

Middlesex University Research Repository

An open access repository of

Middlesex University research

<http://eprints.mdx.ac.uk>

Bjørnå, Saphira (2016) An investigation of the dynamics of the personal will versus a higher power in Alcoholics Anonymous 12-step treatment of Substance Use Disorder. Other thesis, Middlesex University.

Final accepted version (with author's formatting)

This version is available at: <http://eprints.mdx.ac.uk/21502/>

Copyright:

Middlesex University Research Repository makes the University's research available electronically.

Copyright and moral rights to this work are retained by the author and/or other copyright owners unless otherwise stated. The work is supplied on the understanding that any use for commercial gain is strictly forbidden. A copy may be downloaded for personal, non-commercial, research or study without prior permission and without charge.

Works, including theses and research projects, may not be reproduced in any format or medium, or extensive quotations taken from them, or their content changed in any way, without first obtaining permission in writing from the copyright holder(s). They may not be sold or exploited commercially in any format or medium without the prior written permission of the copyright holder(s).

Full bibliographic details must be given when referring to, or quoting from full items including the author's name, the title of the work, publication details where relevant (place, publisher, date), pagination, and for theses or dissertations the awarding institution, the degree type awarded, and the date of the award.

If you believe that any material held in the repository infringes copyright law, please contact the Repository Team at Middlesex University via the following email address:

eprints@mdx.ac.uk

The item will be removed from the repository while any claim is being investigated.

See also repository copyright: re-use policy: <http://eprints.mdx.ac.uk/policies.html#copy>

Final Project
DPY 5360 – 360 Credit

in partial fulfilment of

**Doctorate in Psychotherapy
by Professional Studies**

*An investigation of the dynamics of the personal will
versus a Higher Power in Alcoholics Anonymous
12-step treatment of Substance Use Disorder*

Saphira Bjørnå
Candidate Number: D12205/21170

Academic Advisor – Dr. Nigel Copsey
Academic Consultant – Dr. Piero Ferrucci

Summary Plan

Name: Saphira Bjørnå

Post Currently Held: Psychotherapist in private practice

Title of Final Programme: Doctorate in Psychotherapy by Professional Studies

Title of Final Project: "An investigation of the dynamics of the personal will versus a Higher Power in Alcoholics Anonymous 12-step treatment of Substance Use Disorder"

Composition of proposed programme of study

Module	Module Title	Credit	Level	Completed/ To Be completed		Passed
				Semester	Year	
DPY 4421	Review (RPPL)	20	4 (7)	Second	2011	Yes
DPY 4442	Research Challenges	40	4 (7)	Second	2011	Yes
DPS 4443	Practice Project (PEP)	40		N/A	N/A	N/A
RAL at L4		40	4 (7)	Second	2011	Yes
DPY 4444	Programme Planning	40	4 (7)	Third	2013	Yes
RAL at L5	Major project capability	120/180		N/A	N/A	N/A
DPY 5547	Professional Knowledge*	40	5 (8)	Fourth	2015	Yes
DPY5360	Final Project	360	5 (8)	Fourth	2015	Yes

* Four professional knowledge seminars, one Masterclass and one international conference have been attended: Dr.Paola Valerio, Dr.Darren Langdridge, Dr.Maria Gilbert, Dr.David Mair & Dr.Denise Meyer, International Society for Addiction Medicine Conference, Dr.Beverly Costa, Dr.D'Ombraine Hewitt

Abstract

This Final Project is an exploration of the lived experience of dynamics of the personal will of substance-abusing individuals going through the process of recovery in AA 12-Step self-help groups. The study also investigates the dynamic of the personal will interfacing with the will of a perceived higher power. The research context is within the paradigm of Alcoholics Anonymous self-help groups and their 12-step program.

Most research in this field is related to predicting or measuring outcome of treatment in 12-step facilities and understanding the motivation for treatment among individuals with Substance Use Disorder. Few studies are found on the subject of the lived experience of the personal will prior to recovery, during recovery and into late recovery in the context of AA and the 12-step program.

Twelve-step groups are available worldwide, in some countries it is the only type of free self-help group available within which recovery processes take place. There is a need for an enhanced understanding of the psychological mechanisms involved with the dynamics of the personal will in the process of recovery in the field of 12-step facilitation and in the field of addiction treatment generally.

I chose qualitative research methods and the data were collected through semi-structured interviews. The participants were eight active members of AA with a sobriety time range of 2-17 years, with a mean length of 7.4 years. The analysis and description of the data were conducted using Interpretative Phenomenological Analysis.

The results reveal the Will Complex in Substance Dependence (WCSD) of the addicted personality as multilayered, compensatory selves of destructive intents that correspond to the undifferentiated term 'self-will' in the AA literature. In the continuum of recovery, the participants unanimously name the appearance of a qualitatively different and constructive aspect of the personal will emerging into conscious awareness at the point of 'hitting bottom', as an authentic intent or Core Will. These aspects of the personal will are described in all eight cases to exist in parallel, constituting internal conflict negotiated until the point of surrender to a perceived higher power. From the point of surrender, the core

will is described to be in correspondence with the experienced higher will, whilst the aspects of the will WCSO recede or withdraw. The dynamics of the will are concomitant with a shift in belief system and consequently in intents. These paradoxical findings are discussed and interpreted through the theoretical lens of transpersonal psychology.

Building on existing knowledge, this study can contribute to deciphering the psychological mechanisms behind the fluctuations of the personal will of substance-dependent individuals in treatment, which in turn can be used to enhance therapeutic interventions in the treatment of Substance Use Disorder.

Suggestions for future research include a focus on further exploration into the proposed dynamic and the therapeutic effect of increased consciousness of one's internal dynamics and their effect on choice alternatives. The conditions leading to the emergence of the 'core will' might also be explored to understand how we can facilitate the development of this will aspect to achieve constructive intentionality.

The clinical significance of the study is potentially broad as the underlying psychological dynamic of the will of the substance-addicted individual can be incorporated into a variety of treatment approaches from different philosophical standings. This study is also significant and a helpful tool for psychotherapists working in rehabilitation facilities or in private practice with substance-dependent clients. For transpersonal psychotherapists this investigation will offer new knowledge, theory and competence to the complex field of Substance Use Disorder treatment.

List of tables and figures

Table 1 – The 12-steps

Table 2 – Will references in the Big Book

Table 3 - Will connotations in the 12-steps

Table 4 – Example of emerging themes in transcript

Table 5 – Findings table

Table 6 – Pilot project and participants feedback

Table 7 – Pilot project and co-therapists feedback

Figure 1 – Will Diagram

Keywords

Interpretative Phenomenological Analysis, Alcoholics Anonymous, Addiction, Subjective Will, Will Dynamics, Surrender, Higher Power, Recovery

Table of Contents

Summary Plan	2
Abstract.....	3
List of tables and figures	5
Introduction.....	10
Chapter 1 Literature Review.....	13
1.1 Literature Review – introduction	13
1.2 Alcoholics Anonymous	15
1.2.1 AA background and function.....	15
1.2.2 Research on AA 12-step attendance and outcome	16
1.2.3 Spirituality versus religiousness.....	19
1.2.4 Spiritual emphasis in AA	20
1.2.5 Change mechanisms in AA.....	23
1.3 Surrender	27
1.3.1 The phenomenon of surrender.....	27
1.3.2 Surrender and Alcoholics Anonymous.....	30
1.4 Transpersonal theory	32
1.4.1 Historical background and epistemology.....	33
1.4.2 Contemporary transpersonal theory	38
1.4.3 Criticism of the transpersonal field.....	40
1.4.4 Status of transpersonal research	41
1.5 Substance Addiction - Disease models	42
1.5.1 Medical disease model	43
1.5.2 Neuroscience disease view	44
1.5.3 Cognitive behavioural disease view	46
1.5.4 AA 12-step disease view	48
1.6 Will – and addiction	49
1.6.1 Will - debate in mainstream psychology.....	50
1.6.2 Will – addiction as motivational disorder or behaviour of choice.....	54
1.6.3 Will – in transpersonal psychology related to addiction	57
1.6.4 Will - in the Alcoholics Anonymous 12-step program	61

