. 143)

Interviews, artifacts, and triangulation. Denzin and Lincoln (2000) highlighted three primary means of collecting data: interviews, observations, and analyzing documents or artifacts. Pre- and post-interview questionnaires, interviews and artifacts were used in the collection of data in this study's observations. All of these were used in triangulation for comparison.

Interviews could occur one-on-one or in a group setting. According to Fontana and Frey (2000), interviews could be structured, unstructured, or semistructured. Structured interviews are used for several participants and consist of the same questions with the exact wording. Unstructured interviews are used for an individualized and flexible process of gathering data that has the potential to discover an increased amount of thick and rich data. However, a combination of these two means of collecting data is a semistructured interview. This process allows for the same basic questions, while providing the researcher freedom to dig deeper and mine for additional data based on the need to clarify or expand the participants' responses. For the

purpose of this research, I employed a semistructured format, which allowed me to cover the research questions with each participant as well as the freedom to dig deeper into each individual participant with questions that I generated uniquely as the interview unfolded.

For this study, each participant in who was in recovery from addiction was placed into Group 1. They were interviewed three times. Each of the three interview sessions were based on the model of McCarthy's (1997) learning cycle. This model was well suited to this study, as it described how learners can progress through four stages of learning, beginning with a starting point (asking why this information was important), then acquiring new information (asking what ass the content of this new information), next applying that information (asking how this new information would be used), and finally synthesizing a new understanding (asking if I used this, how would it create new possibilities). Greater detail regarding how the three interview sessions were used to incorporate the four learning cycles of McCarthy (1997), which is addressed later in this chapter. In addition, the therapists were placed into Group 2. Participants in Group 2 each were questioned with a single interview.

Beyond interviews, the data collection was enriched by observing and analyzing artifacts from the participants' environment. According to Hodder (2000), artifacts include documents or resources that can add support for the findings. Artifacts can range from informal writings to official publications and documents. In this research, artifacts for consideration included various devotionals or readings that the participants reported using, recovery books and resources that they used, and other printed material the participants had collected and found helpful in their transition from NRC to PRC. To avoid requesting that the participants surrender their artifacts to me, I gathered a list of all resources and obtained my own copies of each artifact.

A researcher may be unaware of the introduction of bias into observations and findings in qualitative research. Graue and Walsh (1998) suggested that researchers should triangulate the data to help mitigate this danger—that is, using multiple means of generating data. Stake (2000) supported the use of triangulation and maintained that using multiple means of data collection allows for higher levels of repeatability and clarified meaning of a phenomenon from different perspectives. In this research, I employed triangulation by starting with pre- and post-interview questionnaires, followed by three separate interviews with each participant from Group 1, one interview with each participant from Group 2, member checking, and analysis of various artifacts that were identified by the participants as being helpful in their recovery from addiction.

In a departure from most researchers' methodology and design in religious coping, I developed a qualitative, explanatory case study design to help to explore how addicts in recovery transition from NRC to PRC and experience improved treatment outcomes. A collective type of case study was employed that elicited data from five participants in recovery from addiction (Group 1) and four participants who were therapists in the field of addiction recovery (Group 2) for greater potential to generalize the findings. I collected data from Group 1 by a series of three interviews that progressed through four quadrants of learning as well as an analysis of artifacts. I then conducted interviews with Group 2 and analyzed artifacts. These data were triangulated for analysis to reduce bias.

Research Population and Sampling Method

Yin (2009) described a research population as a unit of analysis. This includes the demographics and characteristics of the case. The sampling method for this study was developed through a discussion of binding the case and illustrating several propositions that helped maintain feasibility. As the research population and sampling method were determined, this

process adhered tightly to the research questions, which addressed the factors that decrease NRC, the factors that increase PRC, and the effects of these factors on addiction recovery

Research population. Interviews were conducted and artifacts were analyzed from five participants in Group 1 and four participants from Group 2. Yin (2009) recommended that a researcher allow the research questions to drive the identification of the unit of analysis. For this reason, it was important for the participants in Group 1 to be selected with the following criteria:

- They must have been in recovery from addiction for at least two years.
- They must have experienced the use of spirituality or religion (however they understand it) in their recovery.
- At least one recruit needed to have at one point in time a negative view of God (according to their own understanding).
- At least one recruit needed to have at one point in time a positive view of God (according to their own understanding).
- At least one recruit needed to have experienced a transition from a negative view of God to a positive view of God.

The five participants from Group 1 were selected from among a recovery community in the Upper Midwest. The four participants from Group 2 who provide treatment were selected from four separate clinics in the Upper Midwest. Stake (2000) maintained that a researcher must select a case that allows for their best opportunity to learn. This community was chosen because of my access to them and the large number of qualified individuals (addicts in recovery who have employed both negative and positive religious coping during their addiction recovery process) from which I could recruit the participants. I asked people within the recovery community to recruit potential participants, share basic information about the study, and ask if

they would be willing to talk with me regarding further information. The potential participants were given an invitation to participate in an anonymous online survey that allowed for an initial screening and allowed the recruits the opportunity to share their contact information if they were interested in participating in the research. This procedure guarded their identity from me until they agreed to participate in the interviews. It also honored the principle of confidentiality that is cherished within the recovery community. From my own observations of working and healing within this recovery community over the past 10 years, I considered this population to be diverse in terms of social, cultural, economic, and geographic issues.

Socially, this population interacted with one another with a high degree of acceptance despite their broad range of diversity. Within 12-Step meetings, I have observed doctors and lawyers regularly sit and share with convicted felons. It appeared that at least for a while, people were able to relate with one another free from the social norms that they display in their everyday lives. In the environment of recovery communities, the shared dynamic of addiction may be a social equalizer.

Culturally, I have observed the recovery community to exhibit hopeful optimism. The overriding culture appeared to be one in which participants come to expect to receive hope, healing, and growth. The culture seemed driven by a strong sense of serving one another, and volunteerism was strong. This could be in part due to the strong emphasis of service and giving back as supported by the secular 12-Step program described by Alcoholics Anonymous (2001). The participants also came from a broad range of recovery backgrounds, such as various secular 12-Step programs (Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous, Sex Addicts Anonymous, and others) as well as from spiritual 12-Step programs (such as Celebrate Recovery).

One could find high levels of diversity when observing the economic differences among the participants of the recovery community. Some of the participants were economically successful persons who are well-respected doctors, therapists, and business owners. However, they did not attend 12-Step meetings in their work clothes, which would give away their economic or professional status. They dressed in a casual manner that allowed them to blend in with a majority of the participants. On the other end of the spectrum, some participants had been unemployed for several months due to substance abuse or incarceration. These participants had little to no money, but their generosity in terms of serving and volunteering exceeded that of their economically successful peers.

The participants at the time of this study all lived in the Upper Midwest, which according to the [redacted state] Department of Health & Human Services ("Prescription Drugs," n.d.) has experienced an opioid crisis of epidemic proportions. Many residents in the Upper Midwest know of friends or family who had died due to overdose. The statistics are more than numbers; they represent people, relationships, and history.

Sampling methods. The participant selection process for this case study was established by first binding the case and then establishing several propositions. These bindings and propositions were used to set feasible limits on what I did or did not study. In this way, I was able to keep this study focused and concise.

Binding the case. Binding a case study helps to identify what a case study is observing and what it is not observing. Binding the case study frames the study with boundaries. Baxter and Jack (2008) recommend binding a case by setting limits on time, place, activity, definition, and context. For the purpose of this research, the binding used for Group 1 were five participants who attended 12-Step meetings in the Upper Midwest and utilized religious coping (either

positive or negative or both) in their recovery program. The binding used for Group 2 included four therapists from four separate clinics who incorporated spirituality or religion into their treatment plans. The theoretical approaches to the binding of this case were the theory of religious coping (Pargament et al., 1998), the transformation theory (Mezirow, 1991), and the theory cycle of the four styles of learning (McCarthy, 1997).

Specific propositions. According to Baxter and Jack (2008), “The more a study contains specific propositions, the more it will stay within feasible limits” (p. 551). Yin (2009) agreed that propositions (as well as specific questions) help to maintain study feasibility, as it is impossible to study every detail of a case. Possible propositions based on my professional experience as well as those who have studied the theory of religious coping (Charzyńska, 2015; Giordano et al., 2017; Pargament et al., 1998) follow:

- Many people begin the recovery process with preconceived notions of spirituality.
- These preconceived notions are formed from their experiences and understanding of those experiences.
- Addiction recovery can be a time of spiritual transition.
- Individuals who develop PRC enjoy beneficial impacts on their recovery process.

In conclusion, five participants for Group 1 were selected from the Upper Midwest who had experienced using religious coping in their recovery from addiction. I recruited at least one participant who had experienced the development and use of NRC, at least one participant who had experienced developing and using PRC, and at least one participant who had experience with both negative and positive religious coping. A combination of preexisting knowledge of the participants as well as a few basic clarifying questions were used to select the five participants for Group 1 that made up the unit of analysis in this case study. Additionally, four therapists

were selected to form Group 2 from four separate clinics that incorporated elements of spirituality or religion in their treatment plans.

Instrumentation

The instrumentation used for this study is discussed in this section. I provide support for my development of the instrumentation that allowed me to gather the data that could answer the research questions. The instrumentation is explained in detail in the following sections.

Semistructured interviews. According to Mears (2012), a researcher uses semistructured interviews to adjust the questions during the interview for increased clarity and understanding of a participant's interpretation of their actions, decisions, or experiences. Fylan (2005) described semistructured interviews as a conversation that contains a set group of questions that cover a topic of interest but "is free to vary and is likely to change substantially between participants" (p. 65). In contrast, structured interviews, are a set of unchanging questions administered in the same order for each participant, such as a verbal questionnaire.

Fylan (2005) recommended using a semistructured interview for answering *why* questions. As this case study was used to seek answers to *why* and *how* questions, rather than *how much* or *how many* types of questions, a semistructured interview was used to provide the opportunity for appropriate data collection. According to Fylan (2005), "By changing the questions and the areas discussed during the interview we can address aspects that are important to individual participants, and by doing so we can gain a better understanding of the research question" (p. 66). Having the freedom to explore individual nuances of each participant allowed the data to result in insights not possible if done in the confines of a structured interview.

Preparation for the interview was critical. To help keep the conversation flowing, I was familiar with the basic interview questions as well as prompts and sought data intentionally

concerning cognition (how interviewees thought), emotion (how they felt), and activity (what they did in response). Fylan (2005) suggested piloting the interview with a test participant to test the process, being sure to elicit feedback from the test participant to ensure that the questions were easily understood and allowed them the chance to talk about the topic in meaningful ways. I followed this suggestion, and pilot interview was determined to be successful as pilot participant appeared to understand the questions and respond with helpful data that were relevant to the research questions of this study.

Basic interview questions. Even though each interview session had the flexibility to navigate in unique directions in order to flush out data that was specific to each participant, I ensured that each session was focused around a small number of basic interview questions. Fylan (2005) recommended having no more than a few basic questions for each interview. A series of three interviews was be conducted with each of the five participants from Group 1, and each session was framed around one or more quadrants of McCarthy's (1997) 4MAT framework that described four types of learners.

First interview. McCarthy (1997) described a Type 1 Learner as a student who "favors feeling and reflecting" (p. 47). It is important for this type of learner to identify meaning and connection through why questions. Therefore, in the first interview, I asked open-ended questions that encouraged the participants to explore the meaning behind their formation of religious coping, either negative or positive. These questions were used to connect the meaning of religious coping with the participants' past and current circumstances. The following are examples of the basic questions that were asked in the first interview:

- Why was the way you once used religious coping meaningful?
- Why is the way you currently use religious coping meaningful?

Second interview. McCarthy (1997) described a Type 2 learner as a student who "favors reflecting and thinking" (p. 48). This type of learner must identify concepts and invest his or her time organizing and conceptualizing new knowledge. In the second interview, I asked open-ended questions that afforded the participants the opportunity to describe the process of how they developed their style of religious coping. For those who had experienced both NRC and PRC, I sought to gather data that described the circumstances surrounding each type of religious coping formulation. These questions drew on the participants' imagination and organized thinking regarding the events surrounding their religious coping formulation. The following are examples of the basic questions I asked in the second interview:

- What were the details (people, resources, events) that developed your former use of religious coping?
- What were the details (people, resources, events) that developed your current use of religious coping?

These basic questions addressed the heart of the research questions. I used these as the basis for creating the scripts for the second set of interviews. As a result, I observed a pattern from among the participants' concepts of their thoughts and feelings on the development of their style of religious coping (positive, negative or both), and it may be possible that these are the factors that this study sought to identify.

Third interview. McCarthy (1997) described a Type 3 learner as a student who "favors thinking and doing" (p. 48). This type of learner must learn to solve a problem by developing and practicing new skills. McCarthy (1997) described a Type 4 learner who "favors creating and acting" (p. 49). In the third interview, I asked open-ended questions that afforded the participants the opportunity to describe the everyday practices of how they employed their religious coping to

help deal with the stress of addiction recovery. I also asked questions that required the participants to consider how their style of religious coping continues to develop or change, as well as what they believe the impact of this continued change of development may impact their recovery from addiction. The following are examples of the basic questions that were asked in the third interview (using how and if questions pertaining to the third and fourth quadrant respectively):

- How do you use religious coping in your everyday life (both proactively and reactively)?
- If your use of religious coping stays the same, what do you believe would be the impact on your addiction recovery?
- If you were to adapt your use of religious coping, what do you believe would be the impact on your recovery?

These questions are only examples of the direction that was taken in each of the three interviews. McCarthy's (1997) theory of 4MAT learning may have enabled me to effectively learn from the participants, regardless of their learning style. Furthermore, McCarthy (1997) suggested, "Successful learning is a continuous, cyclical, lifelong process of differentiating and integrating these personal modes of adaptation" (p. 50). By structuring the three interviews around the four quadrants of learning, this cycle proved to be beneficial to provide thick and rich data for the research questions.

Rather than taking the time to define negative and positive religious coping, examples taken from the Brief RCOPE were used. In order to avoid using the term NRC, I asked the participants if they had ever done the following:

- Wondered whether God had abandoned me.

- Felt punished by God for my lack of devotion.
- Wondered what I did for God to punish me.
- Questioned God's love for me.
- Wondered whether my church had abandoned me.
- Decided the devil made this happen.
- Questioned the power of God. (Pargament et al., 2011, p. 57)

Pargament et al. (2011) also provided examples of PRC within the Brief RCOPE. I used these examples to avoid needing to define PRC, and used the following statements rather than defining PRC:

- Looked for a stronger connection with God.
- Sought God's love and care.
- Sought help from God in letting go of my anger.
- Tried to put my plans into action together with God.
- Tried to see how God might be trying to strengthen me in this situation.
- Asked forgiveness for my sins.
- Focused on religion to stop worrying about my problems. (Pargament et al., 2011, p. 57)

Combining these examples of NRC and PRC together with the basic questions allowed I to provide a semistructured interview experience for each of the five participants to be accomplished in three settings each.

Instrumentation was also employed when interviewing the four therapists in Group 2. A semistructured format was used to enable flexibility to explore unique aspects of each therapist

and their approach. Rather than three interviews, Group 2 participated only in a single interview. The interview schedule is included in Appendix A.

Data Collection

Central to data collection was the establishment of the environment for the interviews and providing pre- and post-interview questionnaires (see Appendix B). Also important was defining standards for the administration of the interviews, building a collection of artifacts, and allowing for member checking to be used for triangulation. This allowed me to collect substantive data to answer my research questions.

Establishing the environment. According to Flyan (2005), there are two important factors for establishing the environment. These include the way the room is set up and the means of recording data. Preparation for the interview included the selection of the room. My office at church was determined adequate, as it provided a quiet and comfortable setting that afforded the participants privacy and confidentiality. Flyan (2005) suggested that chairs be close, but not too close. I had a chair and a sofa that matched her suggestion. Flyan also recommended sitting at an angle to one another, so that eye contact is easy but not direct. That angle was used during all interviews. I recorded the interviews on an iPhone X, and I used a print-out of the interview schedule to provide both a quick reminder of the questions while also providing a place to record my own bracketed insights and observations. The audio from the interview was transcribed (to be preserved for 3 years) and then deleted.

Administering the interviews. Prior to the interview, participants were sent a pre-interview questionnaire to fill out and bring with them to their interview. Once the room was set and the participants arrived, the interview began. Fylan (2005) suggested that the interview be structured with an opening, the interview schedule (order and list of interview questions), and a

debriefing. Fylan (2005) stated, “A good semistructured interview is like a conversation rather than a series of questions and answers” (p. 70). Therefore, I started each interview with simple and general questions to break the ice. How the participants responded to these questions provided some contextual insight to what they shared later during their interview.

Moving through the interview schedule, I made use of prompts and steering. According to Fylan (2005), steering is what separates an interview from a conversation. This is critical, as the interviewer needs to maintain control of the direction of the interview. Prompts (such as *tell me more, how did that feel,* and *what happened next*) can help to keep the interview moving. I was comfortable with silence, as it was important for the participants to have adequate time to think about how to share their answers. Steering was used to keep the participants on target, but not so severe as to include leading questions. Fylan (2005) recommended steering the interview toward the research questions to ensure the relevant data are obtained. During the interview, I recorded notes that the audio recording could not capture, such as body language and tone of voice. These notes were bracketed to identify my thoughts and raise awareness of my bias.

During these interviews, I followed these recommendations (Gay et al., 2014):

- Listen more, talk less.
- Don’t interrupt. Learn how to use pauses and silences to get them to reflect deeper.
- Avoid leading questions by asking open-ended questions.
- Keep the participant focused and direct the interview when needed.
- Ask for concrete examples.
- Follow up their answers and ask for clarification.
- Stay neutral, you are trying to understand.
- Don’t debate or disagree, you are the recorder. (p. 387)

Finally, each interview included a time of debriefing. Fylan (2005) suggested that debriefing entail of a basic summary of the interview. Following the summary, I asked each participant if he or she had understood their responses, and if there was anything that the participants thought they should add, thus improving the validity of the resulting data. Following the debriefing, I asked if the participants had any questions about the interviewing process and then thanked them for their times. A post-interview was provided for the participant to fill out before leaving. Fylan (2005) also recommended asking the participants if they would like a summary of the findings, allowing them the opportunity to feel valued and a part of the research process. This opportunity for participants to review the findings is known as member checking, and I did it to increase the validity of the findings.

Building a library of artifacts. In addition to the interviews, I created a library of resources identified by the participants. These resources enabled data triangulation and added validity to the findings. Hodder (2000) described these resources as artifacts. Yin (2009) expanded on this concept and suggested six sources of data, including documentation, archival records, interviews, direct observation, participant-observation, and physical artifacts. Documentation for this case study included journal entries, email correspondence, devotional materials, and 12-Step materials provided by the participants. Yin (2009) warned that care should be taken to acknowledge bias that may be present in documentation. Archival records include statistical data from federal or local agencies, admission and release documentation from treatment centers. Interviews have already been described in great detail. Yin (2009) maintained that interviews are “one of the most important sources of case study information” (p. 106). More specifically, Yin (2009) described an in-depth interview (as opposed to a focused interviews or surveys) as one that occurs over a longer period of time, can be comprised of multiple settings,

and can use the participant as an informant to provide additional sources of data. Physical artifacts can include devices, tools, or any type of physical evidence. To prevent the participants needing to surrender their resources to me, I obtained my own copies for the purpose of this research.

Triangulation and bracketing. A researcher uses triangulation to strengthen the findings. Yin (2009) stated, "The most important advantage presented by using multiple sources of evidence is the development of converging lines of inquiry, a process of triangulation and corroboration" (p. 115). By using multiple sources of data, I was able to support the facts of the case study with a higher degree of convergence. I also bracketed the data to mitigate personal bias. Bracketing is the identification of the researchers understanding or bias and the separation of that from the data that is collected for the purpose of creating a more objective understanding for analysis.

Identification of Attributes

Data from multiple sources were collected, and I observed several attributes. The list in this section serves only as a starting point. In the following sections I discuss important definitions for this study. I also discus measurements that were important to this study.

Definition of Terms

Sobriety. This term is defined as abstinence from chemicals or behaviors (Sandoz, 2014).

Recovery. This term is defined as the same as sobriety, with the added concept of life transformation. Someone in recovery works intentionally to change his or her attitudes, behaviors, and relationships (Sandoz, 2014).

Recovery resources. This term is defined as the tools and concepts that a person in recovery employs to aide their process. These may include sponsorship, the 12-Steps, devotionals, therapy, and phone calls (Sandoz, 2014).

Spirituality. This term is defined as the activities, beliefs, and connections with self, others, and a higher power (Allen & Lo, 2010).

Religious coping. This term is defined as a theory that allows for the measurement of how people use their faith to cope in times of stress (Pargament et al., 1998). Pargament (2011) defined religious coping as "efforts to understand and deal with life stressors in ways related to the sacred" (p. 52). NRC occurs when a person has a negative, malevolent view of God, and the use of spirituality tends to have very negative results in their recovery process. PRC occurs when a person has a positive view of God, and the use of spirituality tends to have a benevolent impact on their recovery process. Religious coping has a tendency to develop, grow, and change, and a person who first developed NRC can later develop PRC (and vice versa).

Measurements. Not only was it important to identify and define the attributes of this study but also to discuss how these attributes are measured. Even in qualitative studies there are a few measurements that can be observed. The methods of measurements are shared that pertain to sobriety, recovery, spirituality, and religious coping.

Sobriety can be measured in any number of ways. From a legal perspective, sobriety can be measured by administering drug tests (both randomly and scheduled) or by using a tether that is attached to a person's ankle that is capable of detecting alcohol in the body. Sobriety can also be measured by self-reporting the length of time (days, weeks, or years) of abstention from self-medication. Similar to sobriety, recovery can be measured in many of the same ways. However, it can also be measured by the number of character defects that have been identified and

intentionally worked to change, how many relationships that were damaged and later found a place of resolution or restoration, and the number of 12-Step meetings or therapy sessions in a month. Spirituality, as an internal attribute, can be difficult to measure. However, it is possible to measure factors such as the frequency of spiritual or religious activities, such as prayer, meditation, personal devotions, and worship. It is also possible to use instruments that can measure levels of self-reported hope, positivity, and optimism as it pertains to matters of faith.