Chapter 2 Methodology	66
2.1 Introduction.....	66
2.2 Research Question and Rationale.....	66
2.3 Quantitative and Qualitative Epistemologies	68
2.3.1 Phenomenology	72
2.3.2 Hermeneutics	74
2.4 IPA	76
2.5 Why IPA	79
2.5.1 Discursive Psychology	80
2.6 Criticism of IPA	82
2.7 Ethical Considerations	85
2.8 Reflexivity	87
2.8.1 Personal and functional reflexivity	89
2.9 Validity.....	92
2.9.1 Sensitivity to Context	93
2.9.2 Commitment, Rigour, Transparency and Coherence.....	95
2.9.3 Impact and importance.....	96
2.10 Method.....	97
2.10.1 Design.....	97
2.10.2 Participant recruitment	98
2.10.3 The Participants.....	99
2.10.4 Interview questions	100
2.10.5 Data Collection and Interview Procedure.....	101
2.10.6 Analytic Method and Process	102
Chapter 3 Research Findings	106
3.1 The Will Complex in Substance Dependence (WCSD)	107
3.1.1 The First Layer –The Destructive Intent of Escapism.....	108
3.1.2 The Second Layer - The Omnipotent Destructive Intent	112
3.1.3 The Third Layer – The Impotent Constructive Intent.....	115
3.1.4 The Absence of a Higher Power	117
3.2 The Awakening Core Will	118
3.2.1 Hitting Bottom	118
3.2.2 The New Core Will – Potent Constructive Intent.....	122
3.3 The Will Dynamic in Change	125

3.3.1 The Role of the Fellowship	125
3.3.2 The Cultivation of the Core will.....	128
3.3.2.1 The Shorter Path	128
3.3.2.2 The Longer Path	129
3.3.3 Conversion to a Higher Will	132
3.3.3.1 Rapid Conversion	132
3.3.3.2 Slow Conversion.....	134
3.3.4 The Will Complex in Substance Dependence Post Conversion.....	136
3.4 The Matured Core Will.....	139
3.4.1 New Belief System	140
3.4.2 Spiritual Growth.....	143
3.5 The Higher Will – Reciprocal Intent	146
3.5.1 The Core Will ‘s Intent towards a Higher Power.....	147
3.5.2 The Experience of a Higher Power and a Higher Will	149
Chapter 4 Discussion.....	153
4.1 Introduction	153
4.2 The Will Complex in Substance Use Disorder	155
4.2.1 The First Layer – Destructive Intent of Escapism.....	155
4.2.2 The Second Layer - The Omnipotent Destructive Intent	159
4.2.3 The Third Layer - The Impotent Constructive Intent	161
4.2.4 The Absence of Spiritual Principles.....	163
4.3 The Awakening Core Will.....	165
4.3.1 Hitting Bottom	165
4.3.2 The Core Will.....	166
4.4 The Will Dynamic in Change	169
4.4.1 The Fellowship	169
4.4.2 Conversion	171
4.4.3 Longer path.....	171
4.4.4 Slow Conversion.....	172
4.4.5 Shorter Path and Rapid Conversion	173
4.4.6 Will Complex in Substance Dependence post surrender.....	174
4.5 The Matured Core Will.....	176
4.6 Experience a of a higher will	179
4.7 Summing up	182

Chapter 5 Final Products	184
Chapter 6 Conclusion	188
6.1 Summary	188
6.2 Significance	189
6.3 Strengths and limitations	192
6.4 Reflexivity	194
6.5 Validity	195
6.6 Future Research	196
6.7 Clinical Implications	197
References	199
Appendix 1 – Ethical Approval	217
Appendix 2 – Risk Assessment	219
Appendix 3 – Participant Information.....	222
Appendix 4 – Consent Form.....	224
Appendix 5 – Preparatory interview schedule.....	225
Appendix 7 – Regional Ethics Committee, Norway	227
Appendix 8 – Superordinate themes – all participants	230
Appendix 9 – Participant 2 Interview Transcript	232
Appendix 10 – Subordinate themes – from one participant	233
Appendix 11 – Excerpts all Participants.....	236

Introduction

This qualitative Final Project pertains to the constant challenge of high relapse rates in the treatment of substance dependence and to the psychological dynamics of the personal will of substance-dependent individuals. The project has investigated the phenomenon and process of transformation of the personal will from active substance dependence into long-term recovery. The context of the investigation was members of Alcoholic Anonymous (AA) self-help groups.

Substance dependence, with its related health issues, is the third highest cause of premature deaths worldwide. Considering the suffering caused and the socioeconomic costs of substance dependence nationally and internationally, interventions that contribute to reducing harm and less financial strain are urgently needed (WHO, 2015).

Psychotherapeutic interventions, individually and in groups, are frequently used in addiction treatment. Historically, the success rate in the treatment of substance dependence is low. Humphrey and Moos (2001) found a significant difference in treatment outcomes between Twelve Step Facilities (TSF) and Cognitive Behavioral Therapy (CBT), with an abstinence rate at a 2-year follow-up of 50% for TSF and 37% for CBT, a difference of 13%. In Project MATCH, (1997), the abstinence rate at the 3-year follow-up was 36% for TSF, 24% for CBT and 27% for Motivational Enhancement Therapy. This indicates a relapse rate, of 50% - 64% for these treatment models, at the time of these research projects.

The existence of a considerable body of research on substance addiction, including research to find psychologically valid interventions for motivational strategies, underscores the need for interventions to stabilize the will and intent in substance-dependent individuals in treatment for Substance Use Disorder to enable them to remain in the process of long-term recovery.

A psychological understanding of the will dynamic prior to initiation of recovery, through early recovery and into late recovery is essential to enhance psychotherapeutic interventions and treatment approaches to sustain the recovery process in the long term.

The Alcoholics Anonymous program (AA, 2001) represents a freely available, free-of-charge supplement to public health services:

“The AA Fellowship does not ... make medical or psychological diagnoses or prognoses ... provide detox, rehabilitation or nursing services, hospitalization, drugs, or any medical or psychiatric treatment ... (AA, 2015).”

According to the participants in this study, the AA fellowship, despite being devoid of health care measures, produces long-term sobriety amongst its members. Amongst the current participants, 38% achieved long-term sobriety solely due to involvement with the AA fellowship, i.e. without inpatient or outpatient intervention. This low-cost fellowship and program provides a context for personal transformation, with or without preceding or parallel primary care, that includes the transformation of the personal will of the individual through ‘working the steps’, working with an AA sponsor and by following suggestions.

Deciphering this process focusing on the dynamics of the will, with the intent of increasing positive treatment outcome, is of interest from socioeconomic, psychological and psychotherapeutic perspectives. The research objective was thus to explore the lived experience of the dynamics of personal will versus a higher power in substance-dependent individuals with long-term sobriety in the context of AA.

My personal interest in the topic, further described in the chapter on reflexivity, grew out of earlier research (Bjørnå, 2009), exploring the lived experience of TSF combined with psychosynthesis in a group setting. The findings indicated that the two therapeutic traditions had a mutually enhancing effect. From this exploration, a fascination with the interface between personal will and a higher will spurred further curiosity into this dynamic, which led me to the doctoral program.

This study explores the shifts experienced in the process of transitioning from an active addiction to lasting sobriety and the dynamic of the personal will versus a higher power in this context. The analysis and description is an attempt to document and make sense of how the participants try to make sense of their experience, through double hermeneutics of their personal will related to understanding the dynamics of the personal will versus a higher power in the AA 12-step paradigm. The data were collected through semi-structured interviews and analyzed using Interpretative Phenomenological Analysis.

The initial questions forming the basis of the exploration were: What happens to an addicted person’s subjective will when he/she decides to turn it over and surrender to a

higher power. What are the psychological mechanisms present with the perceived idea of giving a benevolent force authority over one's personal will? What are the dynamics of the will resulting from the perceived idea of an external or internal power taking authority? What knowledge can we derive from the lived experience of deciding to surrender one's will and life to a higher power?

The context for data collection is that of the lived experience of eight participants, all alcoholics in recovery who partly or mainly found sobriety through the AA 12-step program. Five of the participants entered AA following primary care, 3 from TSF, 1 from detox, 1 from a non-TSF program, while 3 participants found sobriety through the AA fellowship alone. All participants were active members of AA at the time of the interviews. The participants are by AA definition in the process of recovery and all have lived experiences of the dynamics of the personal will versus a higher power through the journey of recovery.

Four of the eight participants were women and four were men. Their ages ranged from 31 to 62 with a mean age of 45.6. Six of the participants were in long-term relationships, and two identified as single. All eight participants were native Norwegians, resident in the south-eastern part of Norway. Six participants were parents. Length of sobriety range from 2 years to 17,5 years. Seven participants were in full-time occupation and one person was on sick leave. Half of the group had used more than one type of substance. The period of active dependence varied from 4 years to 42 years, with an average of 20 years.

The study gives an account of relevant research and literature before delving into an elaborate description of the research methodology and its relevance to the research topic. The results of the analysis are presented successively. The findings are interpreted and discussed reflexively in the discussion chapter. The results of the pilot project conducted based on the research findings are included in the section on Final Products. The conclusion chapter includes awareness of validity and reliability of the findings related to ethical awareness and critical comments. Further research into this complex field is encouraged and suggested. The implications for clinical practice and psychotherapeutic interventions are discussed.

Chapter 1 Literature Review

1.1 Literature Review – introduction

The existence of pathological substance dependence is a worldwide challenge and huge economic resources are poured into research to find effective treatment (NIDA, 2015). A wide array of disciplines, each approaching substance addiction from their chosen epistemological position, have attempted to understand the complex of substance dependence and abuse. In the last 60-70 years, researchers have generated a significant amount of research, the bulk of which comes from a positivist position, producing evidence-based research mainly representing the mainstream psychological field.

From this abundant body of research, I will review the literature relevant to the research question to contextualize the research and findings, focusing primarily on research on Alcoholics Anonymous (AA) and the 12-step treatment of Substance Use Disorder (SUD). The rationale for this is that this is a study that is concerned with understanding the meaning of a particular phenomenon taking place within the 12-step paradigm. In creating an adequate context for the research question, I will start by presenting Alcoholics Anonymous as the holder of the treatment paradigm within which the research question and research participants reside.

As I was trained in the psychotherapeutic tradition of psychosynthesis, within the domain of transpersonal psychology, I continue by reviewing transpersonal psychology, which is the natural choice and the main theoretical mode used in the analysis and will hence be the main epistemology used in the discussion. Additionally, to situate my research within contemporary debates, transpersonal psychology is presented in this literature review to clarify my epistemological standing. Transpersonal psychology is contrasted with mainstream psychology in the literature chapter where insofar as literature was available.

As the central topic and basis of the study is substance addiction, it is central to the study and to the literature review to include definitions and views of substance addiction from different perspectives. I therefore continue by giving current definitions of substance addiction and then reviewing four different approaches that seek to understand and explain substance addiction. These are; the disease perspective, the different perspectives

of the 'will' in substance addiction, the transpersonal perspective and Alcoholics Anonymous' perspective on alcoholism. The research question is concerned with the dynamics of the will and thus with research and literature on the phenomenon of the will related to addiction from the above perspectives. It was considered crucial to include a detailed description of the differing views on the phenomenon of the will in view of the ongoing, heated, century-long debate on the nature of the will.

Integral to the research question is also the phenomenon of surrender (AA, 1939), which is an intrinsic part of recovery in the 12-step program. The paradox of surrender, also described as letting go of control to gain control, has been and is being researched as its significance has gained momentum. Literature related to this research is also included in the review.

My research and work with the literature reviewed has revealed a lack of knowledge of the personal will in relation to a perceived higher will from the point of view of substance dependent individuals in recovery. The current study may generate further questioning and understanding in the area of the dynamics of the will in the treatment of SUD in general and in the 12-step paradigm in particular.

1.2 Alcoholics Anonymous

1.2.1 AA background and function

Alcoholics Anonymous (AA) and the 12-step program is the context of this study, which investigates the dynamics of the subjective will versus the concept of a perceived higher power. Since its inception in 1935 in Akron, Ohio, Alcoholics Anonymous has grown to have enormous outreach worldwide. According to the AA Fact File (AAFF, 2015), AA has 115 326 fellowship groups, with an estimated membership of more than 2 million people across 175 countries.

Bill Wilson and Dr. Robert (Bob) Smith founded Alcoholics Anonymous as a fellowship for the sole purpose of helping fellow alcoholics to become sober and live a better life. Wilson and Smith were initially members of a Christian congregation called the Oxford Group. Although the spiritual aspect of the 12-step program came from this organization, Bill Wilson and Bob Smith chose to separate from it by 1937. Alcoholics Anonymous as an organization consists of its members and *is* its members.

AA operates by senior members taking turns in arranging weekly fellowship meetings, open to anyone who wants to stop drinking. AA has closed meetings just for members, but also regularly holds open meetings for anyone interested in learning more about AA. AA has no membership register and does not require payment, but accepts small donations from its members. The meeting structure is simple, and serve as the context and frame for the recovering alcoholic to build a new network, learn and find support.

AA has stayed loyal to its core principles, constituting the 12-steps, the 12-traditions and the 12 concepts. The 12 steps, the core agents of the program, will be described under the heading 'AA Change Mechanisms' below. The steps were developed to facilitate a change of life through personal development through certain stages. The 12 traditions were developed in 1946 to secure the continued anonymity and unity of its members and prevent the organization from becoming corrupted by economic or political power interests (AA, 2015).

The 12 concepts for World Service were included in 1971 to guide the international AA community in their conduct of world service “to help ensure that various elements of AA’s service structure remain responsive and responsible to those they serve” (Big Book, 2001: 574). Still today, in 2015, the AA fellowship is a free-of-charge, non-religious, non-political and non-profit organization.

AA has existed side by side with the many treatment facilities who have adopted the 12-step program and that are often confused with AA, but that are not AA. These facilities are treatment providers who apply the 12 steps in treatment, and in many cases combined with academic competency. In 1946, the Hazelden Foundation (Minnesota) was the first institution to co-work with AA as a residential treatment center. Today, the Hazelden Betty Ford Foundation and other 12-step facilities worldwide combine the expertise of the lived experience of recovering from alcoholism and the academic competency of psychologists, psychiatrists, medical doctors, nurses, nutritionists, physiotherapists and spiritual advisors. This study is mainly focused on the context of the AA fellowship, even though three of the eight participants did receive 12-step inpatient treatment parallel to initiating membership in AA.