Pargament et al. (1998) recommended measuring religious coping by using the Brief RCOPE. This instrument measures the tendencies of an individual to gravitate to either NRC or PRC when dealing with major life stressors. For the purposes of this research, I was less concerned with measuring religious coping and more interested in how a person in recovery facilitates a change from NRC to PRC.

Data Analysis Procedures

A majority of researchers in the field of religious coping have gravitated toward quantitative methodologies as opposed to a selection of a qualitative methodology. Their methods of analyzing data were not appropriate for this research design. The influence of seminal authors was used who illustrate case study designs for guidance in establishing the data analysis procedures.

Coding decisions. Each interview was recorded, transcribed, member checked, and coded. Internal codes developed as a result of the first observation of data, while external codes were derived from categorizing the codes within the 10 phases of transformation in the search for answers to the research questions. I wanted to explore the factors that decrease NRC, the factors that increase PRC, and the effects of these factors on addiction recovery. Following the aim of

the research questions, external codes included examples of NRC, examples of PRC, trauma, stressors, sobriety, recovery, and spirituality.

Statistical procedures. Despite using a qualitative methodology, it was still necessary to observe some statistical data. I needed to identify frequencies of certain behaviors, activities, and circumstances reported by the participants. Collected evidence was coded and inputted into a computer program that enabled observation, comparison, and contrasting the frequency, occurrences, and relationships of the data.

Software choices. Software was selected to aid the process of analysis. Swain (2018) suggested using ATLAS.ti, NVivo, or Qualrus for studies that are complex and involving doctoral work. Any of these programs would have been of great assistance to apply coding to the data, organize it, and recall it at the touch of a button. Yin (2009) also recommended ATLAS.ti and NVivo as strong programs for data analysis, but he advised that computer aided analysis only serves to help organize and retrieve data; it cannot perform the work of analysis. The researcher must accomplish the actual analysis. The online site Dedoose.com contained the strength of ATLAS.ti with two significant improvements. First, Dedoose had a substantially lower cost than ATLAS.ti. Second, Dedoose is web-based, which reduced the chances of data loss. In addition, when the program-based ATLAS.ti is run on a Macintosh, the software designers warned against optimizing one's computer, as this can cause errors when analyzing data. Therefore, because Dedoose had all of the strengths of ATLAS.ti but also reduced the weaknesses of ATLAS.ti, I chose the less expensive to assist the analysis of this research.

Analysis procedures. Yin (2009) suggested that data analysis be driven by the theoretical propositions of the study. The propositions were based on my own professional experience as well as those who have studied the theory of religious coping (Charzyńska, 2015;

Giordano et al., 2017; Pargament et al., 1998):

- Many people begin the recovery process with preconceived notions of spirituality.
- These preconceived notions are formed from their experiences and understanding of those experiences.
- Addiction recovery can be a time of spiritual transition.
- Individuals who develop PRC skills enjoy beneficial impacts on their recovery process.

Yin (2009) maintained that propositions help to keep the researcher focused and allow him or her to focus on appropriate data while ignoring data that is irrelevant to the study. Yin (2009) also proposed five analytic techniques including pattern matching, explanation building, time-series analysis, logic models, and cross-case synthesis. These techniques were helpful to analyze the data and develop answers to the research questions.

In order to accomplish an analysis of the data in a rigorous manner, I followed four principles suggested by Yin (2009). First, I observed all the available evidence to ensure that the research questions were fully covered. Second, I addressed any possible rival interpretations of the findings to be included in the study as a "loose end to be investigate in future studies" (Yin, 2009, p. 161). Third, I made sure that the analysis addressed the primary focus of the research. Fourth, I employed my own knowledge (formed by the literary review) and my professional experience (from working over a decade with others interested in combining their spirituality with their recovery from addiction).

Limitations and Delimitations of the Research Design

Even though a qualitative methodology with an explanatory case study design was selected for its ideal strength of explaining *why* and *how* questions pertaining to the research

questions, this plan was not without limitations or delimitations. In the following sections I discus the limitations and delimitations of this study. In particular, the delimitations were used to help keep this study focused as they were used to identify what I would and would not study.

Limitations. Limitations of case studies consist of factors such as analysis, self-reporting, instrumentation, sampling, and time constraints. These limitations were addressed by Yin (2009) as he described four common prejudices against case studies that include a lack of rigor, difficulty in generalizing findings, length of time, and a renewed emphasis on experimental research rather than nonexperimental research. To help overcome a perceived lack of rigor, I bracketed my own thoughts, clearly stated the bias, and sought to fairly represent and report the findings. I employed the use of Dedoose.com to help aid the analysis of the resulting data, and this afforded the opportunity to dig deeply into the thick and rich data in meaningful and insightful ways. Additionally, triangulation was used (with pre- and post-interview questionnaires and artifacts) to help corroborate or challenge the self-reported data from the participants. I used negative case analysis to uncover outlying evidence and seek to gain understand why such outlying evidence exists. Reflexivity was also used to help increase the rigor of the research, as I documented my personal ideas, thoughts, or insights while collecting data. Member checking was used to allow the participants to review the transcriptions of their interviews and verify the accuracy of the content.

To help offset any limitations regarding generalization, multiple participants were studied, while remembering Yin's (2009) clarification that "case studies, like experiments, are generalizable to theoretical propositions and not to populations or universes" (p. 15). The results were not generalizable. However, it may be possible that the results may lead to the generation of a theory that may be applied to other populations. In the selection of Group 2, they were chosen

from four separate clinics to help reduce the possibility of shared perspectives within the same office, which allowed for a greater range of data.

As I worked to keep the length of time for the data collection and analysis within the constraints of the dissertation timeline, I did not confuse the case study research design with ethnography. According to Yin (2009), case studies are sometimes confused with ethnographies, which tend to result in longer times in the field for observation as well as "massive, unreadable documents" (p. 15). However, data collection was not rushed, and I was able to observe prolonged engagement with the participants by separating the interviews into three separate occasions.

To speak to what Yin (2009) described as a renewal of an emphasis on experimental research that deals with causality, I kept my focus on the need to answer the *how* and *why* research questions of this study. For these types of questions, I needed to select a qualitative methodology. This methodology was best suited to help explain the process of transformation from NRC to PRC.

Finally, to help mitigate the limitation of self-reporting, I considered what Dodd-McCue and Tartaglia (2010) describe as the halo effect. The halo effect occurs when an interviewee allows a response from a previous question to positively color their answer to following questions or when there is a previously existing relationship between the interviewer and the interviewee that would impact responses. Dodd-McCue and Tartaglia (2010) recommended mitigating the halo effect proactively by first acknowledging the potential for it to occur. Second, they encouraged avoiding any relational forms of conflict of interest. Third, they suggested that the interview environment be as consistent as possible. Fourth, they encouraged the use of triangulation as a means of reducing the halo effect during data analysis. I acknowledged that the

halo effect could color the responses of this study's participants, recruited people previously unknown to him to avoid any relational bias, used the same environment for every interview, and employed triangulation with pre- and post-interview questionnaires during data analysis. Additionally, using the semistructured format for interviewing allowed me to balance the tone of the interviews back and forth from questions that were positive in nature to questions that required the participants to recall and connect with negative experiences.

Delimitations. When considering the boundaries of this research, it was necessary to discuss what was and was not be researched. These boundaries were used to establish the delimitations of the study, and they included sampling methods, the setting of the study, and the instrumentation. This has already been discussed in greater detail. I used the tools of binding and establishing propositions that were used to guide data collection. In review, five participants in Group 1 were selected from the Upper Midwest who have experienced using religious coping in their recovery from addiction. The state of [redacted state name] recognizes the Age of Majority Act, which is used to declare a person who is 18 as a legal adult. Therefore, I recruited only participants who were adults, regardless of gender or race. Each participant had experienced the development and use of NRC, and the development and use of PRC. I combined my preexisting knowledge of the recovery community and a few basic clarifying questions in an online survey to select the five participants who were in recovery. I also used my experience of referring members to therapists to invite four participants in Group 2 to share insights from their professional practice.

As noted earlier, a semistructured interview design was employed to investigate deeper into each session and restructure the questions as necessary during the interview. A series of three interviews were conducted with each participant from Group 1, allowing for an increase in

the prolonged exposure to each participant. Each of these three sessions was approached by focusing the questions around McCarthy's (1997) 4MAT theory of learning styles. Finally, one 1-hour interview was conducted with each participant from Group 2 to explore their experience and approach when integrating spirituality or religion to their treatment plans.

Validation

Safeguards were placed in the practice of collecting and analyzing data to help increase the credibility and dependability of the research. Credibility is the accuracy or truth of the data. Dependability is the measurement of how consistent the observations are with the reality of the participants.

Credibility. Theodoridis (2014) suggested that an interviewer provide the interviewees a report on their interviews, including the interviewer's interpretation. This method was also supported by Yin (2009). Participants received a copy of the report and could give me feedback, which increased the truth and accuracy of the data the trust between the interviewer and the interviewee.

Dependability. The method of providing the interviewees a copy of the data and the interpretations also increased the dependability of the data (Theodoridis, 2014; Yin, 2009). Providing the participants with the transcriptions of their interviews provided credibility (allowing the participants the opportunity to verify the truth of what was said), while providing them with the report of the interpretations will provide dependability (allowing the participants the opportunity to measure how consistent and stable the researcher' thoughts are with their own).

I also used Yin's (2009) suggestion to increase internal validity by addressing possible rival explanations (negative case analysis) that provided answers to the *how* and *why* questions of

the research. Additionally, Yin (2009) suggested that case study researchers increase the reliability of their research so that if someone else were to conduct the same case study they would come to the same conclusions. To do this, I followed Yin's (2009) advice to "conduct the research so that an auditor could in principle repeat the procedures and arrive at the same results" (p. 45).

Regarding the dependability of coding, Baxter and Jack (2008) suggested having multiple researchers code the data separately and then meet and find consensus regarding the emergent codes. As an alternative to using multiple researchers, Baxter and Jack proposed having the same researcher make an initial coding for the data, and after a period of time return to the data and code it a second time. For the purposes of this dissertation research, I selected a two-part coding process.

Trustworthiness. In addition to the plan for increasing credibility and dependability of the data and findings, I included several concepts for adding to the overall trustworthiness of this research. These concepts included prolonged engagement, triangulation, rich and thick descriptions, researcher reflection, and final write-up guidelines. Using these in combination, I was able to increase the trustworthiness of this study.

Baxter and Jack (2008) argued that prolonged engagement helps to increase the trustworthiness of research. They maintained that prolonged engagement helps to increase rapport with participants as well as provide contextual data over a period of time. I had substantial prolonged engagement with the participants, as he developed trustworthiness by a series of three separate interviews with each participant as well as providing the participants the opportunity for member checking.

Regarding triangulation, Baxter and Jack (2008) recommended viewing the phenomena from multiple sources. In this case, interviews were used along with documentation that was reported to be helpful by the participants. In order to accomplish effective triangulation, it was also necessary to first collect thick and rich data. Baxter and Jack suggested that this is critical to collect data within clearly defined research procedures that include clearly stating the substantiated research questions, defining the propositions, explaining why a case study is an appropriate research design, applying appropriate sampling techniques, collecting and organizing data with rigor, and analyzing data accurately. Graue and Walsh (1998) suggested that researchers should collect data that is thick and rich enough to support the findings and to also make the findings plausible to readers.

As I collected data, I was sure to employ researcher reflection. I continually bracketed my own responses to data and document my personal thoughts and responses to the data. Bracketing my thoughts also allowed me to clearly state my personal bias throughout the data collection, analysis, and write-up.

Finally, a few guidelines were followed for the final write-up. Graue and Walsh (1998) asserted that the composition of the final write-up has a substantial impact on the trustworthiness of the research. I made sure that the final dissertation contained vocabulary that would be understandable to a general audience (especially one that is not familiar with addiction or religious coping). I also made every effort to produce a write-up that was clearly organized and contained a compelling argument for the findings, being sure to transparently state my bias.

Expected Findings

Based on the three research questions, the findings indicated how participants experience a transition from one type of religious coping (positive or negative) to another during their

recovery from addiction. In the following section, I describe the findings I expected as well as my bias. I also compared my expectations with the results from data collection.

Expectations and bias. Findings were expected to show that the participants would report using both negative and positive types of religious coping. During the interviews, all participants reported having used NRC, all reported having used PRC, and all reported a transition from NRC to PRC. Additionally, I believed that it might be possible that the development of religious coping may result from factors such as impactful positive or negative relationships, life events, trauma, grief, pain, healing, blessings, growth, counseling, or resources. The participants confirmed this possibility, and substantive patterns of factors were discovered as being common among all participants from Groups 1 and 2. These patterns will be discussed in Chapter 4. Although these expectations resulted in part from my personal bias and experience, I attempted to mitigate the chance of clouding the analysis in the case of data reported by the participants that may have contradicted my own experiences.

Result of the new data. By focusing on developing these factors, it may be possible to improve the process of helping addicts with NRC transition to PRC and improve their recovery process. This supports the theory of religious coping as described by Pargament et al. (1998) and added new insights that help to fill a gap in current research. It may also be possible to use this data to develop a new treatment modality for addiction recovery.

Ethical Issues

Many general principles and ethical issues were addressed and maintained throughout this research. The American Psychological Association (APA, 2017) addressed general principles as standards to which psychologists should aspire. These general standards consist of benevolence and nonmaleficence, fidelity and responsibility, integrity, justice, and respect for

people's rights and dignity. Striving for benevolence and nonmaleficence, I kept in mind the need to safeguard the well-being of the participants, especially as the interviews required the participants to navigate through some painful memories from their past. It was important to express care and concern, making sure to use debriefing at the close of each interview. I upheld professional responsibilities while also maintaining compassion for the participants. I showed integrity by recording and analyzing data in an honest and accurate manner. Deception was not a necessary element in acquiring data to answer the research questions, and I was clear with the participants regarding the research goals. Fairness and justice were maintained, and I did not function beyond personal limits of competence and expertise. Finally, I worked with respect for the participant's rights and dignity. The privacy and confidentiality of the participants were safeguarded by several procedures.

I stored audio files on a password-protected electronic device and deleted them after I transcribed them. The transcripts were also stored on a password-protected laptop in my locked office. All paper copies of informed consent forms, pre- and post-questionnaires, and artifacts were stored in a locked file drawer in my locked office. Only my dissertation committee and I had access to electronic data and all physical data. All data will be destroyed or erased 3 years post research. No documents containing personally identifiable information (PII) were sent via email. Only encrypted computers and drives were used, with additional protection of strong passwords. The identities of all participants were kept confidential by replacing names with codes. For example, the first participant from Group 1 was identified by G1.1, the second participant was identified by G1.2, and so on. Reasons for the interviews were not known to anyone other than the participants, my dissertation committee, and me. I met with individuals in my office for a wide variety of reasons and this behavior is accepted as within my normal routine.

Aside from these general principles used to inspire the standards of this research, I also adhered to strict ethical standards. Graue and Walsh (1998) stated, “To act ethically is to act the way one acts toward people whom one respects” (p. 55). Each of the participants were treated with a high degree of respect, understanding that the data they shared was of a sensitive and personal nature. These ethical standards consist of potential conflicts of interest, the position as a researcher, minimizing risks, not employing deception, providing informed consent, and reducing the negative impact of bias.

Conflict of interest assessment. In order to maintain ethical standards, it was important to assess and address any potential conflicts of interest (financial or nonfinancial) with the research. As the pastor of Restoration Fellowship, I was in a place of authority of many people in recovery. To remove potential financial conflicts, all attenders of Restoration Fellowship were removed from consideration for recruitment. This was important, as it could have been possible that employment issues or issues resulting from pastoral relationships may color the data. This exclusion also eliminated any financial conflict of interest, as no participants of this study made donations to Restoration Fellowship. Furthermore, from a nonfinancial perspective, I did not believe the research had any conflicts of interest. The findings from the research provided benefits to the participants (in the form of new understandings) and to many current and future people impacted by addiction.

Researcher’s position. I elected to assume the position of an insider researcher. According to Greene (2014), “Insider research is that which is conducted within a social group, organization, or culture of which the researcher is also a member” (p. 1). Greene further divided insider research into four types. The first type is an indigenous-insider, which describes when the researcher holds the same “values, perspectives, behaviors, beliefs, and knowledge of his/her

indigenous community" (p. 2). The second type is an indigenous-outsider, which is distinguished from the first type as a researcher who was once in the community but has left and is now viewed as an outsider. The third type is that of an external-insider, which is a researcher who has rejected their previous views and has been adopted by the community. The fourth type is that of an external-outsider. This final type is the furthest removed and is not a part of the community and holds only a limited understanding of it.

For the purposes of this research, the type of positionality that fits the context of the relationship between PI is somewhere in between an indigenous-insider and an external-insider. Some of the participants may have had more than my own 11 years of time in the recovery community, and thus the role would be that of an external-insider. However, if a participant had fewer than 11 years in the recovery community, then I would have had an indigenous-insider role, as I would be in the recovery community and culture for longer than the participant. Either way, more than 11 years of living, working, and partnering with the recovery community allowed for the insider position to be beneficial for the purposes of this research.

Insider positionality comes with strengths and weaknesses. The strengths include knowledge, interaction, and access (Greene, 2004; Savin-Baden & Howell Major, 2013). Regarding knowledge, the insider researcher already possesses cultural understandings that allow for acceptance into the community without disturbing or changing the environment. I also may have had greater insights into small nuances or nonverbal cues (Greene, 2004). Regarding interaction, the insider researcher has a greater potential to have natural interactions with the participants and be less likely to negatively stereotype the data they collect. Regarding access, the insider researcher may access the community more effectively and efficiently than that of an outsider researcher. Savin-Badin and Howell Major (2013) added that the access of an insider

researcher may provide easier access to thick and rich data due to a deeper level of trust with the participants.

The weaknesses of the position of an insider researcher include the increased risk of participantivity and bias (Greene, 2004; Savin-Baden & Howell Major, 2013). Participantivity may creep into the data, as the researcher may be prone to being too familiar with the participants that may "limit the analysis of social and cultural structures and patters" (Greene, 2004, p. 4). Greene (2004) suggested that to help remove the potential risk of participantivity, the researcher should avoid such phrases as "you know what I mean" or "like we talked about before" (p. 4). Instead, the researcher should "begin the interview session with a disclaimer, indicating that although she [or he] may have already discussed this with the participant before, it would be best if he/she could pretend as if they were talking about this for the first time" (Greene, 2004, p. 4). Bias may have an increased risk when a researcher is close with the participant. When this occurs, it may be possible for a researcher to erroneously project his or her views onto the participant or the data analysis. For this study, to reduce the risk, I clearly stated my bias and used bracketing and reflexivity. Furthermore, because the participants were selected from people for whom I did not provide pastoral services and who were largely unknown, the risks of participantivity and bias were reduced.

Minimizing risk and providing benefits. According to Fylan (2005), a researcher must be aware of the sensitive nature of data collection when approaching topics that may be connected to former stressors for the participant. By using a semistructured interview, Fylan (2005) proposed that a researcher could employ a flexibility not offered by a structured interview or survey. She asserted that if a participant begins to show signs of distress when talking about past events, the interviewer can help the participant talk through the issue, debrief with the

participant, and pause or even stop the interview. Fylan (2005) maintained that semistructured interviews allow the researcher greater confidence concerning the well-being of their participants, "that at the end of the interview they are not worse off emotionally than they were before" (p. 67).

Another means of minimizing risk and increasing benefits was the limitation that research would not begin without the approval of my institution's Institutional Review Board (IRB). According to Yin (2009), "The board is charged with reviewing and approving all human participants research before such research can proceed" (p. 74). This process helped ensure that this research was ethical, beneficial, and added new information to the emerging field of religious coping. Only after the IRB of Concordia University approved this research proposal (and I received written approval for use of the interviewing location) did data collection begin, and no deviation from the approved protocols occurred.

In addition to using semistructured interviews and following the protocols approved by the IRB, I included debriefing at the end of each interview. With that, I could clarify or correct data from the participants and address any emotional distress the participants might have experienced as a result of sharing potentially painful memories of their past. By addressing this distress, risk to the participants was reduced. If the participants appear to experience grief or pain, they would have been given the opportunity to pause or discontinue the interview and reminded that they are welcome to schedule an appointment with a licensed counselor. Additionally, they may have disclosed that they were in danger of harming themselves or others. If had been the case, the proper authorities would have been informed immediately. They would have also been given the option to discontinue participation at any time with assurances of highest regard, confidentiality, and appreciation. A post-interview questionnaire also provided an

opportunity for participants who may have shared sensitive information about previous pain, guilt, or trauma to identify if they would benefit from therapeutic services. However, no participant in this study expressed grief or pain from their past, needed further counseling as a result of this study, expressed they would harm themselves or others, or needed the option to discontinue their participation.

Minimized deception. The APA (2017) allows for deception if the research design has strong justification for such and that an alternative protocol without deception is not possible. Furthermore, the APA (2017) ethical standards do not allow for any deceptive practice that would cause physical or emotional pain. I could not foresee how deception could benefit this study, and this research did not use any protocols to deceive or mislead the participants at any time.

Informed consent. The standards of informed consent as expressed by the APA (2017) were followed. This included providing a consent form for each participant that expressed the purpose of the research, the length of time expected to require, the procedures that were to be used to collect and analyze data, their right to decline to participate or to end their participation at any time, possible consequence of declining to participate or end participation, listing any possible effects of the interviews (such as reliving painful memories), providing the contact information for a local licensed therapist who could provide follow up counseling services, sharing the potential benefits of this study, discussing the limits of confidentiality, announcing there were no incentives, providing contact information for any future questions, and permission to use audio recording during the interviews. The informed consent form also included a disclaimer that was required to disclose the identity of any participant who revealed that they

were in danger of being harmed or in danger of harming themselves or others. The informed consent form is included in Appendix C.