[1.2.2 Research on AA 12-step attendance and outcome](#)

Research on the different aspects of membership in Alcoholics Anonymous and the effect of the 12-step program applied in the fellowship and in 12-step facilities comprises an impressive number of research reports and articles. One of the most significant compilations of research on AA is found in ‘Research on Alcoholics Anonymous and Spirituality in Addiction Recovery’ in *Recent Developments in Alcoholism*, Volume 18, edited by Marc Galanter and Lee Anne Kaskutas (2008). This impressive volume is co-authored by 35 merited researchers in the field of addiction. This volume will be a main source of reference when it comes to influential research on AA.

In each section of the above volume, the authors draw on multiple researchers. The topics covered in the compilation range from the historical context of AA (Kurtz, 1999) to the impact of AA on professional treatment (Slaymaker & Sheehan, 2008) and on 12-step facilities (Laudet, 2008) and non-professional recovery programs (Polcin & Borkman, 2008).

The volume also includes an extensive elaboration of research on spirituality in AA (Zemore, 2008) and the concept of spirituality in addiction recovery (Galanter, 2008), studies on measuring spirituality and religiousness (Johnson & Robinson), spirituality and health (Pearce, Rivinoja & Koenig, 2008) and research on spiritual change in recovery (Connors, Kimberley, Walitzer & Tonigan, 2008).

A significant section is included on the epidemiology of AA participation (Kaskutas, Yu Ye, Greenfield, Witbrodt & Bond, 2008) and it also covers effectiveness and outcome research (Tonigan, 2008), on special populations (Timko, 2008), the influence of self-help groups (Moos, 2008) and contextual factors (Bogenschutz, 2008). Each section contains references to multiple relevant studies documenting the extent of existing research. The overview presented in the compilation of Galanter and Kaskutas (2008) is not exhaustive of existing research on AA but is a good representation. Other research and more recent research on AA is of course also included in this literature review. The above paragraph demonstrates the breadth of research devoted to understanding Alcoholics Anonymous and the 12-step program. Although acquainted with all sections of the above research, I have selected some areas that are more closely connected to this study and these include research focusing on outcome.

With regards to the efficacy and outcome of AA and the 12-step program, interest in measuring the effectiveness of this low-cost and widely available fellowship is rising. However, measuring outcome and effectiveness has not been a straight-forward procedure. One of the reasons for this is that there are secondary cost benefits to AA participation, as Humphrey and Moos (2006) revealed in their study of health-related costs. At a 3-year follow-up of individuals who attended the AA fellowship, health-related costs were found to be significantly lower than at the time the individuals initiated their behavioural change.

Humphrey and Moos also found at the 1-year follow-up that the 12-step therapy was 'associated with 64% lower mental health care costs than cognitive behavioral therapies' (Tonigan, 2008, p.349). Additionally, we need to discriminate between AA fellowship attendance and 12-step therapy as offered through formal 12-step treatment facilities. As participants to research projects have been recruited from treatment facilities, the question of bias has been raised, but 'bi-directional migration' has been found to occur between the

AA fellowship and formal 12-step treatment of SUD (Timko et al., 2000, Fiorentine & Hillhouse, 2000, Bugenschutz & Tonigan, 2007).

Another aspect of measuring outcome is that meta-analyses are produced nomenclaturally at the cost of idiosyncratic dimensions of the AA groups, giving a low correlation between participation with AA and abstinence (Emerick et al., 1993). Research conducted by Moos (2006) with a more idiosyncratic design detected that the variety in the intrapersonal dynamic across AA groups had an influence on the outcome, as has screening out users with polysubstance use, jeopardizing the validity of outcome (Tonigan, 2008).

Until recently, the absence of long-term studies of AA affiliation has not caught the fluctuation in AA-group attendance. More importantly, a 3-year and 10-year follow-up study in Project MATCH amongst people who discontinued attending AA-meetings found that they had continued AA practices such as prayer and meditation, reading AA literature and sponsoring, and helping AA members (Project MATCH, 1997a).

Still, with the above backdrop, the efficacy of the AA 12-step treatment of addiction is evidenced in multiple studies (Humphrey & Moos, 1996, 2007, Tonigan, 2003, McKeller et al., 2001, Connors et al., 2003, Weiss et al., 2005). Due to the word limitation of this study, I will give two representative examples.

An important reference is Project MATCH, a large-scale randomized and multi-site study comparing three methods of alcohol treatment: Cognitive Behavioral Therapy (CBT), Twelve Step Facilitation (TSF), and Motivational Enhancement Therapy (MET), at both 1-year and 3-year follow-up. The sample comprised 952 outpatients and 774 aftercare inpatients. At the 3-year follow-up, the abstinence rate was 36% for TSF, 24% for CBT and 27% for MET (Project MATCH Research Group, 1997).

Timko conducted a study of patients undergoing professional treatment with and without AA meetings. The 1-year follow-up showed an abstinence rate of 42% with AA Fellowship attendance and 20.6% without, and the 3-year follow-up showed a rate of 50.9% with AA and 25.9% without (Timko et al., p.70, 2000).

It is worth mentioning that extensive studies have taken place investigating the relationship between specific population groups and AA attendance, for example women, teens, elders, the disabled, ethnic and racial groups and double diagnostic participants (Timko et al. 2002,

Timko & Sempel, 2004) demonstrating the width and depth of research on the effect of AA attendance.

This review of attendance related to outcome places AA attendance on the map of significant contributions to recovery, gives validity to the 12-step program as an important therapeutic tool for substance recovery and points to the positive long-term effect of AA attendance. The current study adds perspective to the long-term effect of AA attendance by including a view on the long-term dynamics of the will.

1.2.3 Spirituality versus religiousness

As this study investigates the dynamics of the personal will versus a higher power in a spiritual context, I find it important and relevant to include how spirituality versus religiousness is understood in order to clarify what are seen as the commonalities and what the main differences are. This is a topic often returned to in the criticism of AA, claiming it to be a religious organization (Zemore, 2008).

Over the past few decades, the link between religiousness or spirituality and our health has been the subject of increasing interest, and scales have been invented to measure the level of spirituality, the effect of religion and spirituality and health benefits, and research on spiritual conversion (Paloutzian et al., 1999; Snow & Machalek, 1984). Hill and Pargament stated more than ten years ago that “already, there is evidence that religion and spirituality are distinctive dimensions that add unique explanatory power to the prediction of physical and medical health” (2003:72).

William James (1902), often referred to as the father of modern psychology, distinguished experienced religion from institutional religion and as such placed both alternatives under the umbrella of religion. Later research has attempted to distinguish spirituality from religion, with the latter being described as “a fixed system of ideas or ideological commitments” while spirituality is referred to as “subjective and personal experiences of a religious character” (Hill & Pargament, 2003: 71). In an earlier study, Pargament (1997, 1999) described spirituality as the search for the sacred and the intent to arrange one’s life around what is held as sacred.

In general, what seem to be joint concerns in spirituality and religiousness are the meaning of life; what is sacred and divine; other realities and the effort to connect to non-physical realities and to become a better person. The seeking for the sacred is the common denominator that 'distinguishes religion and spirituality from other phenomena' (Hill & Pargament, 2003, p.65). The most central concept held as sacred in religion and spirituality is to know God, however one understands 'God' (Kass et al., 1991).

Turning to what seems to be the main differentiation between the two concepts, spirituality is concerned with individual experiences and values and religion is concerned with the beliefs and practices of a specific group (Johnson & Robinson, 2008).

Other researchers find spirituality to be personal, while religiousness is related to groups, a division that seems to the researcher to be artificial and unfortunate as it creates a polarization between these concepts. In reality, these phenomena may be closer to each other as both can be personal or group-related. This is in particular pertinent to AA where spirituality is practised individually and in groups (Zinnbauer & Pargament, 2005).

1.2.4 Spiritual emphasis in AA

This review of the spiritual emphasis in AA in turn gives clarity to the concept and experience of a perceived higher power in the context of the AA paradigm. Having separated the understanding of religious versus spiritual, I will present the fundamental spiritual underpinnings of AA and the 12-step program. These underpinnings require reviewing to pinpoint exactly what is understood by spirituality in the context of AA. It is also pertinent to review AA's understanding of spirituality to place the AA beliefs system and philosophy in relation to theories of transpersonal psychology as the epistemological position of this study.

AA has a spiritual foundation without seeing themselves as a religious movement, transpersonally grounded in a spiritual but non-religious belief system. The spiritual roots of AA come from the founders Bill Wilson's and Bob Smith's own recovery and help received from the non-alcoholic fellowship of the Oxford Group, which encouraged what they saw as

universal spiritual values in daily living. These consisted of the absolute moral standards of honesty, purity, unselfishness, and love (White & Kurtz, 2008).

Inspired by the Oxford Group's belief system, Bill Wilson and Robert Smith founded the program of the 12 steps of recovery that is central to AA activities, as well as the 12 traditions as mentioned (Kelly & McCrady, 2008). The main influential manuscript in AA is the Big Book, which contains the beliefs and definition of their view of spirituality, referring to James' lectures on the "Varieties of Religious Experience"(1902). James described how the discovery of God can take multiple forms and AA adds that all cultural expressions of belief are welcome:

"We have no desire to convince anyone that there is only one way by which faith can be acquired. If what we have learned and felt and seen means anything at all, it means that all of us, whatever our race, creed, or colour are the children of a living Creator with whom we may form a relationship upon simple and understandable terms as soon as we are willing and honest enough to try. Those having religious affiliations will find here nothing disturbing to their beliefs or ceremonies. There is no friction among us over such matters" (AA, 2001: 28).

The view and definition in AA of a higher power, as described below, is essentially an open and including concept:

"Much to our relief, we discovered we did not need to consider another's conception of God. Our own conception, however inadequate, was sufficient to make the approach and to effect a contact with Him. As soon as we admitted the possible existence of a Creative Intelligence, a Spirit of the Universe underlying the totality of things, we began to be possessed of a new sense of power and direction, provided we took other simple steps. We found that God does not make too hard terms with those who seek Him. To us, the Realm of Spirit is broad, roomy, all-inclusive; never exclusive or forbidding to those who earnestly seek. It is open, we believe, to all men" (AA, 1976: 46).

A keyword in the above definition is 'all-inclusive' in that no-one, despite previous acts and history, is excluded, which is a fundamental principle in AA. Following on from this Robinson and Johnson (2008) and Connors, Galanter and Pearce (2008) in their research on

AA and spirituality, where they attempt to give a definition of spirituality within AA, claim that AA spirituality is characterized by a vague all-inclusiveness.

Tonigan et al. (1999), on the other hand, found in their research that there are five spiritual beliefs that are predominant in AA. Firstly, there is the notion of a 'higher power'. Secondly, that one must develop a personal relationship with one's higher power: This can be done in one of three ways, either collaboratively with the higher power, more passively awaiting help from the higher power, or more self-directing with less emphasis on the higher power.

The third spiritual belief is that of mysticism, a belief in miracles, and that these are not random events but part of an unfolding of a larger purpose. The fourth belief he notes is that of renewal, meaning that the recovering alcoholic must go through all the steps already worked through, - every day. Dismissing daily rituals is believed to cause the contact with one's higher power to dissipate. The fifth spiritual belief described is that of discord, seen as incongruence with the plan of the higher power, e.g. through feeling disharmony or anger.

Spiritual practices in AA included prayer and meditation, the disclosing of misdeeds to ones higher power, oneself and another person, the development of personal relationships, and that of service to the unity within AA. Another important practice was carrying the AA message to suffering alcoholics (Brown & Peterson, 1991).

The subjective experience of spirituality in AA was investigated by Connors, Walitzer and Tonigan (2008), who found that certain qualities connected to experiencing spirituality were significant for recovery. These were the qualities of humility, serenity, gratitude, hope and forgiveness. The quality of humility was connected to admitting powerlessness and misdeed, and serenity was experienced as the feeling of tranquillity, contentment, affection and inner peace. Gratitude was experienced as the recognition of God's grace in giving a sober life. Hope was interestingly associated with the will and the willpower to overcome difficulties, and was found to function as a recovery agent through wishes and visions. Forgiveness was experienced as an important way out of destructive anger, facilitating understanding and compassion for another, but most importantly compassion for oneself. Cook (2004) found that spirituality in AA is experienced as being of fundamental

importance and concerned with “matters of meaning and purpose in life, truth and values” (p. 549).

The notion of a higher power is the most central concept in AA philosophy. The 2nd step suggests that this power greater than ourselves is able to restore us from the insanity of alcoholism. The 3rd step also states “... turn our will and lives over to the care of God”, indicating in both the 2nd and the 3rd step a will higher than our own. Furthermore, steps 5, 6 and 7 say that “God as we understood Him” is capable of listening and has the power to remove the defects and shortcomings of our character (AA, 1939: 59). The phrase “God as we understood Him”, holds the possibility of forming an individual understanding of a higher power. The experience of a higher power will vary from person to person and is a wide concept in the spiritual foundation of AA.

1.2.5 Change mechanisms in AA

One important argument supporting this study is that acts of will as an alcoholic prior to and during recovery constitute a core issue and determining factor when it comes to failure or success in staying in a process of recovery. The review of current research on what is seen as the main change mechanisms of AA will guide the reader to situate the results of the study and its relevance as new knowledge on change mechanisms in AA.

Researchers see change mechanisms in the 12-step treatment as partly AA-specific and partly common factors in behavioural change. Some of the more common factors are maintaining motivation, self-efficacy and coping skills. (Kelly et al, 2009). Adding to the common factors, Gorski sees recovery from substance addiction as a developmental process of growth in several stages: “1. Transition, 2. Stabilization, 3. Early recovery, 4. Middle recovery, 5. Late recovery and 6. Maintenance” (1989, p.5). The first of Gorski’s six stages corresponds to the more AA-specific change mechanism in the first 3 steps of the AA 12-step program. These are seen to lead to recognition of the loss of control over alcohol and facilitate the paradoxical experience of letting go of control in order to gain control, a phenomenon also called surrender. The change mechanism of surrender is the most significant element in AA program and will be reviewed under the next heading.

Research in the last few decades on spirituality related to substance dependence has gravitated towards attempting to understand the link between spirituality and health benefits. Within the context of the AA paradigm, some of the areas found to promote constructive change, recovery and wellbeing are having social support and having a sense of purpose and meaning. Further healthy spiritual practices and rituals integral to AA and the cultivation of resources are central change mechanisms (Pearce, Rivinoja and Koenig, 2008).

In general, research on social support through religious involvement and service attendance is shown to offer a higher quality of support socially, relationally and instrumentally (Ellinson & George, 1994). It also shows that there is a clear correlation between “social support and measures of religion and measures of health” (Pearce et al., 2008: 216). AA, by means of spiritual involvement, offers social support in what is experienced as a jovial fellowship, encouragement to connect with a sponsor for guidance to develop a relationship to one’s higher power. This serves as a way out of loneliness into a fellowship founded on mutual vulnerability, acceptance and humility (Vanier, 1989). This shared vulnerability is believed to be an important key to recovery in AA (Kurtz, 1975). In learning to depend on the fellowship, a healthy dependence is taught and with it conceptions of good through “justice, generosity, pity and beneficence” (Pearce et al.: 197, 2008, McIntyre, 2002).