Reducing negative impact of bias. Reducing bias was a necessary step in data collection and data analysis. Reducing the negative impact of bias is important for a study that is used to deliver results that are trustworthy. As mentioned previously, this was accomplished by clearly stating my own position, thoughts, and insights with bracketing and reflexivity.

Conclusion

In this chapter, I outlined the selection and rationale for a qualitative methodology and an explanatory case study research design. The problem I researched was how to improve the use of spirituality as an addition to the addiction recovery process in a way that improves treatment outcomes. This was supported by the gap in literature regarding the factors that decrease NRC and increase PRC in addiction recovery. The research goal was to identify the factors that help transition from NRC to PRC during addiction recovery. The theoretical framework was formed with combined foundation of Mezirow's (1991) transformation theory, Pargament et al. (1998) theory of religious coping, and McCarthy's (1997) 4MAT theory of learning. Three research questions guided this study: (a) what are the factors that decrease NRC, (b) what are the factors that increase PRC, and (c) what are the effects of these factors on addiction recovery? I employed a collective, naturalistic, and explanatory case study design to observe interview data triangulated with other documentation.

The research population included five participants in Group 1 who were in addiction recovery in the Upper Midwest and four participants in Group 2 who provided treatment of individuals in recovery and who incorporate spirituality in their treatment plans. All participants were selected based on a combination of binding and propositions. Instrumentation took the form

of three interviews for Group 1 and one interview for Group 2 with a small number of standard questions with the flexibility of a semistructured interview to allow for data collection to be unique and specific to each of the individual participants. Following the interviews, analysis was assisted by the means of the computer program Dedoose. Triangulation and bracketing were used to help reduce the impact of my own bias.

Based on my experience of working in the recovery field for over a decade, several findings were expected. These expectations revealed my bias and were only be used to express expectations and not impact the collection or analysis of data that was collected. Ethical considerations for this study included a conflict of interest assessment, a discussion of my position of a combination of an indigenous-insider and an external-insider. I did not anticipate the need to use deception in any way during this study, as it was not necessary to acquire the necessary data.

This study flowed from the conceptual framework that was established in Chapter 2. The resulting methodology and research design were based around the research questions and theoretical framework. As a result, this study provided new information to the field of addiction recovery in a beneficial, effective and ethical way.

Chapter 4: Data Analysis and Results

Chapter 4 begins with my restating the research problem, the purpose of the research, and the research questions. Also included in this chapter is a description of the sample, research methodology and analysis, summary of the findings, presentation of data and results, and conclusion. The problem I researched was how to improve the use of spirituality as an addition to the addiction recovery process in a way that improves treatment outcomes. This was supported by the gap in literature regarding the factors that decrease negative religious coping (NRC) and increase positive religious coping (PRC) in addiction recovery. The purpose of this research was to understand the development of spirituality during the process of addiction recovery by identifying the factors in the transition from NRC to PRC and thereby improve the potential for better treatment outcomes. Although there is a continuum of religious coping between NRC and PRC, for the purpose of this study, I needed to use the bookend designations of NRC and PRC to study the transition from one to the other. The following three-part question was used to guide the research: (a) What are the factors that decrease NRC?, (b) What are the factors that increase PRC?, and (c) What are the effects of these factors on addiction recovery?

Description of the Sample

The sample population contained two groups of participants. Group 1 included five individuals located in the Upper Midwest who used spirituality to aid their addiction recovery process. Group 2 included four therapists and counselors who integrated spirituality in their treatment plans for individuals who are in recovery from addiction.

Group 1. Group 1 included five adults over the age of 18. One Black participant and four White participants were successfully recruited and completed the interview process. Only female participants were successfully recruited. Each participant mentioned at the close of her third

interview that this process was beneficial, and all reflected on their spiritual journey with gratitude. Similarly, all participants in Group 1 were engaged in helping others in their recovery journey. Three participants did so with credentials or license to practice professionally, while two did so without formal training. The participants stated their time of recovery and these numbers ranged between six and 27 years. Each of them shared that they had completed the 12-Steps and continue to work them daily. Four participants identified as being Christian with varying degrees of active participation with a local congregation. One participant did not identify as Christian but rather identified with elements of Baptist, Buddhism, and Islam with a spiritual foundation of yoga. All participants from Group 1 shared that they engaged in personal and private spiritual exercises each day.

Group 2. Although I attempted to recruit one Black participant and three White participants, the research area in the Upper Midwest includes a minimal number of Black therapists, and none of them responded to communication regarding this study. Therefore, all Group 2 participants were White. One female and three male therapists were recruited and completed interviews. The participants in Group 2 held various credentials that included the following: a licensed professional counselor (LPC), a certified sex addiction counselor, an M.A. in Pastoral Psychology and Counseling, an M.A. in social work, and training in Inner Healing and Theophostic prayer.

Research Methodology and Analysis

I elected to employ a qualitative methodology with an explanatory case study research design. Many researchers have used a quantitative approach to investigate the subject of religious coping (Giordano et al., 2015). Quantitative research has resulted in descriptive data, which reveals the correlation between NRC and lower recovery success as well as between PRC and

improved recovery success (Abu-Raiya & Pargament, 2015). By using quantitative studies, researchers have left a gap in the research, as they have not yet addressed the personal process regarding how or why someone might transition from NRC to PRC.

This research addressed this gap and proposed *how* and *why* individuals in addiction recovery may experience this transition from NRC to PRC. Pre- and post-interview questionnaires, semistructured interviews, bracketing, masking, member checking were all used for data collection. For the gathering of artifacts, recovery resources were recommended by the participants and new resources were purchased for triangulation and data analysis. This strategy was well suited to answer questions regarding the development of spirituality through the lens of the theory of religious coping as well as the 10 phases of transformation.

Summary of the Findings

As the result of data collection, I conducted and transcribed 19 interviews. Included in these interviews were three interviews with each of the five participants from Group 1 and one interview with each of the four participants from Group 2. Many resources were shared by the nine participants, and two of these artifacts were used to provide helpful support for data analysis. These two artifacts included *Healing Life's Hurts Through Theophostic Prayer* (Smith, 2005) and *Created for Connection* by Johnson and Sanderfer (2016). I uploaded all interviews, pre- and post-interview questionnaires, and selections from the two books that were obtained as artifacts into Dedoose. After an initial round of coding, a similarity was identified between Mezirow's (1991) 10 phases of transformation and Smith's (2005) 14 principles of Theophostic prayer.

Phase 1 of transformation describes when a person experiences a "disorienting dilemma" (Mezirow, 1991, p. 168). This appears to parallel principle 2 of Theophostic prayer, which

maintains, “Our present situation is rarely the true cause of our ongoing emotional pain” (Smith, 2005, p. 39). Smith (2005) proposed that how we feel today is due to root issues from our past. From the data collected in this study, these root issues were sexual abuse, physical abuse, abandonment, and generational addiction.

Phase 2 of transformation describes when a person takes time for “self-examination with feelings of guilt or shame” (Mezirow, 1991, p. 168). This self-examination appeared to parallel principle 4 of Theophostic prayer which maintains that when we feel negative emotions today, the feelings are rooted in an event from our past (Smith, 2005).

Phase 3 of transformation occurs when a person takes a “critical assessment of epistemic, sociocultural, or psychic assumptions” (Mezirow, 1991, p. 168). This assessment seemed to parallel principles 1, 3, 5, 6, 7, 8, and 10 of Theophostic prayer. These principles focus on becoming aware that our present problems are not always the cause of our current pain. Further, if we do not face and experience healing from our past, our present will never improve, discovering the lie we have come to believe that resulted from our painful past, acknowledging that when we believe a lie it will have the same impact on our lives as if it were true, and when we come to know a new truth about ourselves (Smith, 2005).

Phase 4 of transformation occurs when a person realizes that others have shared their past pain and have experienced transformation (Mezirow, 1991). This is not addressed by the principles of Theophostic prayer as this process of change deals primarily with the client’s relationship with God alone. The connections to the examples provided by the transformation of others is not referenced (Smith, 2015). However, the data from this study revealed that G2.4 regularly uses Theophostic prayer and loves to share anonymous stories of the success of his former clients to produce curiosity and hope in his current clients.

In phase 5 of transformation, a person begins to identify new “roles, relationships, and actions” (Mezirow, 1991, p. 168). This seemed to parallel principle 9 of Theophostic prayer that Smith (2005) proposed that the primary action is prayer, the primary relationship is with God, and the primary role is the connection to the prayer facilitator.

In phase 6 of transformation, an individual puts together his or her plan for change (Mezirow, 1991). It did not appear that this was addressed by the principles of Theophostic prayer. However, as explained by G2.4 as well as G1.4 (who, even though she was interviewed as an individual in recovery from addiction, expressed having received training in Theophostic prayer), the facilitators of Theophostic prayer approach the prayer with the plan of getting out of the way to let God take the lead and guide the session.

In phase 7 of transformation, an individual obtains the necessary “knowledge and skills necessary for implementing one’s plans” (Mezirow, 1991, p. 169). This seemed to parallel the first part of principle 11 of Theophostic prayer, which Smith (2005) maintained is when the client receives divinely given truth regarding an event from their past to counter the lie they have believed.

In phase 8 of transformation, individuals begin utilizing their newly acquired roles, relationships, and actions (Mezirow, 1991). This seemed to describe the process of principle 12 of Theophostic prayer, which Smith (2005) described as the process of learning to live life based on the newly learned truth from God rather than responding to the lies of the past.

According to Mezirow (1991), phase 9 of transformation involves the development of proficiency with new roles, relationships, and actions and the individual grows a sense of trust in them. It appears that phase 9 of transformation parallels principle 13 of Theophostic prayer. In

principle 13, Smith (2005) expressed that healing begins with the confidence that God can remove lie-based pain with His truth and sin-based pain with the sacrificial grace of Christ.

Finally, Mezirow (1991) described phase 10 of transformation as the "reintegration into one's life on the basis of conditions dictated by one's new perspective" (p. 169). This seemed to parallel principle 14 and the second part of principle 11 of Theophostic prayer. Smith (2005) described these principles as when an individual experiences total healing of the heart and a lifetime of mind-renewal. This parallel between Mezirow (1991) and Smith (2005) are illustrated in Figure 2.

Transformation Phase	Theophostic Prayer Principle
Transformation Phase 1	•Theophostic Prayer Principle 2
Transformation Phase 2	•Theophostic Prayer Principle 4
Transformation Phase 3	•Theophostic Prayer Principles 1, 3, 5, 6, 7, 8, & 10
Transformation Phase 4	•No Parallel (See discussion above)
Transformation Phase 5	•Theophostic Prayer Principle 9
Transformation Phase 6	•No Parallel (See discussion above)
Transformation Phase 7	•Theophostic Prayer Principle 11 (first part)
Transformation Phase 8	•Theophostic Prayer Principle 12
Transformation Phase 9	•Theophostic Prayer Principle 13
Transformation Phase 10	•Theophostic Prayer Principle 11 (second part), & 14

Figure 2. *Parallels between phases of transformation and principles of Theophostic prayer.*

With this observation of many parallels between the 10 phases of transformation and the 14 principles of Theophostic prayer, I began to wonder if the phases of transformation could be used to better understand the development of spirituality during the addiction recovery process. The initial set of codes were reorganized in Dedoose.com according to the 10 phases of transformation, and then a secondary coding process was conducted for all interviews and pre- and post-interview questionnaires. Each of the participants from both Group 1 and Group 2

reflected data that could be organized into all of the 10 phases of transformation. Because all participants in Group 1 had accumulated many years of sobriety and all participants in both Groups 1 and 2 provided data that addressed all 10 phases of transformation, I proposed that the 10 phases of transformation may be the factors that this research sought to identify that help a person in recovery from addiction transition from NRC to PRC for improved recovery outcomes.

Presentation of Data and Results

After the secondary coding procedure, 525 excerpts were identified from the 19 interviews and pre- and post- interview questionnaires. These excerpts included a total of 525 unique codes that were applied 3,123 times. The codes were organized by each of the 10 phases of transformation (Mezirow, 1991). I found supportive data to identify general, specific, and frequent factors that were used to answer the research questions of this study.

General factors: 10 phases of transformation. The collected data were catalogued according to the 10 phases of transformation. After observing data from each of the interviews, I determined that each participant in Group 1 and Group 2 provided evidence of experiencing every one of the 10 phases of transformation. For the purpose of maintaining this analysis as concise as possible, I elected to share the most powerful example of each phase of transformation for each participant rather than provide the exhaustive catalogue of examples.

Phase 1 of transformation: Disorienting dilemma. According to Mezirow (1991), the process of transformational learning begins with an event that disrupts the life of an individual. This event has a disorienting effect on the individual. Each participant in Group 1 reported experiencing disorienting dilemmas that included negative experiences with family, church, God, abuse, and broken marriages.

Phase 1 of transformation: G1.1. G1.1 reported experiencing several disorienting dilemmas. These included negative experiences with family, spouse, church, and God. All of these experiences resulted in negative feelings. Regarding the negative experiences with family, G1.1 recalled her reaction to her parents' divorce when she was 10 years old. She recalled her father abandoning the family for a new wife and a new life. She witnessed her family crumbling and saw that her siblings were in deep distress. She shared that rather than allowing herself to grieve, she assumed the role of caretaker for her siblings. In doing so, she stuffed her own grief, which resulted in prolonged pain which she later learned to self-medicate with alcohol.

As a result of disorienting dilemmas that included negative experiences with family, spouse, the church, and God, G1.1 expressed several negative emotions and character traits. She reported being codependent, people-pleasing, dishonest, and emotionally numb. Rather than responding to the disorienting dilemmas in a manner that would expedite healing and sobriety, she would rather focus on the needs of others. G1.1 stated, "I just have to be that 'take care of everybody' kind of personality."

Phase 1 of transformation: G1.2. G1.2 expressed several experiences that could be understood as disorienting dilemmas. These dilemmas included negative experiences with family, the church, and God. G1.2 recalled an especially difficult disorienting dilemmas with God. She shared that she believed for a long time that her son was taken from her by God. For many years, she built up resentment and anger to God. Later, G1.2 revealed that her son died by overdose, and she found it too difficult to be mad and her son or at the circumstance surrounding his death. She found it far easier to blame God.

G1.2 also identified that as a result of her estranged relationship with God, she experienced high levels of anxiety and was hospitalized for depression. G1.2 believed that she

turned to substances in order to avoid all the negativity in her life. She stated, “My using was never about a good time. My using was a safe place. It numbed feelings. It kept me safe. Kept me from being alone.”

Phase 1 of transformation: G1.3. G1.3 reported disorienting dilemmas that included negative experiences with family, spouse, church, and God. Her long-term relationship with her spouse caused her several disorienting dilemmas. She recalled that he was verbally and physically abusive to her for many years. He would beat her in one moment and buy her expensive jewelry and furs to apologize. She remembered having great difficulty leaving him. Even after she finally divorced him, she would grant him access to her life and the abuse continued. She also shared that she allowed this relationship to isolate her from her family and friends.

Phase 1 of transformation: G1.4. G1.4 reported experiencing disorienting dilemmas that included negative experiences with family, abuse, and the church. Regarding negative family experiences, she shared that she has never known her birth father, and never felt at home with her mother. G1.4 felt that, “nobody really listened. Nobody really cared.” G1.4 started drinking at a young age, and stated that her step father sexually abused her, trading sexual favors for alcohol and cigarettes. G1.4 shared that at the time, she avoided dealing with the emotions of the abuse and allowed her addiction to deepen to numb the pain.

Phase 1 of transformation: G1.5. G1.5 reported experiencing disorienting dilemmas that included negative experiences with family, church, and God. As G1.5 reflected on family, she shared that her father’s family was Catholic, and filled with alcoholics. His father’s side of the family worked hard to maintain outward appearances to hide their ugliness at home. G1.5 remembers her father as being emotionally closed off, which made her feel lonely. She was also

“scared to death” of her grandfather who was physically abusive to many family members (G1.5, March 21, 2019).

Her fear of her grandfather, along with her other disorienting dilemmas she believed were contributors to her feelings of loneliness, and she shared that she still lacked a since of community. G1.5 shared that she does not conform to mainstream ideas of religion or politics and feels excluded. G1.5 stated, “I’m wanting to communicate with people, but I feel excluded and I just don’t belong.”

Phase 1 of transformation: G2.1. G2.1 shared his experience working with individuals in recovery from addiction. He pointed to the cycle of addiction that results in a perpetual state of disorienting dilemmas. As the addict uses illicit drugs or drinks alcohol, it results in shame, which causes the addict to later feel additional shame. G2.1 stated, “Shame is the result of acting out, and it’s fuel for acting out.”

Phase 1 of transformation: G2.2. G2.2 recounted several times when she counseled individuals who started treatment with a lack of faith in God. She starts her work with such clients by pointing out that they have must faith or trust in something. Eventually, G2.2’s clients realize they have been trusting in relationships, sex, money, alcohol, or drugs. Once this realization has been made, G2.2 helps the client to conclude that these are empty things in which to believe, and that by putting trust in these things, the client’s life has not been successful and has culminated in a need for therapy.

Phase 1 of transformation: G2.3. G2.3 reflected on several disorienting dilemmas he encountered while providing treatment to individuals in recovery from addiction. These dilemmas included a tight correlation between negative experiences with family, abuse, and God. Regarding family, G2.3 commented that a majority of the clients he has worked with shared that

"their resistance to God or a higher being is based in childhood trauma." G2.3 claimed that as clients experienced abuse from family members, they conclude that no loving God would allow such pain, and therefore deduce that there is no God.

Phase 1 of transformation: G2.4. G2.4 recalled how clients under his care have shared multiple disorienting dilemmas, including negative experiences at church, and with God. Disorienting dilemmas at church included growing up with the perspective that church was all about following a legalistic set of rules, and if those rules were not adhered to perfectly, they would go to hell. Regarding negative experiences with God, G2.4 recalled that many of his clients are struggling with repressed anger toward God. They feel guilt and shame over feeling angry with God for the painful events in their life. Because of this repressed anger, the clients' relationships with God are damaged, and until that anger can be expressed, the clients' healing is held hostage.

Phase 2 of transformation: Self-examinations of feelings of guilt or shame. According to Mezirow (1991), the process of transformational learning continues with a process of self-examination of feelings of guilt or shame. The identification of guilt and shame was mentioned by each of the participants in Group 1 and Group 2. I found that participants in Group 1 were all able to identify and connect with the feelings of guilt and shame as it connected to their past. They all expressed relief and release from guilt and shame, either through the love and forgiveness of God or through mindfulness and new perspectives learned during the recovery process. Each participant from Group 2 expressed the importance of identifying guilt and shame, taking responsibility for the past, and then healing from it. G1.1, G1.2, G1.3, and G1.4 each reported a faith in Jesus. They all also reflected joyous attitudes, smiling and laughing frequently in the interviews. They shared that this joy was a result of encountering God and experiencing

His love and forgiveness. G1.5 found her higher power through yoga and mindfulness. G1.5 did not reflect the same level of joy as the other four participants from Group 1, however her interviews were marked by a sense of peace and calm. She shared that she believes that she has overcome shame and guilt as a result of her yoga practices.

Phase 2 of transformation: G1.1. As G1.1 reflected on her past, especially the early years of her recovery, she commented on her guilt and shame being a preventative force that limited her connectivity to God. The punishing God she understood from her Catholic background was the cause for an ambivalence toward God. It was this ambivalence towards God that G1.1 identified as what kept her in "non-recovery."

Phase 2 of transformation: G1.2. G1.2 also came from a Catholic background, and her feelings of guilt and shame were established as she was taught to know a punishing God. This teaching was reinforced by what G1.2 described as mean and abusive priests and nuns. Unlike G1.1, G1.2 was not ambivalent toward God. Rather, G1.2's guilt and shame turned to anger, and she blamed God for the many difficulties she faced in her life.

Phase 2 of transformation: G1.3. G1.3 reported that in her family, the men drank heavily, not the women. She described high levels of guilt and shame as she believed that she was one of only a few women in her family who drank. G1.3 shared, "When I found out I was an alcoholic, whoa! This is horrible! And then to add guilt on top, it was even worse." Despite the guilt from her past, G1.3 reflected high levels of joy. She constantly focused her comments on gratitude rather than the difficulties in her life.

Phase 2 of transformation: G1.4. Early in her recovery, G1.4 reported dealing with guilt and shame. However, she often avoided dealing with these feelings due to pride. She expressed a high level of piety, holding her faith and her understanding of the Gospel as being stronger than

her peers. She cited that her understanding of the Gospel was stronger than what she called "watered-down" versions. However, laughing, she also realized that pride was an issue that made dealing with past issues a challenge, stating, "I have issues, deep issues."

Phase 2 of transformation: G1.5. G1.5 described her sense of guilt and shame as being connected to her past abuse. She also shared her belief learned from her yoga instructor that "issues life in tissues." G1.5 explained that from an emotional standpoint, when a person is hurt, they build scar tissue (guilt and shame). This guilt and shame need to be addressed for the scar to heal. G1.5 described this process:

> When you go and you begin practicing this you can have emotional releases. I don't even know what I'm crying about. It's a little bit different than traditional counseling when you talk through your stuff. I've just let go of that stuffed energy and it's free.

G1.5 further explained how she envisions letting go of guilt and shame through her concept of body contractions. She understood holding her guilt and shame as physical contractions and bodily manifestations. G1.5 claimed, "If we have contraction states in our body, it's actually your emotions and mind. They're all in some type of contracted state. You're holding on."

Phase 2 of transformation: G2.1. G2.1 viewed shame as the most prevalent issue that his clients need to address. G2.1 stated, "The number one thing that is in the heart of the people that I deal with is shame." When dealing with shame and guilt, G2.1 reminds clients that while God does judge sin, His judgment fell on Jesus, not on us. He points his clients to the forgiveness freely offered by the Gospel. When using forgiveness to bring healing to guilt and shame, G2.1 focuses on the forgiveness the client receives from God, from family, and themselves. Working

through the issues of guilt and shame, G2.1 observes the clients' level of forgiveness, as he believes that is inversely related to their levels of guilt and shame.

Phase 2 of transformation: G2.2. When treating clients with issues of guilt and shame, G2.2 pointed to her biggest challenge being people who tend to value thinking over feeling. G2.2 shared that thinkers tend to minimize their emotions and avoid dealing with them. To help navigate thinkers to access their feelings, G2.2 described a series of question that help connect thoughts and feelings together. G2.2 asks her clients, "What are you feeling? Where do you feel in your body? Where do you feel it in your body? When does that come up? What are the thoughts attached to that feeling? And are they truth? Where did you learn those thoughts? Where did you pick those up?"

Phase 2 of transformation: G2.3. As G2.3 described shame and guilt, he reflected on his own recovery journey, "You've heard that we're in our emotional diapers, the first 3 years? I was in emotional diapers much longer than that." Drawing on his own experiences with developing sufficient emotional maturity to assess guilt and shame, G2.3 shared that he exercises patience when working with clients. He commented that allowing clients some time to develop emotionally is important in dealing with shame and guilt.

Phase 2 of transformation: G2.4. G2.4 reflected that when helping clients process through guilt and shame, it is important to first validate the feeling before helping them determine if the feeling is based on a truth or a lie. G2.4 shared that validating their feelings was an important factor is developing a safe and therapeutic relationship with his clients. Once the feeling as validated, G2.4 works to use the Bible to help determine if the feeling is based on truth or lies.

Phase 3 of transformation: Critical assessment of assumptions. According to Mezirow (1991), individuals need to identify basic assumptions they have made in their past and critically analyze them for their accuracy or fallacy. I found that all participants in both Groups 1 and 2 described a process of identifying and evaluating their perspectives they have formed prior to their recovery process. These critical assessments were organized by assumptions that were formed regarding God, others, themselves, and past circumstances. Their assumption regarding God described an identification of NRC and a realized need for PRC.

Phase 3 of transformation: G1.1. G1.1 shared how her recovery process had allowed her the opportunity to assess the assumptions she had formed prior to recovery. This included assumptions regarding God, others, and herself. Regarding God, she had grown up with an image that was judging and demanding, one she depicted as "surfer Jesus," who wore "Birkenstocks with long hair and white robe." This view of God caused her distress as she felt judged and abandoned by Him. G1.1 recalled a 12-Step meeting where she was struggling with her negative image of God. At that meeting, a person shared that sometimes it was helpful to give your image of God a makeover. G1.1 shared that this permission to rethink or recreate her image of God was liberating and it opened the door for her to not only be open to the idea of God, but to embrace Him. She described her new understanding of God as being full of love and light. This openness to assess her previously held assumption of God was reinforced when she found that she began to credit the many blessings in her life as being done by God. She recalled many examples she experienced while in treatment that she believed were for more than coincidence. She concluded that these coincidences were evidence of a loving God.

Phase 3 of transformation: G1.2. G1.2 reported having assessed her assumptions regarding God and herself. Regarding God, G1.2 once believed that God was only responsible

for taking away the good things in her life. This assumption was at its peak when her son died due to overdose. However, as G1.2 entered recovery and she built up considerable sobriety, she came to a new understanding that God was a source of good in her life, that He brought her to recovery for healing, and recovery helped her understand God in a new light. According to G1.2, "Got brought me to Narcotics Anonymous, and Narcotics Anonymous brought me back to God."

Phase 3 of transformation: G1.3. G1.3 commented that prior to recovery, she struggled with codependency. This was most pronounced when putting others' needs above her own. G1.3 recalled, "I was so busy looking at everybody else, not looking at me." In her early recovery, G1.3 shared that she came to realize that she struggled with low self-esteem. A therapist helped her to identify her codependent tendencies and to process through them into a new perspective of taking personal responsibility. G1.3 also attributed working Steps 4, 5, and 6 as being instrumental for assessing her previously held assumptions regarding herself and develop new, healthier perspectives. Steps 4, 5, and 6 are used to deal with a personal inventory, sharing that inventory, and becoming aware of character defects (Alcoholics Anonymous, 2001). In particular, G1.3 stated that these steps helped her to reflect on herself and realize her need for God to change to her negative assumptions about herself. Furthermore, G1.3 shared that as she witnesses God working through these steps, she realized that He was not merely healing her, but He was developing a relationship with her.

Phase 3 of transformation: G1.4. G1.4 shared that she took opportunities to assess assumptions she had previously formed of addiction, God, and herself. G1.4 described coming to a new understanding of addiction, and one that is a departure from many of her peers. G1.4 maintained that a majority of people she works with view addiction as a disease. G1.4 once believed that but she has since come to the believe that addiction is a choice. Furthermore, she

describes this choice as being empowered by Jesus. Prior to recovery, G1.4 shared that she had a very limited understanding of the Gospel. G1.4 recalled attending rehabilitation programs seven times with no success. G1.4 shared that it was only when she, “met Jesus” that she was restored.

Phase 3 of transformation: G1.5. G1.5 revealed that she had experienced assessing her assumptions about other people and herself. Regarding others, G1.5 grew up believing that people are uncaring and cruel. However, G1.5 shared events that happened early in her recovery that allowed her to see that there are some helpful and good people who can help make her life more manageable. One example of this was a day when her life felt like it was falling apart. She was in an abusive relationship and felt trapped with no car and no people who cared for her wellbeing. That day at work, some coworkers saw her distress and took a collection. They surprised her with enough cash that she could escape her abusive relationship and get into a safe residence. G1.5 attributed this event as God working through people to bless her.

Phase 3 of transformation: G2.1. G2.1 discussed how when he treats clients, he often helps them to assess their assumptions regarding God, others, and themselves. Regarding how his clients view themselves, G2.1 shared that he strives to help them view their own identity in a new way. Rather than focusing on their shame and viewing themselves as failures, he strives to enable them to see shame as a tool of Satan who is trying to push them in the wrong direction. G2.1 also stated that he works to reduce the amount of negative self-talk with which his clients are involved. Regarding this negative self-talk, G2.1 shared:

> What are you muttering under your breath? What are you saying about yourself? It’s like, you wouldn’t have any friends if you dealt with somebody else like that! Why do you do that with yourself? Be gentle. Be gracious. Cause we deserve it. Nobody else is perfect,

they all have their issues. You just can't see them on the inside. You see what they want you to see. They all have the same things. How about trying a more merciful approach?

Phase 3 of transformation: G2.2. G2.2 reflected that she has seen clients process through an assessment of assumptions they have made regarding God and themselves. Regarding how they view themselves, G2.2 informs her clients that her goal is to go inward, to assess how they are thinking and feeling. G2.2 tells them, "We're going in. We're going to become aware of what we're thinking and feeling. And we're going to work on changing what we're thinking and feeling. And identifying, is this how I want to think? Is this what I want to be driving me?" G2.2 maintained that if she can help her clients to have new thoughts, they will create new neurological pathways. G2.2 believed that by making those pathways stronger, a miraculous transformation happens as a result.

Phase 3 of transformation: G2.3. G2.3 reported working with clients to assess their assumptions regarding God, others, and themselves. Regarding God, G2.3 has found that one of the biggest challenges that his clients struggle with is viewing God as one who allows childhood trauma to occur. This prevents them from having a desire to apply faith to their recovery process. G2.3's approach in these situations is to respond by saying, "God knows what he's doing. I don't have to know. He knows. And life doesn't make sense a lot of times, but we keep putting one foot in front of the other." G2.3 reported that when clients are especially resistant to spiritual matters, he respectfully backs away from the issue, with the intent to revisit it when he believes the time is right.

Phase 3 of transformation: G2.4. G2.4 shared that he has observed that many clients come to him with assumption about God and themselves that he helps to assess and view from a new perspective. Regarding assumption about God, G2.4 stated that the most distressing thing to

him is that before their treatment, they have never had a personal experience or relationship with God. G2.4 said they may have been to church but, "they've never just met Him personally! They might have sat in church, but all they took in was that there is this set of rules I have to follow and if I don't follow them I'll go to hell and God's mad at me." G2.4 claimed that his primary work was to provide his clients with an experience with God through Theophostic prayer. According to G2.4, this experience allows his clients to discover that God is not a deity of rules and punishment, but a God of love and healing. As a result, G2.4 stated that many clients come to a new understanding of God and their desire and need for Him in their life.

Phase 4 of transformation: Realize one's discontent and a process of transformation is shared. In phase 4 of transformation, an individual comes to realize that others have experienced a similar difficult story and have navigated their life into a season of transformation (Mezirow, 1991). I found that each participant in Group 1 expressed that this realization served as a moment when hope was introduced into their recovery process. I also found that each participant from Group 2 expressed that this realization was an important treatment goal. In both Group 1 and 2, phase 4 occurred when they listened to other peoples' stories of transformation. I also noted that many participants in this research shared that they felt it was important for them to share their own stories of transformation to encourage new people in recovery with hope that change is possible.

Phase 4 of transformation: G1.1. G1.1 shared that while she was attending 12-Step meetings, she looked forward to hearing a particular person share stories of her life. She commented that the words shared by this person connected with her, and in time, G1.1 came to deeply respect this individual. She expressed gratitude that listening to this individual's stories

gave her hope. Now, looking back on her own transformation, G1.1 shared that she feels a growing desire to share her own story with others.

Phase 4 of transformation: G1.2. G1.2 expressed that listening to the stories and guidance of others in recovery gave her hope that change was possible, and also gave her permission to allow God to be whatever or whomever she needed her higher power to be. Hearing other people share how they came to know God in a powerful and beneficial way opened the door to G1.2's process of spiritual growth. She recalled how these stories allowed her the freedom to let go of the negative labels she put on God and placed belief in God above any definition of God. Now, G1.2 passes that on to others whom she sees struggling with connecting to a higher power. G1.2 reported that, "I tell people all the time, why do you have to label it? Definition is not important. Believing is important."

Phase 4 of transformation: G1.3. G1.3 expressed that people sharing their stories results in several benefits. G1.3 stated that the most important result in sharing stories with one another is to provide hope that change is possible. According to G1.3, hearing the stories of others and sharing one's own story promotes hope. G1.3 maintained, "That's what hope is. H. O. P. E., Hearing Other Peoples' Experiences." G1.3 mentioned other benefits of sharing stories with one another, including increasing the ability to relate and connect with one another, process difficult life issues, grow in spiritual understanding and faith, and ultimately bring conversations to a focus on God. Ultimately, G1.3 shared that her philosophy on sharing was invitational, and her listeners had the option of following her guidance or not. G1.3 said she was fine either way. In her words, "This is the way it is. You can take it, or you can leave it."

Phase 4 of transformation: G1.4. According to G1.4, realizing that others have experienced similar struggles and have navigated their life to a healthier place gave her hope that

she could experience change in her own life. This was especially true for G1.4’s spiritual development. G1.4 remembered a night when a close friend (who was also an addict) came to her door at night with a high level of enthusiasm and shared with her that he had given his life to God. He told her that she needed to come with him and go to church. Seeing a dramatic change in her friend prompted G1.4 to go to church that night and start her new spiritual journey.

Phase 4 of transformation: G1.5. G1.5 expressed that hearing about her sponsor’s spiritual journey through recovery has provided two primary benefits. The first benefit G1.5 realized was the ability to develop trust in a safe relationship. By hearing her sponsor share, G1.5 learned that her sponsor was a trustworthy person. This allowed G1.5 to grow in her own trust to be able to share important details of her own spiritual journey with her sponsor. This first benefit of trust developed into the second benefit of honesty. G1.5 soon became aware that she had a need to get honest with herself and others, and that she could trust her sponsor to hear the honest details of her life and remain a trustworthy friend who would have G1.5’s best interest in mind. G1.5 also shared that by listening to her sponsor talk about her own spiritual development, G1.5 has been able to deepen her own understanding of God.

Phase 4 of transformation: G2.1. G2.1 shared that he sees the need to provide his clients with opportunities to learn that other people have experienced similar trauma and have found a healthy resolution. To accomplish this, G2.1 employs two strategies. The first strategy is to point people to the Bible. If he has a client that feels guilt over being angry with God, G2.1 shares some examples in the Bible of people expressing anger at God. When a client expresses a desire to grow their relationship with God, G2.1 shared that he points them to John’s Gospel. G2.1 expressed a belief that the Bible is a way that God shares His story with His people so that they can see that transformation is possible.

The second strategy G2.1 employs to show his clients that other people have shared negative experiences and found healthy alternatives is to be a positive example himself. G2.1 expressed that he shares his own recovery journey from addiction, which usually results in his clients asking how such a transition was possible. G2.1 then shares his faith and provides examples of what he does to invest in his relationship with the God who has made his recovery possible. G2.1 claimed that, "for me that's a very important part of my life, just throw a little salt out there, make them thirsty."

Phase 4 of transformation: G2.2. In a similar fashion to G2.1, G2.2 sees the need to provide her clients with opportunities to learn that other people have experienced similar trauma and have found a healthy resolution. She reported that pointing people to the Bible was an effective way of presenting clients with God's account of many peoples' redemption and transformation stories. These stories not only show that God can change lives, but reading these stories also grows one's faith in the process. When faced with hesitancy from her clients to engage with God through the Bible, G2.2 shared that she respectfully withdraws her offer to use scripture but will return to it when she feels it is appropriate.

Phase 4 of transformation: G2.3. G2.3 reported that he shares his own stories of spiritual development with his clients to provide them opportunities to grow their own spiritual connection. G2.3 comes from a Catholic background, but he often surprises his clients with his spiritual connection to nature. G2.3 shared an example of being in awe of God's creation and how he uses that experience to help his clients open up to the realization that spirituality can help the recovery process. According to G2.3:

> I always go back to this one time, 20 years ago, the little tiny glimpse in my life when I wasn't high or drunk myself. Sitting in a tree stand, in Colorado, bow hunting. And a

little bitty chickadee landed on the tip of my arrow. And I get the chills! I'm like, how is this happening? I use that story as a buy-in. This is what spirituality means to me. Being in the woods is a very spiritual experience to me. And the client will say, what do you mean? How is that spiritual? Well, I'm just in awe of the natural world. How the trees and the flowers and the bugs and the birds and the animals, they all just kind of do what they need to do and get what they need to get without any help from me. Well, how is that spiritual? Well, I believe that something, to me that something is God, created all of this stuff to work in harmony. You don't have to believe it. But do you think there is something bigger out there running the show? Well, maybe. I lead into it like that.

G2.3 shared that these types of personal stories seem to lower his clients' defenses against spiritual development. Similar to G2.1 and G2.2, G2.3 approaches sharing his experiences with spiritual development according to his clients' comfort level. If they express hesitancy, G2.3 shared that he backs away from the issue, with the plan to revisit the subject when he deems it to be appropriate.

Phase 4 of transformation: G2.4. When he was interviewed, G2.4 repeatedly asked if he could tell a story about a client. At one point in his interview, G2.4 shared that he enjoys asking spiritually resistant clients if he can tell them an anonymous example of someone else's spiritual breakthrough. G2.4 proposed that this can help to create a healthy spiritual jealously and curiosity in his clients to be open to their own need for spiritual development. According to G2.4, sharing stories of healing and transformation provides hope to his clients. G2.4 stated, "I think that's really hopeful. That's a huge piece of God's healing, spreading out and emanating the stories. Like the Gospel of John says, these are recorded so that you would hear and believe."

Phase 5 of transformation: New roles, relationships, and actions. According to Mezirow (1991), phase 5 of transformation involves an individual identifying new roles, relationships, and actions that will be necessary to begin their transformation. Without the identification of these new roles, relationships and action, the individual will not be able to accomplish any change. While each of the phases of transformation include general factors that help individuals make a transition from NRC to PRC, phase 5 provides more specific factors. I address them in a comprehensive analysis in the following section, and I provide one example for each participant at this time to show evidence that each participant expressed experiencing Phase 5 of Transformation.

Phase 5 of transformation: G1.1. G1.1 shared many examples of new roles, relationships, and actions. G1.1 shared one example that involved new actions. G1.1 recalled a time when her and her husband attended a church service together, which was a rare occurrence for them. They were sitting together, and the pastor asked if anyone present needed help with any particular issues. Without communicating to one another, they stood up simultaneously. Looking at her husband, G1.1 recalled that they both had tears in their eyes. Then, the pastor invited everyone who stood to come forward for an altar call. G1.1 pointed to this moment as something she had never before done (a new action), and it allowed her the opportunity to have a spiritual experience, one she believed was a direct interaction with God.

Phase 5 of transformation: G1.2. G1.2 recalled many examples of new roles, relationships, and actions. One example that included a new role and a new action occurred while G1.2 was hospitalized for 11 days. She claimed that she had a condition similar to lupus that was life threatening. This condition had destroyed a majority of skin on her back, neck, and face. According to G1.2, her doctor reported to her in 2011 that she had three years to live. While

in the hospital, she met a Catholic priest who offered to pray for her. This positive connection with a priest was new to G1.2, as she shared many negative connections to priests in her past. The relationship between the priest and a daughter of God was new to her. This priest offered to pray with G1.2, and prayers with someone else was a new action for her. After praying for healing, G1.2 was able to leave the hospital and visit her wound care doctor. The wound care doctor was surprised to see that rather than growing, G1.2's wound was shrinking and healing. G1.2 attributed this healing to her new relationship with the priest as well as her new action of praying with him.

Phase 5 of transformation: G1.3. G1.3 reported many examples of new roles, relationships, and actions. One example of a new action was constant prayer. G1.3 claimed that while at church sometime after her recovery, she learned that she was an intercessor. When I inquired what that meant, G1.3 shared that it meant that she was now in constant prayer for others. She described a deep sense of joy in prayer, that it allowed her to help her friends with her constant prayer. This new action now keeps G1.3 connected to God as well as the needs and concerns of her friends, deepening her relationship with them.

Phase 5 of transformation: G1.4. G1.4 reported several new roles, relationships, and actions. One example of a new action is how G1.4 now studies the Bible. She searches for a topic online, and when she finds Bible verses that address that topic, she reads the entire chapter that contains those verses. Then she rereads the chapter in New International Version, the King James Version, and the Passion Translation. G1.4 then reads a commentary on the chapter to gain additional perspectives. Then she discusses what she has learn with her husband to deepen and reinforce her learning. G1.4 shared that this method of Bible study has helped her spiritual development.

Phase 5 of transformation: G1.5. G1.5 reported several examples of new roles, relationships, and actions. One example of a new role was that of the sponsor and sponsee connection. As the sponsee, she has found her AA sponsor to be very helpful and encouraging, as her sponsor is adept at verbalizing things with which G1.5 struggles. G1.5 claimed that even though her sponsor is Christian and she herself is not, she has "learned so much from her."

Phase 5 of transformation: G2.1. G2.1 reported placing an importance on introducing his clients to new roles, relationships, and actions. One example that was key for G2.1 was new relationships. G2.1 maintained that it is important to connect with God and others for spiritual development as well as addiction recovery. He proposed that his clients grow in their new relationships with God and with their family members. G2.1 also proposed that when his clients improve their relationship with God, they improve their relationships with others, and vice versa.

Phase 5 of transformation: G2.2. G2.2 reported the importance of introducing her clients to new roles, relationships, and actions. One example that was key to G2.2 was the new role of counselor and client in relation to one another. According to G2.2, "Counseling is a relationship." G2.2 claimed that she views herself as a vessel that shares how God views her clients' situation. As a counselor, G2.2 attempts to pattern her relationship with her clients after God's relationship with her.

Phase 5 of transformation: G2.3. G2.3 reported many examples of introducing his clients to new roles, relationships, and actions. One example that was key to G2.3 was his understanding that new and healing relationships can be formed within the recovery community. G2.3 maintained that merely attending 12-Step meetings was not enough, that he encouraged his clients to invest in relationships with the other people who attend. According to G2.3, it is the

community that is built on the foundation of these new relationships that foster spiritual development.

Phase 5 of transformation: G2.4. G2.4 reported many examples of introducing his clients to new roles, relationships, and actions. One example that was key to G2.4 was the new action surrounding the therapeutic process of Theophostic Prayer. G2.4 has found that when he facilitates this process, his clients have experienced very positive change in how they relate with God, understand themselves, and develop new perspectives and behaviors.

Phase 6 of transformation: Plan a course of action. Once new roles, responsibilities, and actions are identified, an individual attempting transformation needs to develop a plan for implementation. I found that each participant in Group 1 and Group 2 described a process of developing a plan to utilize the new roles, responsibilities, and actions that were identified in phase 6. I noted that each participant in Group 1 viewed their course of action for recovery as being motivated by the desire for a sober life. However, they each expressed how the course of action for recovery resulted in spiritual development. I also noted that each of the participants from Group 2 seemed to monopolize on this general tendency and used their treatment plans to help to foster a new relationship between their clients and God. All participants in Group 2 also claimed that they incorporated spirituality into their treatment plans according to their clients' comfort level.

Phase 6 of transformation: G1.1. G1.1 reported that the development of her plan for recovery included submitting herself to an inpatient treatment facility, followed by regular participation with 12-Step meetings. G1.1 also shared how her plan involved finding a sponsor and using her sponsor to help work the 12-Steps. She entered treatment to experience freedom from addiction. However, she noted that it was at treatment that she believes that she met God.

G1.1 shared, “Somebody should have told me [God] was at [treatment], I would have gone a lot sooner.”

Phase 6 of transformation: G1.2. Very similar to G1.1, G1.2 reported that the development of her plan for recovery included the 12-Steps, a sponsor, and working the 12-Steps. While she did not encounter God in treatment like G1.1, she did claim to encounter God in her 12-Step meetings. G1.2 stated, “God brought me to Narcotics Anonymous, and Narcotics Anonymous brought me back to God.”