Entering into the AA fellowship or a 12-step treatment facility for most alcoholics means experiencing loss. There is a loss of the illusion that one can manage oneself, loss of invincibility, loss of illusion and identity as a non-alcoholic, along with consequences of the conduct of addict life, such as the loss of social network, economy, health and meaning.

McIntosh et al. (1993) found in their study that parents who lost an infant to sudden infant death syndrome, they found that religious beliefs and religious attendance gave health benefits by reducing distress. Their study puts the belief system of AA into perspective and underpins and gives context to the notion of a higher power as an important change agent in the 12-step program. The belief in a higher power is found to contribute to instilling hope, woven into the narrative component of the fellowship and serving as “active reinterpretation” to “re-learn their exact place” (Pearce et al., 2008: 199). The narration of the senior members of AA, creates hope through their shared stories of recovery, which

underline the importance of the higher power in having facilitated their change, and for new-comers to find hope and meaning in witnessing that recovery is possible.

Spirituality typically promotes altruism and the employment of a loving conduct towards others in every intent. Studies have revealed that helping others causes the helper to live longer than those who do not help others (Ironson et al., 2002). The compassionate attitude is found to give “a protective effect on mental health” (Steffen & Masters, 2005, p.203). In the AA program, the 12th step gives directions to live altruistically and with compassion: “...we tried to carry this message to alcoholics, and to practice these principles in all our affairs.” (AA, 2001, 4th ed.).

In addition to having an altruistic lifestyle and living with compassionate intent, the act of forgiveness and cultivating humility are seen as contributing factors to change in recovery. McCullough (2001) found that being capable of forgiving generates several health effects physically and mentally, evidenced partly in fewer stress hormones. Forgiving is an integral part of the 4th step; “made a searching and fearless moral inventory”, (AA, 1939: 59), where the inventory includes seeing what one did wrong.

Underlying the spiritual program is the recognition and acceptance of what are termed “character deficits”, and according to the Big Book (1976) one of the main flaws in alcoholic conduct is selfishness or self-centredness. The central quality cultivated as an antidote to selfishness is humility. The Twelve Traditions formulate the role of humility this way: “the attainment of greater humility is the foundation principle of AA’s Twelve Steps. For without some degree of humility, no alcoholic can stay sober at all (AA, 1981, p.58).”

The act of daily prayers, together with daily self-reflection and review, is here a central change agent for the process of recovery. Forgiveness is then sought from the higher power through prayer. Turning our gaze towards the 12 steps, the 5th step reads: “Admitted to God, ourselves, and another human being the exact nature of our wrongs”, leading to the next and 6th step: “Were entirely ready to have God remove all these defects of character”. The 7th step effectuates forgiveness: “Humbly asked Him to remove our shortcomings” (AA, 2001, 4th ed.: 59). Humility is also implicit in the 1st step, ‘We admitted that we were powerless and unable to manage our lives’, where humility is seen as a crucial facilitating factor enabling the process of recovery to initiate and unfold.

Below are the 12 steps of AA presented with the essential themes and aimed therapeutic outcome in the recovery process (Kelley & McCrady, 2008):

Table 1: The 12-steps (AA, 1939)

The Steps	AA Theme	Therapeutic Outcome
1. We admitted we were powerless over alcohol, that our lives had become unmanageable.	Honesty	Sense of relief and liberation
2. Came to believe that a Power greater than ourselves could restore us to sanity.	Open mindedness	Instillation of hope
3. Made a decision to turn our will and our lives over to the care of God <i>as we understood Him</i> .	Willingness, Surrender	Self efficacy
4. Made a searching and fearless moral inventory of ourselves.	Self-assessment and appraisal	Insight/Self awareness
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.	Self forgiveness	Reduced shame and guilt
6. Were entirely ready to have God remove all these defects of character.	Readiness to change	Cognitive consonance
7. Humbly asked Him to remove our shortcomings.	Humility; readiness to change	Cognitive consonance
8. Made a list of all persons we had harmed, and became willing to make amends to them all.	Taking responsibility and forgive others	Peace of mind
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.	Restitution of Others	Peace of mind; self esteem
10. Continued to take personal inventory and when we were wrong promptly admitted it.	Emotional balance	Affect self-regulation
11. Sought through prayer and meditation to improve our conscious contact with God, <i>as we understood Him</i> , praying only for knowledge of His will for us and the power to carry that out.	Connectedness and emotional balance	Self-awareness; psychological wellbeing
12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.	Helping others achieve recovery	Enhanced self-esteem and mastery

1.3 Surrender

At the core of this study, and the innermost mystery of the 12-step program, lies the phenomenon of surrender. Not surrender in any and every variation, but surrender in relation to recovery from alcoholism and substance dependence in general and the surrender to a higher power in particular. This section undertakes the challenge to review research on the phenomenon of surrender, and then surrender as an integral ingredient to recovery from alcoholism in AA, to elucidate the relationship between the phenomenon of surrender and the phenomenon of the will in this context.

1.3.1 The phenomenon of surrender

Spiritual transformation, also called ‘conversion experience’ or ‘surrender’, caught interest in the psychological domain in the late nineteenth century (Starbuck, 1899, James, 1902). The reason for this interest is the radical personal change a spiritual transformation engenders. Historically, surrender has had religious connotations, famously in William James’ *Varieties of Religious Experience*, 1902. He describes the shift in the sense of being and of consciousness by explaining:

“In this state of mind what we most dreaded has become the habitation of our safety, and the hour of our moral death has turned into our spiritual birthday. The time for tension in our soul is over, and that of happy relaxation, of calm deep breathing, of an eternal present, with no discordant future to be anxious about has arrived. Fear is not held in abeyance as it is by mere morality, it is positively expunged and washed away.” (1902: 186)

James (1902/1963) distinguished between two types of surrender, one being ‘self-surrender type’, with a dramatic and rapid conversion, and the other being ‘will-type’, driven by contemplation and cognitive reflection over time. He understood surrender as a phenomenon where central and dominating belief systems change, restructure and are replaced by spiritual belief systems. Later research has found that whether a sudden or a gradual experience it can be equally profound (Emmons & Paloutzian, 2003). James had a clear notion of the permanence of the effect of spiritual experience when he concludes: “As

a matter of fact, all the more striking instances of conversion, all those, for instance, which I have quoted, have been permanent” (James, 1902/1985: 357). And he went on:

“To be converted.... gradual or sudden, by which a self hitherto divided, and consciously wrong inferior and unhappy, becomes unified and consciously right superior and happy, in consequence of its firmer hold upon religious realities.” (James, 1902: 186).

James (1902) argued that conversion typically depended on two psychological conditions: (a) an outlook of *“brooding, depression, morbid introspection”* (p. 164) and (b) a sense of powerlessness that leads to self-surrender.

For Maslow, the phenomenon of ‘surrender’ or ‘conversion’ and transcended experiences were central to his studies on peak experiences and explicitly described (Bevacqua & Hoffman, 2010). He saw the therapeutic potential as enormous and the effect disproportionate with the length of the spiritual experience, as he explained:

“A single glimpse of heaven is enough to confirm its existence even if it is never experienced again. It is my strong suspicion that even one such experience might be able to prevent suicide, for instance, and perhaps many varieties of slow self-destruction, for example, alcoholism, drug addiction, addiction to violence, etc.” (Maslow, 1970: 75)

From a psychosynthesis view, surrender is understood more in the direction of gradual insight and acceptance of the various obstacles to a persons expression of life, or more abrupt awakenings as a consequence of a life crisis (Assagioli, 1965).