Phase 6 of transformation: G1.3. G1.3 reported that the development of her plan for recovery included 12-Step meetings, a sponsor, and working the 12-Steps. This was similar to both G1.1 and G1.2, however G1.3 quickly discovered that she needed to center her primary plan for recovery on growing closer in her relationship with God. Rather than having her recovery plan result in a closer relationship with God, G1.3 claimed that it was her intentional growth with God that empowered her recovery. G1.3 said, “I believe that I could get clearer instructions about what it is that He really wants me to do.” G1.3 shared that she believes that when she receives instructions from God and follows them, her life is filled with joy.

Phase 6 of transformation: G1.4. G1.4 reported that the development of her plan for recovery included a 14-month Christian inpatient treatment facility, the 12-Steps, a sponsor, and working the 12-Steps. Her willingness to follow this plan occurred after she surrendered to God following her fourth conviction for driving under the influence (DUI). Similar to G1.3, G1.4 understood that she would need God’s power to overcome her addiction. Her plan also included using Theophostic prayer to help deal with issues stemming from her sexual abuse in childhood.

Phase 6 of transformation: G1.5. G1.5 reported that the development of her plan for recovery included a combination of the 12-Steps and yoga. G1.5 discovered yoga prior to her

recovery, and when she was introduced to the 12-Steps, she was curious if anyone else had combined working the 12-Steps with the practices of yoga. She found that others had the same idea, and she studied directly under a teacher who had combined the two practices successfully.

Phase 6 of transformation: G2.1. G2.1 reported that his development of a treatment plan centers around counseling techniques. G2.1 claimed that he prefers to include motivational interviewing, emotionally focused therapy, and focusing on healing damaged relationships. G2.1 shared that he finds it helpful to focus on healing issues surrounding guilt and shame by pointing to the forgiveness Jesus freely offers his clients.

Phase 6 of transformation G2.2. G2.2 reported that her development of a treatment plan centers around counseling techniques that span from neurological to theological. She claimed that she works with neurological concepts to help what she called the “inflexible brain.” G2.2 also incorporates the 12-Steps from a Christian perspective, especially using Paul’s letter to the church in Rome, “do not be conformed to the patterns of this world but be transformed by the renewing of your mind” (Romans 12:2 NIV). G2.2 explained that she plans to help her clients turn away from their compulsive thoughts and think new thoughts and be transformed by the renewing of their minds.

Phase 6 of transformation: G2.3. G2.3 reported that his development of a treatment plan centers around counseling techniques such as motivational interviewing as well as nonprofessional techniques involving the 12-Steps. G2.3 also encourages spiritual development by sharing examples of the practices that he finds helpful in his own spiritual development. G2.3 shared that he regularly tells his clients that they will need a power greater than themselves to navigate their addiction recovery.

Phase 6 of transformation: G2.4. G2.4 reported that his development of a treatment plan typically involves traditional counseling techniques but is usually focus on providing treatment through Theophostic prayer. G2.4 maintained that God has created us body, soul, and spirit. He addresses physical needs with diet, exercise, and medical doctors. He addresses emotions with his training in psychology and sociology. However, G2.4 claimed that it is the spiritual side of things that is the most neglected and the most misunderstood. G2.4 claimed that Theophostic prayer allows him to help his clients identify their trauma far faster than traditional methods of therapy. He also claimed that Theophostic prayer allows his clients to have a direct encounter with Jesus. G2.4 shared that he believes that this help his clients shed the lies they have grown up believing and realize the truth that God would have them know. G2.4 explained the process of Theophostic prayer as, "if [God] is really the higher power, then we're not going to analyze ourselves or others. We're going to ask Him to shine the light on our heart. And the healing was really simple."

Phase 7 of transformation: Acquire new knowledge and skills to implement the plan. According to Mezirow (1991), once a person has developed their plan for transformation, they need to learn and develop the skills necessary to accomplish their plan. I found that each participant in Group 1 set out to acquire new knowledge and skills to implement their treatment plans. Likewise, each participant in Group 2 has the goal of empowering their clients with new knowledge and skills so that they could find success through treatment. For all participants, turning to the god of their own understanding was a critical requirement to being properly equipped for treatment plan implementation.

Phase 7 of transformation: G1.1. G1.1 reported that she received new knowledge pertaining to healing her marriage from damage caused by her addiction. G1.1 and her spouse

met with a Christian husband and wife team that served as marriage coaches. G1.1 shared that she had a high level of trust in this coaching team and believed that their advice was helpful in healing her marriage. G1.1 thought that it was because the coaching team continuously related God to their marriage. G1.1 also reported that listening to individuals in her 12-Step meetings was beneficial to acquiring new knowledge and skills that help to develop her spirituality.

Phase 7 of transformation: G1.2. G1.2 reported that she received new knowledge and skills from an individual in her 12-Step meetings. This individual gave G1.2 permission to change her understanding of who God is. With this permission, G1.2 was liberated to transform her understanding of God and overcome her resistance to developing a relationship with him. According to G1.2:

> Growing up, somebody else told me who my God was. And recovery said, find your God. And so, I sat down with the God I was raised with and I found the good parts and I let go of the bad parts and I started talking to him.

Phase 7 of transformation: G1.3. G1.3 reported that she acquired new knowledge and skills from her grandparents and the Holy Spirit. The most impactful new knowledge and skills she pointed to was from the Holy Spirit. She claimed that now the “Holy Spirit has been activated in her life,” and this activation allows God to teach, guide, and correct her on a daily basis. G1.3 claimed that this new teaching of having the Holy Spirit activated in her life has provided her with a new knowledge pertaining to God’s will in her life as well as the new skills of obedience and faith to carry out God will.

Phase 7 of transformation: G1.4. G1.4 reported acquiring new knowledge and skills from her deepened connection with God. She shared that her belief that God can deliver her new knowledge by speaking to her directly and by speaking through other people. G1.3 shared a time

when someone approached her at work and told her she did not belong at that place of employment, that God had other plans for her. Believing that this was new knowledge from God, she gave two weeks' notice for her resignation.

G1.4 reported that learning new skills has been instrumental in her spiritual development. She stated that whenever she has identified a problem in her life, she has realized the need for special training. G1.4 has received training in Theophostic prayer as well as inner healing. G1.4 claimed that she uses these skills to help herself as well as others who are interested in allowing God to promote healing.

Phase 7 of transformation: G1.5. G1.5 reported acquiring new knowledge and skills through the care of others, the lessons learned from her sponsor, and the training she has received in yoga. G1.5 shared that she has received new knowledge and skills from her sponsor. According to G1.5, her sponsor has opened her mind to new understanding of God. G1.5 has also learned many recovery principles from her sponsor, the greatest of which is the ability or skill of honesty. G1.5 shared that she believes that she can be honest with her sponsor due to the safety she feels with their relationship.

Phase 7 of transformation: G2.1. G2.1 reported that he provides his clients with new knowledge and skills for their recovery and spiritual development. According to G1.2, teaching his clients how to reach out to others with a phone call is a critical component when dealing with clients who withdraw and isolate from others. G1.2 shared that teaching and equipping his clients to create stronger connections with others and with God is his primary goal when dealing with life issues. G2.1 also claimed that his own journey in addiction recovery has shaped the type of new knowledge and skills he offers to his clients.

Phase 7 of transformation: G2.2. G2.2 reported that she has the goals of providing her clients with new knowledge and skills for their recovery process. Her primary goal is to teach her clients how to focus on God's perspective rather than the perspectives of other people. For G2.2, it is about a daily walk with God with a focus on pleasing Him rather than others. G2.2 challenges her clients to consider what God may say about what they are thinking, and how does God view their situation. She claimed that this helps her clients see that God is very personal and that He wants to be a part of their lives. According to G2.2, "He wants to inhabit this inward part of you. He wants to have conversations with you. He wants to be your source of peace. He wants you to see the world as He sees it." G2.2 shared that developing this new knowledge of God helps her clients develop a relationship with him, and this relational skill can be transformative in their recovery and spiritual development.

Phase 7 of transformation: G2.3. G2.3 reported that he has the goals of providing his clients with new knowledge and skills for their recovery process. The primary knowledge that G2.3 shares with his clients is that they cannot experience recovery apart from God. He recalled his own initial reluctance to connect with God in his own recovery. He learned from his sponsor the need to pray, and he has passed that on to every client with whom he has worked. G2.3 claimed that teaching his clients the skill of prayer allows them to gradually develop their spirituality. Regarding the skill of prayer, G2.3 stated, "Start somewhere and water that seed and it will flourish."

Phase 7 of transformation: G2.4. G2.4 reported that he has the goals of providing his clients with new knowledge and skills for their recovery process. Primarily, G2.4 stated that he works to provide his clients new knowledge about and from God. About God, G2.4 claimed that it was important to help his clients make a shift in their relationship with God from being fear-

based, to being love-based. G2.4 reported that his goal is to teach his clients about “a God who knows their heart, who gives them permission to feel and share.” Additionally, G2.4 shared that through the use of Theophostic prayer, his clients receive new knowledge directly from God, especially pertaining to identifying the lies they believe about themselves and replacing those lies with God’s truths. G2.4 recalled a client who came to see him who believed in evil spirits rather than God. G2.4 asked her if she would be willing to engage in prayer to better understand the truth. During the prayer, G2.4 observed that the client’s physical posture softened. When asked why this change occurred, the client shared her experience during the prayer that brought truth and clarity to her that caused her to change her belief system.

Phase 8 of transformation: Try new roles. Phase 8 involves an opportunity for individuals to begin implementing their plan and practicing their new roles, relationships, and actions (Mezirow, 1991). The participants from Group 1 shared how they started working the 12-Steps, began their spiritual practices, and started building healthy relationships. The participants from Group 2 shared the importance of establishing trust with their clients, guiding their clients through the 12-Steps, and providing homework to be done between sessions.

Phase 8 of transformation: G1.1. G1.1 reported trying a new role of being a spiritual person by working the 12-Steps, working with a team of marriage coaches, and investing in her spirituality. As G1.1 worked the 12-Steps, she shared that they have helped her to realize that the Steps are less about recovery and more about becoming a healthier person. G1.1 claimed that participating with the marriage coaches has continually improved her relationship with her husband. G1.1 also shared how she practiced observing beautiful things in nature as well as things too good to be coincidence and attributing them to God as she prayed.

Phase 8 of transformation: G1.2. G1.2 reported trying a new role of becoming a more spiritual person. She claimed that she accomplished this by implementing a new morning routine and practicing positive behaviors. She shared that her morning routine includes prayer and the reading of a couple of devotionals. G1.2 claimed that she reads from the Bible, and then journals her thoughts regarding what she read. She practices visualizing that she takes God with her throughout her day. G1.2 noted that when she fails to accomplish her morning routine, she believes she experiences a decrease in her spirituality. G1.2 maintained, "If I'm not going to the spiritual gym every day, then I get out of spiritual shape really quick."

Phase 8 of transformation: G1.3. G1.3 reported trying a new role of being a more spiritual person by setting and maintaining boundaries, daily practices of prayer, regularly working the 12-Steps, and trying to live an obedient life for God. She highlighted Step 11 as being especially helpful. According to Alcoholics Anonymous (2001), Step 11 states that we "sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out" (p. 59). G1.3 mentioned that she regularly talks with God, reading the Bible, and responding in prayer. According to G1.3, she maintained that she strives to be obedient so that God will finally say to her, "well done my good and faithful servant."

Phase 8 of transformation: G1.4. G1.4 reported trying a new role of a more spiritual person by allowing her mistakes to be learning opportunities, continually working on her root issues, and constantly spending time in God's Word. G1.4 shared that she views all of her relapses and mistakes as opportunities to learn. She stated that she does not think about relapse as falling back, but a change to "fall forward, get up, dust yourself off and keep going." G1.4 also stated that spending time in God's Word is a part of her regular lifestyle. She said that she

doesn't see her regular reading as being religious, but more a way of life. G1.4 claimed, "I'm definitely in the Word, day in day out. I eat, sleep, and breathe the Word."

Phase 8 of transformation: G1.5. G1.5 reported trying a new role of becoming a more spiritual person by using her morning practices to connect with herself with mindfulness and with God through meditation. G1.5 also claimed that practicing mindfulness helps her to be aware of how she is thinking and feeling in the moment and helps to prevent spiritual bypass, which is when someone ignores negative feelings and rushes to be positive. Regarding her meditation and spiritual growth, G5.1 realized that the practices of mindfulness, meditation, yoga, and the 12-Steps that she used in her recovery process were not only benefiting her sobriety, but her spirituality as well. G1.5 claimed, "recovery was my introduction to the spiritual world."

Phase 8 of transformation: G2.1. G2.1 reported that he encourages his clients try new roles of becoming a more spiritual person by working the 12-Steps, decreasing their negative self-talk, homework, and self-forgiveness. G2.1 shared that as he leads his clients through the 12-Steps, he encourages them to treat themselves in a gentle manner. He noted that many of his clients engage in negative self-talk. G2.1 recalled asking one client, "What are you muttering under your breath? What are you saying about yourself? You wouldn't have any friends if you dealt with somebody else like that! Why do you do that with yourself? Be gentle." G1.5 shared that homework was an important piece of this treatment plans, as it can be used to extend therapeutic exposure to his clients and offer them additional time to process and deal with their traumatic past. Regarding self-forgiveness, G2.1 said that he has found that it can take between one year and five years for self-forgiveness to occur due to high levels of guilt and shame over their past mistakes.

Phase 8 of transformation: G2.2. G2.2 reported that she encourages her clients try a new role of becoming a more spiritual person by doing homework between session and helping them with what I have come to understand as a transition from NRC to PRC. Similar to G2.1, G2.2 shared that homework is important way to extend the impact of treatment. By giving her clients something to do and think about between sessions, G2.2 claimed that she saw an increase in treatment effectiveness. G2.2 also claimed that she helps people with a negative view of religion by shifting the focus of her clients from the sinful people within the church to the benevolence of God. G2.2 stated, "What I see is people who are stomped on at church. So how do you get people into healthier place? That's a whole other issue. When you get people personally connected to God, it's powerful. It's transformation. The brain changes."

Phase 8 of transformation: G2.3. G2.3 reported that he encourages his clients try a new role of becoming a more spiritual person by being patient with the long process of spiritual development, praying regularly, surrendering to God, and attending 12-Step meetings to develop relationships. G2.3 said that he encourages his clients to be patient with what can be a long process of spiritual development. To help with this, he shared that he often shares the story of his own spiritual development, and by sharing his story, his clients develop hope for their own spirituality. G2.3 also maintained that regular prayer can be effective to deepen their relationship with God. Specifically, G2.3 claimed that he discourages his clients to pray for material things but rather for peace, patience, or understanding. G2.3 reported that he instructs his clients to surrender to God regularly. By doing so, he believes that his clients reduce their anxiety, worry, and fear. G2.3 pointed to the value of attending 12-Step meetings and developing relationships while there, as this can be an effective way to connect with God through a spiritual awakening. G2.3 stated, "that spiritual awakening, it's not like a light switch. It's not an on or off thing. It's

something that happens like a dimmer switch. Very gradually. And that happened for me by using meetings and sponsorship."

Phase 8 of transformation: G2.4. G2.4 reported that he encourages his clients try a new role of becoming a more spiritual person by slowly opening their minds to allowing God to provide help as well as sharing testimonies of other clients' success after agreeing to let God be a part of their therapy. When working with a person who is against adding a spiritual component to their treatment, G2.4 works with secular treatment modalities. However, each time the resistant client struggles to create or sustain healing changes, G2.4 revisits the possibility of adding God into their session. G2.4 reported that eventually, most of his clients agree to allowing spirituality to be incorporated into their sessions. G2.4 shared that by sharing stories of other clients' successes with the inclusion of God in their treatment, he finds that his resistant clients become more open to allowing God to be a part of their healing.

Phase 9 of transformation: Build confidence and competence. In phase 9, individuals build confidence and competence in their new roles, relationships, and actions (Mezirow, 1991). I observed evidence of this as the participants gave examples of new confidence and competence in trusting God to work in their lives as well as trusting the 12-Steps to effectively benefit their recovery and spiritual development.

Phase 9 of transformation: G1.1. G1.1 reported growing in confidence and competence with working the 12-Steps and surrendering to God. G1.1 shared how she is growing bolder in her willingness to try new things in recovery. She pointed to how she is connecting with more new people in recovery and sharing her own experiences. She expressed how enjoyable it was to share hope and encouragement with others. G1.1 also stated that her trust in God continues to strengthen, and she loves observing the many blessings that God has given to her. G1.1 claimed

that she is more confident in God's ability to work even her mistakes into blessings, and that her spirituality and recovery are directly correlated. According to G1.1, "As my spirituality grows, my recovery grows."

Phase 9 of transformation: G1.2. G1.2 reported growing in confidence and competence with her relationship with God. With her newfound understanding of God, she is confident in His ability to empower her to survive difficult circumstances. G1.2 also shared that her confidence and competence in her spirituality has given her a strong sense of peace. G1.2 added that her trust in the power of prayer has increased, especially when she prays for spiritual things rather than material things.

Phase 9 of transformation: G1.3. G1.3 reported growing in confidence and competence with prayer, God's faithfulness, and her ability to partner with God in life. G1.3 shared how she can see God answering her prayers for spiritual growth, and this has allowed her to build a high level of trust. G1.3 said, "I pray each morning for a spirit of humility, and a spirit of forgiveness. He brings it all." G1.3 stated that she trusts that when she is active in working the 12-Steps and participating in church activities, she can see that God has done and continues to do great things in her life.

Phase 9 of transformation: G1.4. G1.5 reported growing in confidence and competence with prayer. She provided examples of praying for her father to come to faith in God, her boyfriend to marry her, and for her heart's desires. G1.5 claimed that these prayers were powerful, and that God faithfully answered them all. G1.5 recognized that she struggles with pride, which she believed stemmed from her high level of confidence in the power of prayer.

Phase 9 of transformation: G1.5. G1.5 reported growing in confidence and competence in her morning practices. She revealed that practicing her mindfulness, mantra, meditation, and

yoga helps her to "hit the pause button" when stressful situations arise and to respond in a positive manner. G1.5 expressed that she trusted that when she did her morning practices, she was better able to be present throughout her day and focus on what was right in front of her. G1.5 stated that her work with the 12-Steps has helped to provide a sense that her life is more manageable than it once was. She claimed that the 12-Steps have also provided her a sense of self-worth and confidence. Reflecting on how she feels with her confidence and competency with recovery, G1.5 said, "It's everything for me. How I now relate to myself, how I relate to the world, the earth, how I relate to other people. That's what recovery has done for me."

Phase 9 of transformation: G2.1. G2.1 reported that he has seen his clients grow in confidence and competence regarding recovery and spiritual development. He shared that this is most evident when they can effectively deal with shame and guilt. G2.1 described this process as when they grow in their faith, deepen their awareness and openness of the forgiving nature of God, and nurture an open relationship with him. G2.1 shared that the end results in his clients' lives is a calm sense of peace.

Phase 9 of transformation: G2.2. G2.2 reported that she has seen her clients grow in confidence and competence regarding recovery and spiritual development. G2.2 shared that she uses the 12-Steps to work with a broader client base, expanding her use from people in recovery from addiction to include clients who are struggling with anxiety and other emotional issues. By working the 12-Steps, she has seen changes in many clients' lives. According to G2.2, this new confidence and competence results in an ability to get rid of unhealthy fears, claiming that in the Bible, God says, "Fear not" over 485 times. G2.2 shared that she has observed her clients "doing the hard work of turning away from their compulsive thoughts and driven-ness, choosing to think

new thoughts, and be transformed by the renewing of your mind. They experience a new sense of peace and a new sense of direction."

Phase 9 of transformation: G2.3. G2.3 reported that he has seen his clients grow in confidence and competence regarding recovery and spiritual development. He said that he believes this is expressed in their ability to surrender to God and to trust Him to work His will in their lives. G2.3 expressed that the confidence he has seen in his clients is the result of their increased confidence in the sovereignty of God to use even their mistakes to bring blessings into their lives. He related this same experience from his own recovery as he is now able to boldly enter chaotic environments where he doesn't know what to do, but that he has confidence that God will supply wisdom and courage to say and do what is necessary to help deescalate the chaos.

Phase 9 of transformation: G2.4. G2.4 reported that he has seen his clients grow in confidence and competence regarding recovery and spiritual development. In a similar fashion to G2.3, G2.4 expressed that he also senses a boost of confidence and competence as soon as his clients realize that God is the one who empower the healing process. According to G2.4, prior to their work with him, many of his clients shared that they felt responsible for their healing and put the focus on themselves rather than God. He also rejected the notion that addiction recovery takes a lifetime of working the 12-Steps. G2.4 proposed a concept that was unique from all of the other participants in this study. He maintained:

> My faith tells me that God came to set the captives free. That He came to bind up the broken hearted, to heal the sick, and raise the dead. I can preach to my people that they're going to get healed, verses, you're going to cope with a bunch of symptoms for the rest of your life. Huge difference! So attractive! And they don't have to work at it. I don't have

to work at it. His yoke is easy. His burden is light. So, if we're working too hard, I'm way to focused on me or they're way to focused on them. It took the stress out of the whole process.

G2.4 expressed that this healing is the result of Theophostic prayer. He maintained that he has seen countless clients experience this freedom, and he shared several stories with me as evidence. These stories included clients who struggled with addiction as well as from past trauma who were set free and required no further maintenance treatment.

Phase 10 of transformation: New perspectives and new behaviors. In the final phase of Transformation, individuals are able to operate in life with new perspectives that result in new behaviors (Mezirow, 1991). In the case of individuals recovering from addiction, I noted that the participants in this study expressed that they have formed new perspectives on God (transitioning from NRC to PRC), others, themselves, and circumstances in their past. I further noted that the participants described how these new perspectives resulted in new behaviors with God, others, and themselves. Many examples of new perspectives and behaviors were provided by the participants. In an effort to maintain a concise discussion while also providing substantive support, I will only share one example of a new perspective and a new behavior for each participant.

Phase 10 of transformation: G1.1. G1.1 reported developing new perspectives and new behaviors related to her spiritual development. G1.1 developed new perspectives on God, herself, and past circumstances. Regarding her new perspectives on God, G1.1 shared that now she believes that God is present today and will be with her tomorrow. G1.1 stated, "I can see how He is in my life now." She shared that she believes that God is loving, peaceful, accepting of all parts of her, and is the power that is responsible for a removal of cravings to drink that has

allowed her to experience success with recovery. For all of these new perspectives on God, G1.1 claimed that her life is now filled with overwhelming gratitude.

G1.1 reported that she now participates in new behaviors. She shared that she exercises these new behaviors with God, with others, and with herself. Regarding her new behaviors with God, she stated that she now does a better job of surrendering control of her life over to God. She described how she has a practice of seeking God's will when making major life decisions. According to G1.1, "I find when I give my responsibility to God, the right thing happens." G1.1 confessed that she is not perfect with her surrender, and occasionally steals control back from God. However, she believed that she is quicker to realize this and correct her behavior.

Phase 10 of transformation: G1.2. G1.2 reported developing new perspectives and new behaviors related to her spiritual development. G1.2 developed new perspectives on God, herself, and past circumstances. Regarding her new perspectives on God, G1.2 shared that she is no longer angry with God, nor does she blame Him for difficult times. G1.2 stated, "I believe that God doesn't test me – doesn't challenge me. Life does that. God walks me through it. That had a big impact on taking away the negative view of my higher power." G1.2 expressed that now she views God as being loving, caring, kind, nonjudgmental, and accepting.

G1.2 reported that she now participates in new behaviors. She shared that she exercises these new behaviors with God, with others, and with herself. Regarding her new behaviors with others, she stated now she sees her purpose as being one of service to others. She claimed she does her best to share her key learnings with others, especially that others can change their perception of God, others, themselves, and their past troubles. In her prayer time with God, she shared that she often asks God to show her someone she needs to reach in the course of her day. She explained that she believes that God always shows her, and she enjoys helping the people He

reveals to her. According to G1.2, "In recovery we speak a lot of selfless service and giving back what was freely given to us. I think as my relationship with God grows, I'm better able to give to others."

Phase 10 of transformation: G1.3. G1.3 reported developing new perspectives and new behaviors related to her spiritual development. G1.3 developed new perspectives on God and herself. Regarding her new perspectives on God, G1.3 shared that now she believes that God has always been present in her life, even helping her through the difficult seasons she has experienced. She expressed that she understands God as being patient with her struggles in the past and constantly loving her in their relationship with one another. G1.3 explained that now she views God as being awesome. She stated, "He awes me. He's always aweing me. As I get older, He is beginning to awe me even more. It's mind-blowing at times, because of the relationship that I have with Him."

G1.3 reported that she now participates in new behaviors. She shared that she exercises these new behaviors with God, with others, and with herself. Regarding her new behaviors with others, she shared that now she takes part in several Bible studies with a close group of friends. She maintained that she also regularly attends 12-Step meetings in several counties. She said that she believes that her new behavior towards others is shaped by the activation of the Spirit inside her. She explained that she shows her love for God by loving God's children. She shared that she loves to share her faith with others and to be a witness to other people, both for a faith in God and for faith in recovery from addiction.

Phase 10 of transformation: G1.4. G1.4 reported developing new perspectives and new behaviors related to her spiritual development. G1.4 developed new perspectives on God, others, and herself. Regarding her new perspectives of herself, she shared that she sees herself as a

learner. She claimed that she has learned from her own experiences as well as the experiences of others. In a similar fashion to G1.3, G1.4 maintained that now she views her identity as that of Christ. G1.4 claimed that her new identity is that of a saved and empowered person with new meaning and purpose.

G1.4 reported that she participates in new behaviors. She shared that she exercises these new behaviors with God and with others. Regarding her new behaviors with others, G1.4 stated that she works constantly to create and nurture relationships with others. She also described how she uses her past hurts to inspire her work with a nonprofit that provides housing for homeless, pregnant, adult women. G1.4 shared that she had compassion on her mother who was dying with cancer. G1.4 explained that she took time to care for her mother, realized the need for others who were facing the same dilemma, and started a homecare company.

Phase 10 of transformation: G1.5. G1.5 reported developing new perspectives and new behaviors related to her spiritual development. G1.5 developed new perspectives on God and herself. Regarding her new perspectives on herself, G1.5 expressed that now she believes that her life is filled with purpose. She also shared how she feels as if her purpose may be shifting at this point in her life. Like G1.3 and G1.4, G1.5 explained that she has developed a new identity. However, G1.5 did not believe that her new identity was based on Christ, but rather being ok with both the good and bad parts of herself. G1.5 stated, "it has been a big journey to reintegrate all parts of myself—to accept without judgement all the various experiences that make up my whole – and come to radical self-acceptance." G1.5 claimed that she wouldn't be helping people today in the way she does without first being an addict. She stated that this helps to rid herself of shame from her past.

G1.4 reported that she now participates in new behaviors. She shared that she exercises these new behaviors with God, others, and herself. Regarding her new behaviors with others, G1.5 expressed that now she is more confident to have difficult but important conversations with people in a calm and easy manner. She claimed that when she feels tension rise with someone, she takes a breath and remembers to be present with herself and with the other person.

Phase 10 of transformation: G2.1. G2.1 reported that he seeks to help his clients develop new perspectives and new behaviors related to their spiritual development. G2.1 claimed to help his clients develop new perspectives on God and themselves. Regarding the development of new perspectives on God, G2.1 shared he tells his clients that God walks with us as we journey through difficult times. He claimed that he "helps them to think differently about a loving God verses a judging of sin kind of God." G2.1 expressed that as he promotes this new perspective of God, his clients trade shame and guilt for forgiveness and peace.

G2.1 reported that by helping his clients develop new perspectives, he has seen them develop new behaviors. These new behaviors include how his clients interact with God, others and themselves. Regarding how they interact with God, G2.1 claimed that after realizing that God is loving and forgiving, they view worship as engaging and powerful. Regarding how they interact with others, G2.1 observed that as his married clients connect better with their spouses, they seem to connect better with God.

Phase 10 of transformation: G2.2. G2.2 reported that she seeks to help her clients develop new perspectives and new behaviors related to their spiritual development. G2.2 claimed to help her clients develop new perspectives on God and themselves. Regarding the development of new perspectives on God, G2.2 shared that she helps her clients view God as a creative creator who has a plan and purpose for everyone. G2.2. also claimed that it was important to her to help

her clients deal with fear, and she pointed out that “485 times in scripture, the Lord says, Fear not. Fear God, not man. What am I fearing? We’re fearful people. Doesn’t take much to cause us to tighten up and get fearful.”

G2.2 reported that by helping her clients develop new perspectives, she has seen them develop new behaviors. These new behaviors primarily include how her clients interact with God. G2.2 claimed that she has seen her clients work the 12-Steps and develop a spiritual awakening. G2.2 maintained that she has noticed that her clients have increased their openness to God, are reading more of God’s Word, engaging Him actively in prayer, and seeking His will with humble surrender.

Phase 10 of transformation: G2.3. G2.3 reported that he seeks to help his clients develop new perspectives and new behaviors related to their spiritual development. G2.3 claimed to help his clients develop new perspectives on God. Regarding the development of new perspectives on God, G2.1 shared that he uses nature to open his clients’ mind to the idea of God. He claimed that by pointing to the wonder of God’s divine creativity, he encourages his clients to be open to the fact that all of creation had to be more than mere coincidence. He shared, “You go outside to smoke, just look around. Take stuff in. Ask yourself, what’s making all this work.”

G2.3 reported that by helping his clients develop new perspectives, he has seen them develop new behaviors. These new behaviors primarily include how his clients interact with God and themselves. Regarding the new behaviors with God, G2.3 shared that his clients surrender their will and lives over to God, whether that is the God of his understanding or G.O.D. (Good Orderly Direction). Regarding the new behaviors G2.3 sees his clients accomplishing, he included working the 12-Steps, developing a healthy lifestyle, and living out their purpose.

Phase 10 of transformation: G2.4. G2.4 reported that he seeks to help his clients develop new perspectives and new behaviors related to their spiritual development. G2.4 claimed to help his clients develop new perspectives on God and themselves. Regarding the development of new perspectives on God, G2.4 shared that he guides his clients to view God a deity who can and will reveal truth and provide healing. G2.4 claimed that:

> God came to set the captives free. He came to bind up the broken hearted, to heal the sick, raise the dead, so I can preach to my people that they're going to get healed, verses, you're going to cope with a bunch of symptoms for the rest of your life.

Regarding new perspectives, G2.4 stated that he opens the door for God to speak truth into their lives that helps to correct lies they have been believing.

G2.4 reported that by helping his clients develop new perspectives, he has seen them develop new behaviors. These new behaviors primarily include how his clients interact with God. These new behaviors include living out the new truths that have been revealed by God through Theophostic Prayer. According to G2.4, his clients directly encounter the supernatural love of God that transforms their lives. G2.4 mentioned that his clients usually start their process of healing skeptical, believing that change is not possible. However, he maintained that once they experience the healing, they enthusiastically tell others. As a result, G2.4 claimed that referrals continue to be his primary method of acquiring new clients, growing rapidly to hundreds of clients in several clinics across multiple cities.

Specific factors: New roles, relationships, and actions. In addition to viewing the each of the 10 phases of transformation (Mezirow, 1991) as some of the general factors that help individuals in recovery from addiction transition from NRC to PRC, I observed more specific examples of factors that can be understood as phase 5 of transformation, the "exploration of

options for new roles, relationships, and actions" (Mezirow, 1991, p. 168). Each of the participants in this study provided examples of new roles, relationships, and actions.

New roles. I discovered several new roles that the participants in this study shared as being important and helpful resources in their spiritual development during their recovery from addiction. The participants from Group 1 and Group 2 all shared the important role of being someone in recovery. The role of a willing person to do whatever it took to find healthy transformation was critical. This willingness appears to be a cause for hope and motivation. Additionally, the role of a discerning person was equally important. Every participant in this study shared the need to examine their past from a new perspective. This examination for them typically occurred when they worked Step 4, which, according to Alcoholics Anonymous (2001), maintains the process of taking a moral and honest inventory of one's life. Finally, each participant expressed the importance of the roles of someone willing to receive help and someone willing to give help. This role of receiving and giving help appears to provide a few benefits. According to G1.5, the role of someone receiving help provides encouragement, instruction, and direction. According to G1.1, the role of providing help tends to benefit the one providing the help as much as it benefits the one receiving help.

New relationships and the theory of connection. I discovered several new relationships that the participants in this study shared as being important and helpful resources in their spiritual development during their recovery from addiction. I observed many factors that involved a relationship with God, with others, or a combination of God and others. The artifact authored by Johnson and Sanderfer (2016), addressed the importance of spiritual development being a process that involves more than an individual. There is a relational aspect that seems to show that as one's relationship with one's God improves, the relationship with one's spouse

improves as well. According to Johnson and Sanderfer, “The relationship between God and people of faith can be understood as an attachment bond, in which God is a safe haven, a secure base, and the ultimate source of comfort and care” (p. 30). As participants from Group 1 reported growth in their spirituality, I observed data from this research that could be described as factors of spiritual development that involved a connection with God, a connection with others, and a connection with God and others.

New connection with God. Every participant in Group 1 shared that they have a new connection with God. This connection included viewing God as a powerful resource for recovery and as having positive characteristics. As the participants from Group 1 shared examples of their new connection with God, G1.1, G1.2, and G1.4 all shared that they believed that God brought them to recovery. G1.2 shared, “Got brought me to Narcotics Anonymous, and Narcotics Anonymous brought me back to God.” All participants from Group 1 shared that they believe in the importance of continuing to deepen their relationship with God. G1.3 stated, “I believe that I could get clearer instructions about what it is that He really wants me to do. I do hear him. But if I want to get closer. I’m not where I want to be spiritually in my relationship with him. Cause there’s always more.” G1.2, G1.3, and G1.4 all claimed that they believe that God has answered and continues to answer their prayers. G1.2 explained, “He’s there to answer my prayers when I’m asking for the right things.” All participants expressed that they believe that they had a direct experience with God. This was reinforced by G2.4, who had the primary goal of offering his clients an opportunity to interact with God as he emphasized, “That would be my first choice, that they experience him.”

In addition to connecting to God as a powerful resource for recovery, each of the participants from Group 1 shared that they have developed new understandings regarding the

characteristics of God. These new perspectives included believing that God is loving, present, dependable, and a power greater than I. The participants in Group 1 also stated that they believe that God has a plan, teaches us, provides all that is good, and saves us.

New connection with others. Every participant in Group 1 shared that they have new connections with others. The participants from Group 1 expressed the importance of a positive connection with someone from church. G1.2 described a time when she was in the hospital and was visited by a priest. She shared, “he came to the hospital and he prayed. He held my hand and he prayed. As he held my hand and prayed, I felt warm, everywhere.” Following this prayer, G1.2 claimed that when the doctors examined her wounds which were previously declared to be worsening, to be healing instead.

Participants from Group 1 also expressed that new connections with others has provided them with the gift of mutual encouragement. G1.3 shared that the people she has met while in recovery helped her when she was unable to help herself and that she has been able to return the favor. According to G1.3, “They encourage me, I encourage them. They tell me when I shouldn’t be doing stuff. I receive it and I’m grateful for them, for them being in my life. They carried me until I could carry me myself. I appreciate that.”

Another connection to others that was described by all the participants in Group 1 was the relationships that are built and sustained through service work. The recovery community emphasizes the need of sharing with others the tools, resources, and transformational stories for the purpose of helping others and reinforcing one’s own recovery. G1.1 recalled a recent experience when a person new to recovery called her for help. G1.1 agreed to meet with the new person and shared from her own experiences. The new person thanked her for her help and claimed that she found it very helpful. G1.1 thanked her in return stating that the experience was

a help to her. According to G1.1, "I thanked her last night for reaching out to me. Cause she said I helped her so much. I told her, you helped me."

I observed that the participants from Group 1 expressed that through these new connections, they were able to better understand love. G1.3 shared that her parents rejected her and sent her to live with her grandparents in another state. G1.3 stated that it was while she spent time with her grandparents that they taught her a new understanding of love. According to G1.3, "There's no telling where I would have been if it had not been for my grandmother and my grandfather. They really showed me what love looked like."

New connection with both God and others together. In addition to observing new connections with God and new connections with others, I noted that the participants from Group 1 also described new connections that involved God along with other people. One example of this included hearing God's direction through another person. G1.1 shared how she has experienced this when she attended Christian marriage training with her husband. G1.1 and her husband were paired with a mentoring couple who guided them and provided Godly direction. According to G1.1, "They have brought a strong presence of God in our lives and a strong desire to want to learn more and to keep a keen eye on to when God is here."

The participants from Group 1 also shared how they learned a new spiritual teaching regarding God from another individual. G1.4 shared that early on, she was a part of the church, but did not feel connected to God. She stated, "I didn't have that teaching, of the power of the need to have the activation of the holy spirit and allow Him to do what He does." However, when she was instructed that the spirit needed to be activated in her life, and she experienced it for herself. G1.4 shared, "then you ask him, ask the Father to ask the spirit to activate himself. And then when He activates himself, then you begin to change."

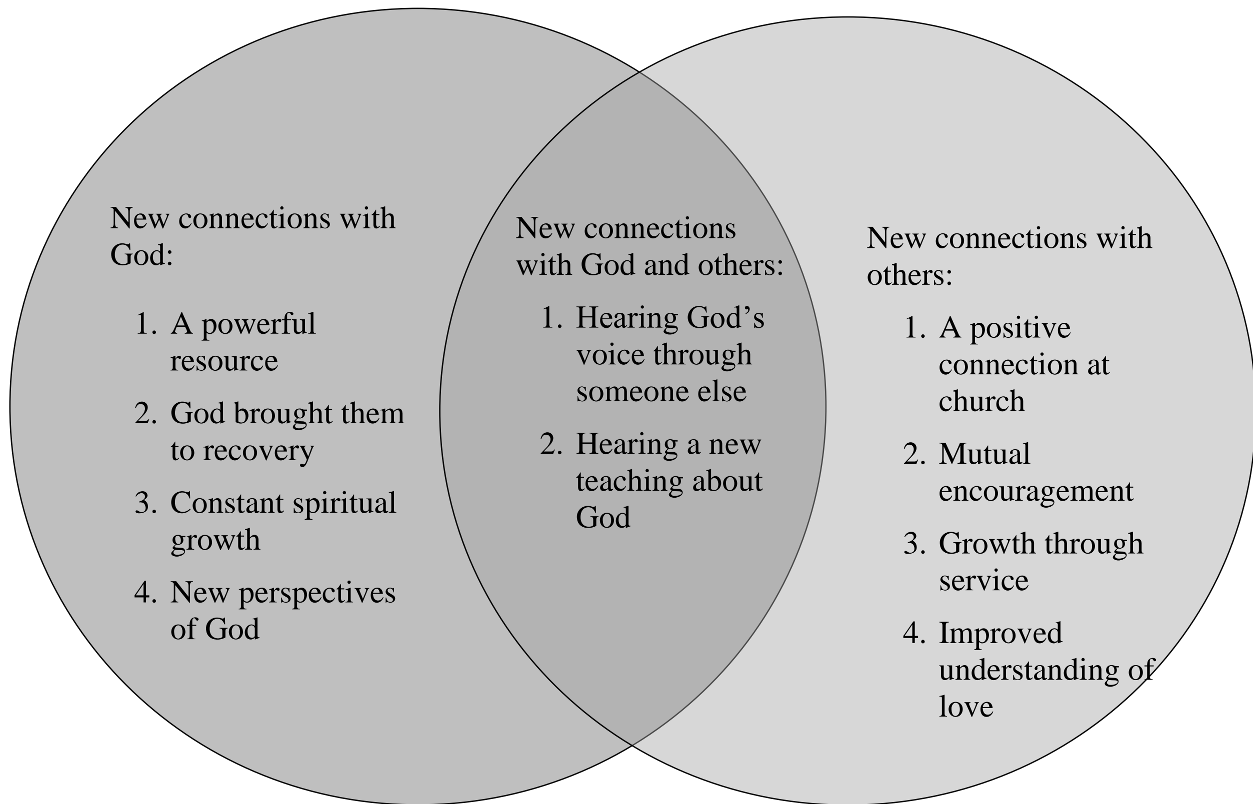

Figure 3. New connections with God, with others, and the overlap involving connections with God and others.

New actions. In addition to new roles and relationships, I observed several new actions that the participants from Group 1 shared as being important in their spiritual development during their recovery from addiction. The participants from Group 1 all stated that they listened to the healing stories of others and learned from them. G1.3 shared that the primary benefit of listening to and learning from the stories of others is receiving hope. Her understanding of having hope for the possibility of change came through by "hearing other people's experiences. That's what hope is. H.O.P.E., hearing other peoples' experiences." In turn, the participants from Group 1 also maintained that they found the new action of sharing their own stories with others to be helpful for their own continued spiritual development. G1.3 maintained that sharing her story with others keeps her humble, pointing to God, and intentionally developing herself.

Each of the participants from Group 1 expressed taking part in new actions that they believed would help their intentional and continual spiritual development. All participants from Group 1 shared that daily surrender to God enabled them to be led by God rather than their own will. According to G1.1, “when I allow God to work through me, and when I let Him guide my decisions, if I let Him work through me and not let my emotions take charge of me and let His power work, things work out a lot smoother.” Participants also expressed the importance of the new action of prayer in their lives. G1.3 shared that she avoids praying for material things and prefers to ask God for spiritual help. She claimed, “I pray each morning for a spirit of humility, a spirit of humbleness, and a spirit of forgiveness. And He does just that.”

Each participant from Group 1 expressed new actions that were connected with discovering and fulfilling their purpose. One of these new actions was to establish and maintain healthy boundaries with others as they work the 12-Steps and serve others. G1.3 noted that a part of her finding her purpose in life including helping people, but not to the detriment of her own healing. She described how she needed to forgive people who had hurt her but end the relationship to avoid further harm to herself. Participants from Group 1 also shared how the actions of working the 12-Steps helped to reveal their purpose in life. G1.2 express how working the 12-Steps as given her “an opportunity to change, an opportunity to be a new person, to be a different person. Recovery is about becoming who I was meant to be.” Finally, each participant expressed a finding a new purpose through service work. G1.5 expressed the joy she encounters when she realized she could combine yoga and recovery and freely share that with others as she volunteers at a local inpatient treatment facility.

Most frequently identified factors. The 10 phases of transformation were identified as general factors that contribute to the transition from NRC to PRC during addiction recovery. The

new roles, relationships, and actions from phase 5 of transformation were identified as specific factors. I also noted that all of these specific factors appeared to occur with different levels of frequency among the participants from Group 1. In this final section of analysis, I will share which factors occurred universally across all participants from Group 1, which factors occurred among four of the participants from Group 1, and which factors occurred among three of the participants from Group 1. I omitted the factors that were expressed only by two or fewer participants from Group 1 to focus this analysis on the most commonly occurring factors.

Five factors in common. All of the five participants in Group 1 described several factors as being important in their spiritual development. Pertaining to using God as a powerful resource in their recovery, the participants all stated that they surrendered to God, had a direct experience with God, developed a new understanding of God (PRC), believed that God was responsible for their healing, and emphasized a desire for continual growth with God. Regarding the importance of connecting with others in recovery, each participant noted the importance of learning from the stories of others as well as the need to pay it forward by sharing their own story with others. They all expressed that they believed that their spiritual growth and recovery growth occurred together and were inseparable. All participants from Group 1 also highlighted the importance and power of actively working the 12-Steps and providing an element of service work to their community.