Succeeding James and Maslow, many researchers have studied ‘surrender’ to understand more about what it entails, unrelated to addiction (Falb & Pargament, 2012, Moze, 2009, Pargament & Mahoney, 2004, Hill & Pargament, 2003, Rambo, 1999, Paloutzian, 1981, Hidas, 1981). Other researchers have dismissed the phenomenon of ‘surrender’ as a dysfunction and an expression of maladaptive functions mistaken for submission rather than transformation (Ellis, 1980). Baumeister and Exline (2002) approach the phenomenon and psychological challenge of surrender as what they term Mystical Self Loss.

Hidas (1981:30) sees surrender as a consequence of a crisis: *“Surrender comes over one in a wave, when reason, will, and knowledge are no longer adequate to sustain self-directed life”*, while Rambo (1993) describes surrender and the subsequent conversion as an inner process of commitment. Adding to the notion of commitment, Wong-McDonald & Gorsuch

(2000) found surrender to be an active choice, to hand one's will over rather than a passive waiting to discover God's will. Further, in their research, surrender is seen as a continuous choice, to choose a higher will over one's own will and give up what one wants when it is discordant with God's will.

Can surrender experiences be predicted? According to Kirkpatrick, insecure and anxious individuals are more likely to seek a connection with God and to have had a conversion experience. Here conversion is understood as 'God' becoming an attachment figure and external unifying centre (Kirkpatrick, 1997, 1998).

Most research on surrender has focused on ways to measure the effect on well-being and the experience of meaning and life-enhancing effects of the phenomenon. Paloutzian (1981) hypothesized that the experience of meaning would be increased in converts versus non-converts, and his research findings support the notion of a heightened experience of purpose in life among converts. The significant changes observed resulting from gradual or rapid conversion are changes in identity, values and meaning making (Emmons & Paloutzian, 2003).

Rapid conversion was found to entail a stronger dynamics with more stress and inadequacy pre conversion and stronger growth in competency. A higher frequency of spiritual experiences post conversion was also found compared to the gradual converts (Zinnbauer & Pargament, 1998).

C'de Baca and Wilbourne, (2004) have over the last twenty years investigated what they termed 'Quantum Change' experiences, in one study by interviewing 55 individuals (31 females, 24 males) about sudden personality transformations. Quantum Change seems akin to what James (1902/1963) referred to as "rapid conversion". Their findings show a significant improvement in life quality following a quantum change experience. In the follow up 10 years later (30 out of 55 participated), they found by using the Values Card Sort (Rokeach, 1983) that "God's Will" still had a high ranking value. In their 20-year follow up, the life-enhancing effect of the Quantum Change had been lasting for the majority. In their selection of participants, participation was open to anyone having experienced a sudden transformation and the study thus indicates that conversion experiences exist on a broader scale in any given population, mystical and non-mystical.

The effects experienced were reported as *“relief from fear, depression and anger, relief from destructive behavioral patterns, a deepening or healing relationship”* (C’de Baca & Wilbourne, 2004: 532). The experience of trust and self-actualization were also central to the participants’ experiences. One interesting point in their study was that participants described an openness prior to their experience, and the authors speculate whether *‘transformational change calls on willingness’* (p.539).

1.3.2 Surrender and Alcoholics Anonymous

Ironically, the word ‘surrender’ resurfaces as the original meaning of ‘addiction’. The word ‘addiction’, from Latin *addicere*, means being devoted or *“a state of being surrendered (devoted) to something habitually”*. (Köpetz et al. 2013: 4). However, this study looks at surrender from the opposite position, i.e. surrender as a powerful agent of change.

The AA-specific change mechanism of surrender, which signifies important shifts in personal development when recovering with the 12-step program, (Dyslin, 2008, Piedmont, 2004, Forcehimes, 2004, Brown, 1985, Tiebout, 1953) constitutes a main contribution (Speer & Reinert, 1998) to what is seen as the spiritual transformation recovering alcoholics experience in AA. The expected and needed transforming experience of surrender is described in the AA literature as experienced by members of AA:

“The fact is just this, and nothing less: That we have had deep and spiritual experiences which have revolutionized our whole attitude toward life, toward our fellows, and toward God’s universe” (AA 2001:25).

The experiences of surrender in the AA 12-step treatment are closely related to the third step: *“We made a decision to turn our will and our lives over to the care of God as we understood Him”* [italics in original] (AA, 1953). In the 1940s, the psychiatrist Henry Tiebout (1949), inspired by AA, considered surrendering to be a key factor in recovery from alcohol addiction. He claimed that surrendering comprise four equally important phases: accepting one’s limitations, giving up control to a higher power, a transition from negative and aggressive affect to positive emotions and attitude, and having a sense of unity within the world. He later proposed that the addict needed to give up his selfish and egotistical

behaviour and have the experience of being humbled, helpless and “hitting bottom” to be able to let go of control (Tiebout, 1952:58).

Connecting to the wording ‘to turn our will and our lives over’, Berenson (1987) characterizes surrender in AA to be an act of “giving up willfulness in favor of willingness” (p.28). This signifying a letting go of control of willpower, in the sense of being self-sufficient and headstrong, and instead becoming open to a higher power, his view finding proximity to Tibout’s view.

Reinert et al. (1994) set out to measure the correlation between narcissism and surrender amongst AA 12-step participants to attempt to predict outcome and developed the Surrender Scale to measure degrees of surrender (Reinert, 1997). It was found that the level of surrender increased over the course of treatment for inpatients, indicating a process over time (Speer & Reinert, 1998), pointing to a gradual surrender.

In an attempt to measure the change following surrender, Piedmont created the Spiritual Transcendence Scale to operationalize the construct of surrender and conversion. He sees transcendence as a consequence of surrender and describes it as:

“a capacity to stand outside of their immediate sense of time and place and to view life from a larger, more objective perspective. This transcendent perspective is one in which a person sees a fundamental unity underlying the diverse strivings of nature.” (Piedmont, 1999: 988)

Piedmont found three overall factors that characterize transcendence: Prayer Fulfilment, the experience of Universality and the experience of Connectedness. Through the measurement constructs of Reinert and Piedmont, we can learn about predictors to the outcome of treatment. What the above tools and correlations do not explain is how the dynamics of the will are influenced (Piedmont, 2004).

Pearche, Rivinoja and Koenig, 2008, suggest that surrendering is an ongoing process initiated by the ritual of presenting oneself at each AA meeting, saying ‘my name is..., I am an alcoholic’ to remove pride and give room for humility. It is seen as a necessary humbling statement to pave the way for “the admission of their condition” to prepare for “further acts of surrender” (p.202) with the aim of living “less by their own will and more according to God’s will” (p.202).

Ford et al. found in their narrative inquiry of the impact of surrender that surrender is mirrored in the choice of words and phrasing. They saw that as users became more future-oriented, the interviewees tended to refer to themselves in the first person and say 'I' instead of 'you' in the third person, mirroring an ownership and personal responsibility related to their recovery. (Ford et al., 2013)

The above research findings confirm the importance of surrender as a change agent, but none addresses the correlation between the experience of surrender and the will. In reviewing research on surrender, I have not encountered research on the phenomenon connected to how conversion influences subjective will in the AA program or what part will has in the occurrence of the experience of 'surrender' as part of the 12-step recovery program. This vacuum in the research field in this context points towards the need for the current study.

1.4 Transpersonal theory

Having been schooled in the transpersonal psychotherapeutic tradition of psychosynthesis and holding a transpersonal epistemological view, I wanted to review the diverse field of transpersonal psychology and its theories to guide the reader to place the study within the transpersonal paradigm.

The field of transpersonal psychiatry and psychology is concerned with facilitating development and healing on all levels, including in the transpersonal domain. Scotton claims that *"It extends the standard biopsychosocial model of psychiatry to a biopsychosocial-spiritual one"* (Scotton et al., 1996: 4).