Table 1

Factors of Transformation From NRC to PRC With Five Participant Agreement

Factors of Transformation	G.1	G.2	G.3	G.4	G.5
Surrender to God	X	X	X	X	X
Direct experience with God	X	X	X	X	X
New understanding of God	X	X	X	X	X
Continual growth with God	X	X	X	X	X
God was responsible for healing	X	X	X	X	X
Learned from the stories of others	X	X	X	X	X
Shared own story with others	X	X	X	X	X
Spiritual growth connected to spiritual growth	X	X	X	X	X
Working the 12-Steps	X	X	X	X	X
Service to others	X	X	X	X	X

Four factors in common. Four of the five participants in Group 1 described several factors as being important in their spiritual development. These factors can be divided by actions that were taken by the participants in Group 1 and their newly developed perspectives of God. The new actions included connecting with others to help the reflection process, mutual encouragement, service, and the discovery of a new purpose. New perspectives of God (PRC) included believing that God has a plan, is loving, provides everything good, and teaches what we need to know.

Table 2

Factors of Transformation from NRC to PRC with Four Participant Agreement

Factors of Transformation	G.1	G.2	G.3	G.4	G.5
Connecting with others to reflect	X	X		X	X
Mutual encouragement	X		X	X	X
Discover and live a new purpose	X	X	X	X	
God has a plan	X		X	X	X
God is loving	X	X	X		X
God provides everything good		X	X	X	X
God teaches me	X		X	X	X

Three factors in common. Three of the five participants in Group 1 described several factors as being important in their spiritual development. These factors can be organized by new actions, new perspectives of God, new perspectives of others, and new perspectives of themselves. Regarding factors that illustrate new actions, three of the participants from Group 1 shared morning prayers, a positive connection from someone in the church, being taught about love, hearing God's direction through another person, and establishing healthy boundaries. Regarding factors that illustrate new perspectives on God, three participants from Group 1 shared that they now believe God answers prayers, brought them to recovery, is present, is a power greater than them, is dependable, and accepts them. Regarding factors that illustrate new perspectives on others, three participants from Group 1 shared that they find it easier to accept

others. Finally, regarding factors that illustrate new perspectives on themselves, three participants from Group 1 accept themselves and believe they are no longer alone.

Table 3

Factors of Transformation From NRC to PRC With Three Participant Agreement

Factors of Transformation	G.1	G.2	G.3	G.4	G.5
Morning prayer		X	X		X
Positive connection with someone at church		X	X	X	
Someone taught me about love			X	X	X
Hear God's direction through another person	X			X	X
God answers prayers		X	X	X	
God brought me to recovery	X	X		X	
God is present	X	X	X		
God accepts me	X	X			X
God is a power greater than I	X	X		X	
God is dependable	X	X		X	
I am more accepting of others	X	X		X	
I am not alone	X	X	X		
I accept myself	X	X			X

Factors used to answer the research questions. The research questions that were used in this study included: What are the factors that decrease NRC, what are the factors that increase PRC, and what are the effects of these factors on addiction recovery? I found data from the interviews from Group 1 and Group 2 to provide insights and answers to these questions.

Factors that decrease NRC. I observed three common factors were expressed by the participants of this study that appeared to decrease NRC. These three factors seemed to be sequential, each one following another. Additionally, each of these three factors were reflected in the 10 phases of transformation (Mezirow, 1991).

The first factor that appeared to decrease NRC was an identification of the root cause of the negative thoughts, feelings, and actions regarding spirituality. Identifying the root cause seems to be a reflection of phases 1 and 2 of Transformation. The root causes expressed by the participants in Groups 1 and 2 included childhood trauma, blaming God for the bad things that happened to them, and transferring negative characteristics from their parents onto God.

The second factor that appeared to decrease NRC was realizing what did not work to provide help for transformation. Realizing what had not worked seems to be a reflection of phases 3 and 4 of Transformation. The participants from Groups 1 and 2 shared examples of this second factor that included the realizations that trying to control their own lives was unmanageable, self-medication never made their lives better, and trying to heal apart from spirituality resulted in one failed attempt after another.

The third factor that appeared to decrease NRC was the initial identification of factors that offered hope for improved chances for spiritual development and addition recovery. These factors that offered hope appeared to be reflections of phases 5, 6, and 7 of transformation. From the perspectives of participants in Group 1, the individuals in recovery from addiction claimed that it was when their lives seemed to be at their worst, when the cost of addiction was beyond what they were willing to pay, that they became willing to make any change necessary to recover. Additionally, all participants from Group 1 shared that they began to think differently about God when someone gave them permission or encouragement to change their image in their

minds. When they were able to let go of the image of an angry or absent God, they were liberated to conceive of a God who was loving, forgiving, and willing to transform their lives.

The therapists in Group 2 focused on helping their clients reduce pride, heal shame with forgiveness, and remove fears that were developed from painful events from their past. They dealt with pride issues through helping their clients deepen their humility and have a proper understanding of their relation to God and others. Participants in Group 2 universally shared that they treated the issue of shame with forgiveness from God, others, and self. They also all encouraged their clients to view their past with a new perspective that would help them let go of fear and embrace acceptance and responsibility while also building trust in their spirituality to provide power and direction for transformation. With the factors of identifying root issues, realizing what does not work, and discovering what may work, the participants shared data which could be used to answer the question of what factors may be helpful to decrease NRC.

The primary factor that I observed with all participants was that they shared direct and positive experiences with God. The participants shared that this helped transition from seeing God as negative, punishing, or absent to view Him as a God that they both needed and wanted in their lives. They expressed that this direct encounter with God resulted in feeling loved. By feeling loved, they stated that this helped them to accept who they were in the past and are today. Participants from Group 2 expressed the importance of focusing on sharing the forgiveness from God with their clients. They found that this helps to reduce shame and guilt, allowing their clients freedom from their past and hope for their future.

Table 4

Factors That Decrease NRC As Related with the Phases of Transformation

Factors	Phases of transformation
Identification of Root Issue	Phases 1 & 2
Childhood trauma	
Blaming God for bad things	
Transferring negative characteristics to God	
Realizing What Does Not Work	Phases 3 & 4
Holding on to control	
Self-medication	
Recovery without spirituality	
Discover What May Work	Phases 5, 6, & 7
Realize the cost of addiction	
Permission to change their image of God	
Treatment to reduce pride, shame, and fears	

Factors that increase PRC. I identified three factors that appeared to increase PRC. These factors included positive experiences with God, the development of positive personal practices, and positive experiences with others. Unlike the sequential factors that decrease NRC, the factors that increase PRC may occur in any order or simultaneously. These factors also appear to reflect phases 8 and 9 of transformation.

G1.2 shared that viewing the positive things in her life as coming from God had moved her to respond in gratitude with a feeling as if she owed God something for what He had done.

She found motivation for recovery as a result. The act of surrendering control of their lives was also shared by all participants as improving their PRC. According to the participants, this factor of surrender eased the stress involved with recovery. Finally, prayer, especially for spiritual rather than material things appeared to be an important factor that was used to develop positive experiences with God. The participants shared that this factor of praying for spiritual needs resulted in an increase of peace, strength, and wisdom.

Each of the participants from Groups 1 and 2 shared several positive personal practices they found to be effective to increase their PRC. Accomplishing a morning ritual was important to all participants. G1.5 shared that her morning includes readings, warm water with lemon, yoga, and prayers for the needs of others. According to her, this process helps her feel connected to God and keeps her focused throughout her day. Bible reading was another factor that most participants included in a daily practice. They shared that this resulted in their focus and intentionality in their day. Many participants (including all of the therapists in Group 2) stated the importance of finding their identity in Christ. This resulted in a sense of confidence, wisdom, and strength found in God. Most participants shared that it was important for them to constantly practice being honest. According to them, this helped them to grow in their trust with others and find healing for many things that were previously kept secret. Finally, G2.1, G2.3, and G2.4 shared the importance of teaching their clients gentleness. They encouraged their clients to be more graceful in their thoughts regarding their shortcomings, which helped reduce shame and increase hope for transformation.

Each of the participants of this study described positive experiences with other people as being factors that contributed to their increase of PRC. The first positive experience for many was that someone invited them to church or to recovery. G1.4 shared how her friend came to her

door one evening. He was visibly excited with what G1.4 was a newfound relationship with God. He insisted that she come with him to church that moment. G1.4 shared that this invitation led her to her direct experience with God that night.

Every participant in this study shared that another factor that helped them to increase PRC was finding or establishing a community of others who were on a similar journey. They shared that whether that community was a church or a 12-Step meeting, this factor resulted in a sense of belonging as well as a connection to God and broke their isolation and feelings of loneliness. Each participant shared that it was necessary for each of them to discover new learnings or teachings that they did not previously know. These new learnings gleaned from both spiritual mentors, recovery sponsors, or therapists enabled them to practice a new lifestyle that aided their transformation.

Another factor shared by many participants was the process of praying for one another. G1.3 shared that she was a part of a group of ladies who prayed for one another on a regular basis. According to her, this was a source of encouragement and strengthened her sense of community. Finally, each participant expressed that finding a new purpose in life was a factor that increased their PRC. G1.1 shared that it brought her great joy and gratitude to know that her worst mistakes could be used by God to help other people with her work with others who were recovering from addiction. G1.2 shared that she found purpose is sharing her story to give other people hope and encouragement that transformation was possible. With these factors of direct and positive experiences with God, positive personal practices, and positive experiences with others, the participants of this study provided data that could be used to answer the question of what factors may help increase PRC.

Table 5

Factors That Increase PRC As Related With the Phases of Transformation

Factors	Phases of Transformation
Positive Experiences with God	Phases 8 & 9
1. Direct and positive experience with God	
2. Feeling love from God	
3. Experiencing forgiveness from God	
4. Attributing positive experiences to God	
5. Surrendering control to God	
6. Praying for spiritual things	
Development of Positive Personal Traits	Phases 8 & 9
1. Morning routine	
2. Reading the Bible	
3. Finding ID in God	
4. Practicing honesty	
5. Being gentle towards themselves	
Positive Experiences with Others	Phases 8 & 9
1. Receiving an invitation	
2. Finding a community	
3. Putting new learning and training into practice	
4. Praying for others	
5. Finding purpose (sharing one's story/service to others)	

The effects of these factors on addiction recovery. I identified three main effects of these factors on addiction recovery. These factors included positive feelings, positive experiences, and

positive actions. These factors appeared to reflect phase 10 of transformation. As a result of the previously identified factors, the participants expressed the effects of positive feelings such as feeling safe, connected, reduced shame and guilt, increased self-esteem and value, optimism for the present and future, and peace. The participants also shared that they believed the previously identified factors had several effects on positive experiences. They shared that these effected included experiencing spiritual and recovery growth, healing of damaged relationships, encountering love from God and others, noticing a reduction or removal of obsession over their drug of choice, and a spiritual awakening. I noted that all participants believed their spiritual development enhanced their recovery, and as their recovery grew, so did their spirituality. G2.3 maintained, “Ultimately, the life blood of quality sobriety, recovery, whatever you want to call it, I call it recovery, is spirituality. That’s the essence of everything.” Finally, the participants from Groups 1 and 2 described several positive actions that they believed were the result of the previously identified factors. These effects resulted in seeking to please God rather than others, daily surrendering control to God, and living out and fulfilling their lives’ purpose.

Table 6

Effects of Factors on Addiction Recovery As Related With the Phases of Transformation

Factors	Phases of Transformation
Positive Feelings	Phase 10
1. Safe	
2. Connected	
3. Decreased shame and guilt	
4. Increased self-esteem	
5. Optimism	
6. Peace	
Positive Experiences	Phase 10
1. Spiritual and recovery growth	
2. Healing of a damaged relationship	
3. Encounter with love	
4. Removal of obsession for addiction	
5. Spiritual awakening	
Positive Actions	Phase 10
1. Seek to please God rather than others	
2. Daily surrender	
3. Living out a new purpose	

Conclusion

This chapter included a description of the sample, research methodology and analysis, summary of the findings, and a presentation of data and results. All participants from Groups 1 and 2 expressed data that could be categorized into each of Mezirow's (1991) 10 phases of transformation. Therefore, I proposed that the 10 phases of transformation are general factors that help individuals in recovery from addiction transition from NRC to PRC and experience successful and sustained sobriety and increased spirituality. Moving from general factors to more specific factors, I proposed that the roles, relationships, and actions from phase 5 of Transformation that were identified, resourced, practiced, and mastered are more specific factors that help to foster a change from NRC to PRC. These general and specific factors provide answers to the three research questions: (a) What are the factors that decrease NRC?, (b) What are the factors that increase PRC?, and (c) What are the effects of these factors on addiction recovery?

Chapter 5: Discussion and Conclusion

Introduction

A qualitative methodology and explanatory case study research design was used to identify the factors that contributed to a transition from NRC to PRC during addiction recovery. Participants included five individuals who were in recovery from addiction and had experienced a transition from NRC to PRC, and four treatment providers who integrated spirituality into their comprehensive treatment plans. I found substantive answers to the three-part research question that I used to guide this study. Both general and specific factors were identified that helped decrease NRC and, increase PRC, and these factors were shown to have had positive impacts on the process of recovery from addiction. Each participant selected for this study expressed that they had experienced a transition from NRC to PRC during their recovery from addiction. Furthermore, each participant shared experiences that described each one of Mezirow's 10 phases of transformation. Analysis of the data was used to show that Mezirow's 10 phases of transformation were general factors of transition from NRC to PRC, and the new roles, relationships, and actions of phase 5 were specific factors of transition. This conclusion chapter includes a summary, discussion, limitation, implication, and a suggestion for further research.

Summary of the Results

After reviewing the existing research in this field, I concluded that substance use disorders present a significant and growing health problem (Kleftaras & Katsogianni, 2012). Many researchers have agreed that addiction is at least in part a spiritual problem (Hodge, 2011; Krentzman et al., 2017; Pargament, 2014; Sandoz, 2014). Furthermore, spirituality and religion can have a positive impact on addiction recovery (Gomes et al., 2013; Kelly et al., 2015; Senormanci et al., 2014). Therefore, spirituality and religion should be considered as a part of a

treatment plan when individuals are open to it (Diallo, 2013; Lietz, & Hodge, 2013; Sørensen et al., 2015; Timmons, 2012). Some researchers have suggested the theory of religious coping has been helpful for understanding the benefits of spirituality and religion in addiction recovery (Giordano et al., 2017; Pargament, 2011). Although Pargament (1998) thought it was possible for an individual impacted by addiction to transition from NRC to PRC and achieve greater treatment success, no researchers who had explained the questions of *how* and *why* this transition may occur. I acknowledge there is a continuum of religious coping between NRC and PRC. However, for the purpose of this study, I used the bookend designations of NRC and PRC to study the transition from one to the other.

The problem I researched was how to improve the use of spirituality as an addition to the addiction recovery process in a way that improves treatment outcomes. This problem was supported by the gap in literature regarding the factors that decrease NRC and increase PRC in addiction recovery. The purpose of this research was to understand the development of spirituality during the process of addiction recovery by identifying the factors in the transition from NRC to PRC and thereby improve the potential for better treatment outcomes.

Three theories were used to develop the theoretical framework for this study. These theories included the theory of religious coping, 4MAT learning, and transformational learning. Pargament et al. (1998) developed the theory of religious coping, which helps to explain how individuals use their religious beliefs to cope in stressful circumstances. Pargament et al. (2011) defined religious coping as

> efforts to understand and deal with life stressors in ways related to the sacred. The term "sacred" refers not only to traditional notions of God, divinity or higher powers, but also

to other aspects of life that are associated with the divine or imbued with divine-like qualities. (p. 52)

The theory of 4MAT learning (McCarthy, 1997) was used to shape the interview questions in a manner to gather data from participants in a way that was conducive to their learning styles. The 10 phases of transformation were used from Mezirow's (1991) transformation theory that was shaped around "a constructivist theory of adult learning addressed to those involved in helping adults learn" (p. 33). These three theories were foundational to this study as they were used to provide structure in the context of spiritual development through the transformative process of addiction recovery.

In a departure from the methodology and design of the majority of researchers in the field of religious coping, I selected a qualitative methodology and an explanatory case study design. This design was used to help to answer *how* and *why* questions that provided data to shed light on the phenomenon of how addicts in recovery transition from NRC to PRC and experience improved treatment outcomes. A collective type of case study was employed that elicited data from five participants in recovery from addiction (Group 1) and four therapists in the field of addiction recovery (Group 2) for greater potential to generalize the findings. Data from Group 1 were collected by a series of three interviews that progressed through four quadrants of learning as well as a study of recommended artifacts. Data from Group 2 were collected by a single interview as well as a study of recommended artifacts. I triangulated the data to reduce bias and entered into Dedoose.com, an online qualitative data analysis tool. I identified 355 codes from the collected data and applied these codes 2,610 times across 525 unique excerpts from the transcribed interviews.

Discussion of the Results

The results of this study were used to answer the three-part research question of what factors reduce NRC, increase PRC, and positively impact the addiction recovery process. I discovered both general and specific factors by viewing the data through the lens of Mezirow's (1991) 10 phases of transformation. All 10 phases of transformation were general factors while phase 5 provided more specific factors that contributed towards a transformation from NRC to PRC.

General factors viewed through the lens of the 10 phases of transformation. I observed examples from each of the participants of this study that appeared to reflect Mezirow's (1991) 10 phases of transformation. Therefore, I propose that the 10 phases of transformation are general factors that help to decrease NRC, increase PRC, and develop a spirituality that has a positive impact on addiction recovery. Table 7 illustrates these general factors. The exception was phase 5, which appeared to offer more specific factors I will discuss in the following section.

Table 7

General Factors Viewed Through the Lens of the 10 Phases of Transformation

Phase of transformation	General factors
"disorienting dilemma" (Mezirow, 1991, p. 168)	Negative experiences with family, church, God, abuse, and broken marriages
"self-examinations with feelings of guilt or shame" (Mezirow, 1991, p. 168)	Guilt and shame experienced due to remorse over actions that caused harm to themselves and others
"critical assessment of assumptions" (Mezirow, 1991, p. 168)	Assessment of assumptions formed regarding God, others, themselves, and past circumstances
"one's discontent and the process of transformation are shared" (Mezirow, 1991, p. 168)	Hearing the shared stories of recovery provided hope
"new roles, relationships, and actions" (Mezirow, 1991, p. 168)	See following section regarding specific factors
"planning a course of action" (Mezirow, 1991 p. 168)	G2 intentionally incorporated spirituality to improve recovery and G1 realized that their recovery resulted in increased spirituality
"acquisition of new knowledge and skills for implementing the plan" (Mezirow, 1991, p. 169)	Information learned by counselors, 12 Step programs, and spiritual mentors
"trying new roles" (Mezirow, 1991, p. 169)	Continual learning, especially through relapse
"building of competence and self-confidence" Mezirow, 1991, p. 169)	Reflected in the ability to be confident in the competence of God to empower recovery
"reintegration into one's life" (Mezirow, 1991, p. 168)	New perspectives on God, others, themselves, and past experiences resulting in new behaviors toward God, others, and themselves

Specific factors viewed through phase 5 of transformation. In addition to viewing the each of the 10 phases of transformation (Mezirow, 1991) as some of the general factors that help individuals in recovery from addiction transition from NRC to PRC, I observed more specific examples of factors that can be understood as phase 5 of transformation, the "exploration of options for new roles, relationships, and actions" (Mezirow, 1991, p. 168). New roles included that of a person who was in recovery, was willing to do whatever it took to find and keep sobriety and was able to look at their past with a new perspective.

New relationships were viewed through the lens of Johnson and Sanderfer's (2016) theory of connection, which was used to address the importance of spiritual development as a process that occurs in the context of relationships with others. Among the participants of this study, I observed new relationships with God and others. Regarding new relationships with God, the participants of this study reflected that they now view God as a powerful resource for recovery who has positive characteristics such as love, compassion, and support. They also universally shared their desire for regular time for devotion, meditation, and prayer to support continued growth in their relationship with God. Regarding new relationships with others, participants from Group 1 expressed the importance of helpful members of the clergy as well as congregation members. Additionally, they mentioned that they felt encouraged, supported, and challenged to grow by others in the recovery community. They also universally shared that they believed that service work for others helped to strengthen their relationship with others. The participants from Group 1 shared that through these new connections, they were able to better understand love.

New actions were shared by the participants of this study as being important in their spiritual development during their recovery from addiction. The participants from Group 1 all stated that they listened to the healing stories of others and learned from them and developed

hope for their own recovery. Each of the participants from Group 1 expressed taking part in new actions that they believed would help their intentional and continual spiritual development. All participants from Group 1 shared that daily surrender to God enabled them to be led by God rather than their own will. Participants also expressed the importance of the new action of prayer in their lives. Each participant from Group 1 expressed new actions that were connected with discovering and fulfilling their purpose. One of these new actions was to establish and maintain healthy boundaries with others as they work the 12-Steps and serve others. Participants from Group 1 also shared how the actions of working the 12-Steps helped to reveal their purpose in life. Finally, each participant expressed a finding a new purpose through service work.

Research questions and answers. By using Mezirow's (1991) phases of transformation to identify general and specific factors, I was able to use them to answer the research questions of what factors help to decrease NRC, what factors help to increase PRC, and what are the impacts of these factors on addiction recovery? The data from this research was used to provide substantive answers to the research questions. The answers to these questions are illustrated in the following sections.

What factors help to decrease NRC? The participants expressed three common factors that appeared to decrease NRC. These three factors seemed to be sequential. Additionally, each of these three factors were reflected in the 10 phases of transformation (Mezirow, 1991). The first factor that appeared to decrease NRC was identifying the root cause of the negative thoughts, feelings, and actions regarding spirituality. Identifying the root cause seems to be a reflection of phases 1 and 2 of transformation. The root causes expressed by the participants in Groups 1 and 2 included childhood trauma, blaming God for the bad things that happened to them, and transferring negative characteristics from their parents onto God.

The second factor that appeared to decrease NRC was realizing what did not work to provide help for transformation, which reflects phases 3 and 4 of transformation. The participants from Groups 1 and 2 shared examples of this second factor, which included the realizations that trying to control their own lives was unmanageable, self-medication never made their lives better, and trying to heal apart from spirituality resulted in one failed attempt after another.

The third factor that appeared to decrease NRC was the initial identification of factors that offered hope for improved chances for spiritual development and addition recovery, reflecting phases 5, 6, and 7 of transformation. From the perspectives of participants in Group 1, the individuals in recovery from addiction stated they became willing to make any change necessary to recover when their lives seemed to be at their worst and when the cost of addiction was beyond what they were willing to pay. Additionally, all participants from Group 1 shared that they began to think differently about God when someone gave them permission or encouragement to change their image in their minds. When they were able to let go of the image of an angry or absent God, they were liberated to conceive of a God who was loving, forgiving, and both willing and able to transform their lives.

The participating therapists in Group 2 focused on helping their clients reduce pride, heal shame with forgiveness, and remove fears that were developed from painful events from their past. They dealt with pride issues through helping their clients deepen their humility and have a proper understanding of their relation to God and others. Participants in Group 2 universally shared that they treated the issue of shame with forgiveness from God, others, and self. They also all encouraged their clients to view their past with a new perspective that would help them let go of fear and embrace acceptance and responsibility while also building trust in their spirituality to

provide power and direction for transformation. With the factors of identifying root issues, realizing what does not work, and discovering what may work, the participants shared data which could be used to answer the question of what factors may be helpful to decrease NRC.

What factors help to increase PRC? I identified three factors that appeared to increase PRC: positive experiences with God, the development of positive personal practices, and positive experiences with others. Unlike the sequential factors that decrease NRC, the factors that increase PRC may occur in any order or simultaneously. These factors also appear to reflect phases 8 and 9 of transformation.

The primary factor that I observed with all participants was that they shared direct and positive experiences with God. The participants shared that this helped transition from seeing God as negative, punishing, or absent to view Him as a God that they both needed and wanted in their lives. Their direct encounter with God resulted in feeling loved. Feeling loved helped them to accept who they were in the past and who they are today. Participants from Group 2 expressed the importance of focusing on sharing the forgiveness from God with their clients, which helped reduce shame and guilt, allowing their clients freedom from their past and hope for their future. All participants said the act of surrendering control of their lives improved their PRC and eased the stress involved with recovery. Finally, prayer, especially for spiritual rather than material things, appeared to be an important factor in developing positive experiences with God and resulted in increased peace, strength, and wisdom.

Each of the participants from Groups 1 and 2 shared several positive personal practices that increased her PRC. Accomplishing a morning ritual was important to all participants. Bible reading was another factor that most participants included in a daily practice. They shared that this resulted in their focus and intentionality in their day. Many participants (including all of the

therapists in Group 2) stated the importance of finding their identity in Christ. This resulted in a sense of confidence, wisdom, and strength found in God. Most participants shared that it was important for them to constantly practice being honest. According to them, this helped them to grow in their trust with others and find healing for many things that were previously kept secret. Finally, G2.1, G2.3, and G2.4 shared the importance of teaching their clients gentleness. They encouraged their clients to be more graceful in their thoughts regarding their shortcomings, which helped reduce shame and increase hope for transformation.

Each of the participants described positive experiences with other people as being factors that contributed to their increase of PRC. The first positive experience for many was that someone invited them to church or to recovery. All stated another factor that helped them to increase PRC was finding or establishing a community of others who were on a similar journey. They shared that whether that community was a church or a 12-Step meeting, this factor resulted in a sense of belonging as well as a connection to God and broke their isolation and feelings of loneliness. Each participant shared that it was necessary for each of them to discover new learnings or teachings that they did not previously know. These new learnings gleaned from both spiritual mentors, recovery sponsors, or therapists enabled them to practice a new lifestyle that aided their transformation. Another factor shared by many participants was the process of praying for one another. Finally, each participant expressed that finding a new purpose in life was a factor that increased their PRC. With these factors of direct and positive experiences with God, positive personal practices, and positive experiences with others, the participants of this study provided data that could be used to answer the question of what factors may help increase PRC.

What are the impacts of these factors on addiction recovery? I identified three main effects of these factors on addiction recovery. These factors included positive feelings, positive experiences, and positive actions. These factors appeared to reflect phase 10 of transformation. As a result of the previously identified factors, the participants expressed the effects of positive feelings such as feeling safe, connected, reduced shame and guilt, increased self-esteem and value, optimism for the present and future, and peace. The participants also shared that they believed the previously identified factors had several effects on positive experiences, including experiencing spiritual and recovery growth, healing of damaged relationships, encountering love from God and others, noticing a reduction or removal of obsession over their drug of choice, and a spiritual awakening. I noted every participant believed spiritual development enhanced their recovery, and as their recovery grew, so did their spirituality. Finally, the participants from Groups 1 and 2 described several positive actions that they believed were the result of the previously identified factors. These effects resulted in seeking to please God rather than others, daily surrendering control to God, and living out and fulfilling their lives' purpose.

Discussion of the Results in Relation to the Literature

The findings support past research suggesting religious coping methods are instrumental in shaping outcomes in times of extreme stress (Abu-Raiya & Pargament, 2015; Charzyńska, 2015; Martin et al., 2015; Pargament et al., 1998). The results support Puffer et al. (2010), who found one can transition from NRC to PRC. Regarding fellowship and peer-support, participants reported these factors had significantly positive benefits to their recovery and spiritual development, supporting past research from Gamble and O'Lawrence (2016) as well as DeLucia et al. (2015). The participants also shared that their recovery and spiritual development helped

them to promote forgiveness and increase their gratitude, humility, and desire to serve others, which supported Sandoz (2014).

The results suggested addiction is at least in part a spiritual problem, a finding that diverged from Dodes and Dodes (2014). Dodes and Dodes claimed that addiction is not a spiritual problem but is instead a psychological issue. This discrepancy between studies can be dismissed, as the results of this study support the majority of researchers have argued spirituality is at least in part a spiritual problem. By providing general as well as specific factors that reduce NRC and promote PRC during the addiction recovery process, these findings can be used to help to fill the previous gap in research regarding this transition. This may be especially true when one views spiritual development during addiction recovery through the lens of the Mezirow's (1991) 10 phases of transformation.

Limitations

I worked to identify and mitigate several limitations stemming from the research design of an explanatory case study. Yin (2009) addressed four common prejudices against case studies: a lack of rigor, difficulty in generalizing findings, length of time, and a renewed emphasis on experimental research rather than nonexperimental research. To help overcome a perceived lack of rigor, I bracketed my own thoughts, stated my bias, and sought to fairly represent and report the findings. I used Dedoose to help aid the analysis of the resulting data and dig deeply into the thick and rich data in meaningful and insightful ways. Additionally, triangulation was used (with pre- and post-interview questionnaires and artifacts) to help corroborate or challenge the self-reported data from the participants. Through negative case analysis, I uncovered outlying evidence and sought to gain understand why such outlying evidence exists. I used reflexivity to increase the rigor of the research, documenting my personal ideas, thoughts, or insights while

collecting data. Through member checking, the participants reviewed the transcriptions of their interviews and verified the accuracy of the content. Furthermore, I worked to decrease the halo effect by balancing the interviews with questions that dealt with both negative and positive memories.

I noted other limitations resulting from the scope of this study. I described how spirituality is used during addiction recovery, and I did not consider how some people take a purely secular approach to recovery. Additionally, this study provided answers to the research questions, but I cannot claim to have identified an exhaustive list of all possible factors or effects. These results reflected the experiences and perceptions of only the nine participants and their self-reported answers. Another set of participants might have identified additional factors and effects. Furthermore, the initial goal for recruiting participants from Group 1 was to interview one male and four females, as this reflects the ratio I observed in 12-Step groups in the area. However, no males were recruited, and the study cannot be used to compare any differences regarding how men and women experience spiritual development by transitioning from NRC to PRC. An inability to recruit men for this study could be due at least in part to Charzyńska's (2015) findings that women are more likely to use religious coping than men, as G2.3 observed.

Implications of the Results for Practice, Policy, and Theory

I found that the identified general and specific factors that help reduce NRC and help increase PRC for positive benefit to the addiction recovery process could have significance for individuals and families who are impacted by addiction. These factors could also benefit those who treat people in recovery and use spirituality as a part of their treatment plans. By intentionally working through the 10 phases of transformation, other individuals who are

impacted by addiction may find similar success in their recovery from addiction and development of spirituality. Using these factors could be even more helpful if they exhibit signs of NRC and are open to a possible change to PRC. Furthermore, the findings can lead to a new treatment modality that seeks to develop spirituality through the use of the 10 phases of transformation for the purpose of seeking help in the addiction recovery process.

This new treatment modality could be applied to issues beyond addiction. Pargament et al. (1998) originally focused their study of religious coping on major life stressors such as trauma and tragedy. This new treatment modality focused on the 10 phases of transformation could help people dealing with trauma and tragedy, especially if they are currently experiencing NRC and are open to a transition to PRC.

The findings were consistent with the theories of religious coping and transformation. Pargament (1998) found that individuals who experience trauma and tragedy may respond with either NRC or PRC, and that some people could experience a change from NRC to PRC. The evidence from this study can be used to support that theory, as well as provide data that helps to fill the gap that explains how or why such a change in religious coping occurs. This could open the door for further research that focuses on the factors that contribute to the change from NRC to PRC. Furthermore, I determined that the results of this study were consistent with the theory of transformation. Mezirow (1991) highlighted 10 phases of transformation. The analysis showed all participants had experienced the 10 phases of transformation. These phases provided descriptions of both general and specific factors that help reduce NRC, help promote PRC, and have positive impacts on the process of addiction recovery.

Recommendations for Further Research

The findings may lead to additional research in the fields of addiction recovery, religious coping, and transformational learning. Now that some general and specific factors have been identified to reduce NRC and increase PRC, it would be possible to operationalize them to be used in a quantitative study that could be used to help to rank each factor by frequency and perceived positive impact. Such a study could help identify which factors may be the most impactful and therefore reveal which factors should be prioritized for use by people impacted by addiction and open to using spirituality as a part of their comprehensive treatment plan.

If a new treatment modality were to be developed based on the general and specific factors identified by this study, then its effectiveness would need to be studied. It may be possible to undertake a quantitative longitudinal study that would compare a large sample size of addicts in recovery that would be invited to self-select one of three treatment modalities, which would include psychological (nonspiritual), 12-Step, and the new modality. Such a study could allow for a larger comparison for modality effectiveness. However, if no such study occurs, it may still be beneficial for counselors and therapists to receive training with the general and specific factors that were identified in this study to provide additional help and understanding when they encounter clients who are affected by NRC.

Conclusion

These findings begin to fill a gap in the current body of research, namely, that several factors help to reduce NRC and increase PRC and can have a positive impact on spiritual development and addiction recovery. These factors are the 10 phases of transformation and the specific factors of new roles, relationships, and actions in phase 5 of transformation. These findings could be used to aid the process of addiction recovery by helping individuals with NRC

transform their means of relating to their higher power to PRC and experience the positive benefits of combining spirituality to their addiction recovery process. I am grateful for the opportunity to add to the body of knowledge in the fields of addiction recovery, religious coping, and transformation.

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Appendix A: Instrumentation

The semistructured interviews will allow me to use a set group of questions that will ensure that I effectively and responsibly cover the research questions while maintaining the flexibility to adjust or create new questions for each participant to allow for deeper understanding and clarity. The set group of questions for each of the three interviews for the participants who are in recovery from addiction is as follows:

Group 1 First Interview:

1. Have you ever felt abandoned or punished by God or a religious organization? If so, why did you (or do you) feel that way?
2. Have you ever turned to God for his help with recovery, determining direction for your life, or to remove anger, guilt, or worry? If so, why was (or is this) this meaningful in your recovery from addiction?
3. Have you ever changed your perspectives of God during your recovery process? Why was this important to you?
4. How has your perspective of God (positive or negative) had an impact on your recovery process?

Group 1 Second Interview:

1. What are the factors (people, resources, events) that shaped how you related with God in the past?
2. What was the impact of these factors on your recovery process?
3. What are the factors (people, resources, events) that shaped how you now relate with God?
4. What is the impact of these factors on your recovery process?

5. How does this work for you?

Group 1 Third Interview:

1. How do you relate with God in your everyday life (both proactively and reactively)?
2. If the way you relate with God stays the same, what do you believe would be (or is) the impact on your recovery journey?
3. If you were to change the way you relate with God, what do you believe would be the impact on your recovery?

Group 2 Interview:

1. How do you incorporate spirituality or religion in your treatment plans?
2. What are the benefits of incorporating spirituality or religion in your treatment plans? Please describe.
3. Have you ever observed a negative reaction or outcome in your clients when incorporating spirituality or religion in your treatment plans? Please describe.
4. Have you ever observed a positive reaction or outcome in your clients when incorporating spirituality or religion in your treatment plans? What was the outcome?
5. Have you ever observed a transition from a negative reaction or outcome to a positive reaction or outcome in your clients? What was the outcome?
6. What do you believe were the factors involved in this transition?

Appendix B: Pre- and Post-Interview Questionnaires

Pre-Interview Questionnaire:

Thank you for agreeing to participate in this study. You and your responses will be helpful to better understand how to employ spirituality in addiction recovery. Your answers to the following questions will provide initial insight into our time together.

1. What is your recovery date?
2. What is your sobriety date?
3. Have you worked any of the 12-Steps (if so, how many)?
4. Have you worked the 12-Steps more than once (if so, how many)?
5. How many times per month do you participate in a religious gathering such as worship or study, or accountability?
6. How many times per week do you participate in personal and private religious or spiritual practices?

Post-Interview Questionnaire:

Thank you for your time and your willingness to share your personal journey. Your investment will certainly make a difference in how spirituality will be applied to benefit others in their recovery journey. We hope that this process was beneficial to you as well. Please take some time to consider these follow up questions:

1. Are there any other resources that you have found to be helpful in your recovery journey?
2. Are there any other resources that you have found to be helpful in your spiritual development?
3. How was this interview process beneficial to you? How did it help you to reflect on your journey in a new way?

4. Did you experience pain or difficulty as a result of this interview process (if so, do you believe that you would benefit from therapeutic services)?

If you do believe or feel that you experienced undue pain from this experience and would benefit from therapeutic services, you should contact [redacted contact information]. [Redacted name] is a Licensed Social Worker and Certified Addiction Counselor with more than 24 years of experience.

Appendix C: Informed Consent Form

Concordia University–Portland Institutional Review Board
Approved: February 7, 2019; will Expire: January 31, 2020

Research Study Title: Development of Spiritual During Addiction Recovery: An Explanatory Case Study
Principle Investigator: Tige A. C. Culbertson
Research Institution: Concordia University–Portland
Faculty Advisor: Dr. Trish Lichau

Purpose and what you will be doing:
The purpose of this interview is to identify factors that prove the impact of spirituality on addiction recovery by observing the phenomena which occurs when addicts in recovery transition from negative religious coping to positive religious coping. We expect approximately five volunteers who are in recovery from addiction and three therapists who provide treatment for people who are in recovery from addiction. No one will be paid to be in the study. Will begin enrollment on February 1, 2019 and end enrollment when the target participant size is achieved. To be in the study, you (if you are in recovery from addiction) will participate in pre- and post-interview questionnaires that will share basic information about your recovery. You will also participate in a total of three interviews during which we will explore how you once used and now currently use your spirituality to aid your addiction recovery process.

During these interviews, you will be asked to share information regarding your perspectives of your higher power, the factors that impacted your spiritual development, and how you connect your spirituality to your addiction recovery process. Additionally, you will be asked to share the titles of resources that were beneficial to your spiritual development or recovery. These interviews should take less than a total of three hours of your time. If you are a therapist who provides treatment for individuals who are in recovery, you will participate in one interview during which we will explore how and why you currently use spiritual or religious elements in your treatment plans. All interviews will be conducted in a private office at [redacted], recorded, transcribed, and then verified with you for accuracy (member checking).

Risks:
There are minimal risks to participating in this study, which could include emotional distress resulting from sharing personal information regarding your spiritual development and recovery. Your information will be carefully protected. Any personal information you provide will be kept securely via electronic encryption or locked inside the file cabinet in our office. None of the data will have your name or identifying information attached to it; when we (or any of our investigators) analyze the data, all identifying information will have been removed. We will only use a secret code to analyze the data. We will not identify you in any publication or report. Your information will be kept private at all times. Interviews will be audio recorded. All recordings will be deleted immediately following transcription and member checking. The member checking process will afford you the opportunity to review the transcript of your interviews and verify its accuracy, and then change to clarify any details that you wish to have modified. All study documents will be destroyed 3 years after we conclude this study.

Benefits:
Information you provide will contribute to improving the field of addiction recovery. It may also help you to reflect on your recovery process and how spirituality affects the recovery process.

Confidentiality
We will carefully safeguard all your personal identifying information. We will not use your name or any piece of information that could allow a person other than the principle investigator (me) to link your identity (your name) with the information you provide. This will include us safekeeping your data in a password protected laptop. The principle investigator will have a record of your name or other identity, but your name will not be needed for further information. You will have a pseudonym assigned to your interview outcomes, and only you and the PI will know. Further, upon publication, your contributions will be further masked and provided another identifier to mitigate deductive disclosure of any type. Your name will not appear in any publication. We promise to work in this way to keep your information and your identity confidential.

Your information will be confidential. At the end of this study, your name will be deleted so that there will be no record of your volunteering for this study and no record of how you answered questions.

Reporting Requirement:
If you say anything that indicated that you were going to hurt yourself or hurt someone else, I would discuss this with you and advise you that we will give your name to an appropriate counselor (counselor name: [redacted]; telephone: [redacted]; located at [redacted]), and if necessary, another official. The counselor would call you and talk with you if it is necessary to help keep you from being seriously hurt or seriously hurting someone else.

Right to Withdraw:
Your participation is greatly appreciated, but we acknowledge that the questions we are asking are personal in nature. You are free at any point to choose not to engage with or to stop the study. If you desire, you may also contact us and request that your responses be retracted and not used in this study. You may skip any questions you do not wish to answer. This study is not required and there is no penalty for not participating. If at any time you experience a negative emotion from answering the questions, we will stop asking you questions.

Contact Information:
You will receive a copy of this consent form. If you have questions you can talk to or write the principal investigator, Tige A. C. Culbertson at email [redacted]. If you want to talk with a participant advocate other than the investigator, you can write or call the director of our institutional review board, Dr. OraLee Branch (email obranch@cu-portland.edu or call 503-493-6390).

Your Statement of Consent:
I have read the above information. I asked questions if I had them, and my questions were answered. I volunteer my consent for this study.

______________________________	__________
Participant Name	Date
______________________________	__________
Participant Signature	Date
______________________________	__________
Investigator Name	Date
______________________________	__________
Investigator Signature	Date

Investigator: Tige A. C. Culbertson email: [redacted]
c/o: Professor Trisha Lichau, Ph.D.
Concordia University–Portland
2811 NE Holman Street
Portland, Oregon 97221

Appendix D: Therapist Recruitment Letter

November 28, 2018

Name of potential therapist participant

Address of potential therapist participant

Address of potential therapist participant

Re: Development of Spirituality During Addiction Recovery: An Explanatory Case Study

Dear *Name of potential therapist participant*

My name is Tige Culbertson and I am a student in the Doctoral Studies Program located in the College of Education at Concordia University–Portland. I am writing to invite you to participate in my research study about how to improve upon the currently accepted practice of applying spirituality to the process of addiction recovery. You are eligible to participate in this study because you provide treatment to individuals who are in recovery from addiction and who are open to the inclusion of spirituality or faith in their treatment plans. I obtained your contact information from your clinic's webpage.

If you decide to participate in this study, you will be asked to engage in one interview. Your interview will be audio recorded. All recordings will be deleted immediately following transcription. You will have the opportunity to review the transcript and validate that the content is accurate.

Remember, this is completely voluntary. You can choose to be in the study or not. If you would like to participate or have any questions about the study, please email me at [redacted]. If you prefer, you may also call or text me at [redacted]. Agreement to be contacted or a request for more information does not obligate you to participate in any study.

Thank you very much.

Sincerely,

Tige Culbertson

Appendix E: Statement of Original Work

The Concordia University Doctorate of Education Program is a collaborative community of scholar-practitioners, who seek to transform society by pursuing ethically-informed, rigorously-researched, inquiry-based projects that benefit professional, institutional, and local educational contexts. Each member of the community affirms throughout their program of study, adherence to the principles and standards outlined in the Concordia University Academic Integrity Policy. This policy states the following:

Statement of academic integrity.

> As a member of the Concordia University community, I will neither engage in fraudulent or unauthorized behaviors in the presentation and completion of my work, nor will I provide unauthorized assistance to others.

Explanations:

What does "fraudulent" mean?

> "Fraudulent" work is any material submitted for evaluation that is falsely or improperly presented as one's own. This includes, but is not limited to texts, graphics and other multi-media files appropriated from any source, including another individual, that are intentionally presented as all or part of a candidate's final work without full and complete documentation.

What is "unauthorized" assistance?

> "Unauthorized assistance" refers to any support candidates solicit in the completion of their work, that has not been either explicitly specified as appropriate by the instructor, or any assistance that is understood in the class context as inappropriate. This can include, but is not limited to:

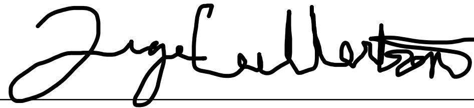
- Use of unauthorized notes or another's work during an online test
- Use of unauthorized notes or personal assistance in an online exam setting
- Inappropriate collaboration in preparation and/or completion of a project
- Unauthorized solicitation of professional resources for the completion of the work.

Statement of Original Work (Continued)

I attest that:

1. I have read, understood, and complied with all aspects of the Concordia University–Portland Academic Integrity Policy during the development and writing of this dissertation.

2. Where information and/or materials from outside sources has been used in the production of this dissertation, all information and/or materials from outside sources has been properly referenced and all permissions required for use of the information and/or materials have been obtained, in accordance with research standards outlined in the *Publication Manual of The American Psychological Association.*



Digital Signature

Tige A.C. Culbertson

Name (Typed)

November 25, 2019

Date