Scotton, one of the three editors of the encyclopedic *Textbook of Transpersonal Psychiatry and Psychology* (1996), with contributions from 29 merited transpersonal scholars, positions transpersonal ontology within the first few pages by stating the interest in *"human consciousness that is transpersonal experience"* in contrast to having an affiliation with *"any one religion"* (p.5). The editors emphasise their view of the term religious as referring to group activities connected to *"specific contents and contexts that contain some transpersonal element."* (Scotton, 1996: 4), whereas the term spiritual is concerned with

“the realm of the human spirit, that part of humanity that is not limited to bodily experience”. The spiritual, they write, addresses *“all human experience beyond the ego level, includes spiritual experience but also includes embodied human experience of higher levels.”* (Scotton et al., 1996: 4).

Transpersonal psychology and research is conducted by transpersonalists from a variety of perspectives, with diverging theoretical emphasis and cultural diversity. However, united by the underlying concept of a unifying, universal benevolent force underlying the totality of our existence. As described later in this chapter, the last couple of decades have brought new developments and perspectives to transpersonal theory.

1.4.1 Historical background and epistemology

One of the first to use the term “transpersonal” was William James in 1905, but used the words religion and transpersonal interchangeably. James is seen as the father of transpersonal psychology, and his works *Principles of Psychology* (1890) and *The Varieties of Religious Experience* (1902) are still monumental and frequently referred to in research literature. James conveyed his view of the centrality of our spiritual nature in his statement:

“To the psychologist the religious propensities of man must be at least as interesting as any other of the facts pertaining to his mental constitution.” (James, 1902: 6)

Transpersonal psychology, announced in 1968 as the fourth force, after psychoanalysis, behaviourism and humanistic psychology, emerged as a distinct field in the 1960s, expanding the psychological domain:

“Transpersonal psychology was to be a reflective, scientific-minded approach to matters traditionally considered religious or spiritual.” (Scotton et al., 1996: 11)

Transpersonal psychology is thus concerned with development beyond the average and conventional individual levels in the perspective of a developmental continuum, not restricted to a few elevated individuals, but available *“in all cultures, with widely varying content and context”* (Scotton, 1996: 4)

William James' writings on psychological deliberation and the foundation he laid for psychology in the western world is unrivalled, and his written material has had a momentous impact. In this section I will address the contributions of particular interest to the context of this study, i.e. James' contribution to the formation of transpersonal theory.

James was one of the first to legitimize spiritual experience and laid the foundation for a scientific approach to spiritual experience. Ryan (2008) elaborates on James' "*definition of true science and his refutation of materialism*" (p. 20), which was founded upon his life-long "*transcendent interest*" in the extraordinary and supra-conscious. In *The Varieties of Religious Experience*, (1902), James described his pursuit of an empirical scientific approach in his accounts of extraordinary experiences of altered consciousness. In James' writing on religious experience, Ryan argues that we find "*a full articulation of the modern transpersonal worldview*" (Ryan, 2008: 26).

Ryan sees James' main contributions as acknowledging materialism as limiting in both philosophical and scientific terms, demonstrating acceptance of spiritual life as valid and valuable, and further consciousness as holding the potential to achieve extraordinary states and experiences. He contended and pragmatically argued for a spiritual realm or "*the reality of the unseen*", and as current psychology research is discovering (Koenig, 2015, Koszyki et al., 2014, Pearce & Koenig, 2013, Hodge, 2006, Hook et al., 2010, McCullough, 1999; Pargament, 2007, Smith, Bartz & Richards, 2007), he made the connection between profound spiritual experience and improved psychological health.

According to Taylor (1996), James' main contributions are three-fold. Firstly, as James places the source of religious experience within the individual, he is concerned with the "*living human documents*", or the lived experience of religious phenomena. Secondly, James maintains that a prerequisite for transforming experiences was exploring the subconscious, through which other states of consciousness are available. Thirdly, he believed that spiritual or mystical experiences could only be measured by their effect on an individual's life, and that the phenomenon is verifiable through its effect.

Jung's contribution to the foundation primarily laid by James was the enhanced emphasis on psychological development as a lifelong continuum. This continuum includes higher extents of consciousness as spiritual experience, as every individual has its source and potential within. Jung continued the tradition of cultural unprejudiced exploration of

wisdom tradition, which ripened Jung's understanding of the value of symbolic imagery in therapeutic healing work. According to Scotton, Carl Gustav Jung was "*the first representative of the transpersonal orientation in psychology*" (Scotton, 1996: 39).

Central to Jung's analytic psychology and theory was the existence and nature of a Self – residing transcendent of and immanent to the ego. Scotton (1996: 45) writes that "*The Self consists simultaneously of the whole of the psyche and its core, or essence; it is the archetype of wholeness found within each human being.*" The Self includes the higher and lower aspects of the unconscious and Jung held that individuation evolve into a state transcending the ego.

Stanislav Grof, (1985) an early pioneer in investigations of non-ordinary states of consciousness, developed a psychotherapeutic approach contextualized within a theoretical framework derived from experimenting with and researching the effect of LSD. His findings were grouped in four main categories: abstract aesthetic experiences, psychodynamic /COEX experiences, perinatal experiences and transpersonal experiences (Yensen & Dryer, 1996).

Grof described the abstract aesthetic experiences as the most superficial experiences of the senses and a direct cause of the physiological influence of the substance. The second category, the systems of condensed experiences (COEX), which include experiences generated from an unresolved past which were relived, released and integrated by a combination of LSD treatment and successful psychotherapy.

The third category, perinatal experiences, "*is described as the critical interface between the personal and transpersonal realms of consciousness*" (Yensen & Dryer, 1996: 77). Here the four passages of birth perinatal matrix (BPM) experiences are contraction, fixation, psychological death and rebirth, and bliss. The latter two are described as experienced with transpersonal content and mystical qualities.

The perinatal cathexis is described as tied in with COEX experiences, with a corresponding perinatal structure forming the root of each COEX. Grof found that when COEX experiences and perinatal unresolved complexes were released, expansion of consciousness continued into and beyond 'consensus' reality, with subjective testimonies of experiences of unity with all inhabitants of our earth and universe, and beyond our physical universe, with

consciousness of the universal mind (Grof, 1985). Through his work, Grof created a therapeutic approach called Holotropic Breathwork, designed to access unconscious material without drugs, using breath work, facilitating cathartic release and transpersonal experience (Grof, 1987). Grof's work here points to a natural method of releasing unresolved complexes and gaining access to transpersonal experience.

The philosophical approach to science of Jung's younger contemporary intellectual Abraham Maslow was phenomenological, holistic and empirical (Battista, 1996), and formed the basis of his research approach. His studies of self-actualized individuals led to recognition of the human being as "positive, biologically based, instinctive nature that is fulfilled in spiritual self-actualization" (p.53). Additionally, he saw spirituality as non-religious and his interest in human potential led him to a deepened interest in the transpersonal.

Although peak experiences are occasionally part of becoming and being self-actualized, Maslow emphasized the sacred in ordinary daily life (Fuller, 1994), not to confuse becoming self-actualized with narcissistic pursuits. His investigations into what distinguishes self-actualized persons from others developed into Maslow's hierarchy pyramid of needs, displaying a psychological developmental ladder, providing a "*transpersonal model of development and theory of personality*" (Fuller, 1994: 55).

The different approaches to transpersonal theory have all defined the existence of a higher or spiritual aspect of the personal self. Maslow called it the 'Real Self' (1973: 327). Jung's concept of the archetypal 'Self' was held to posit qualities of being "*compassionate, loving, wise, receptive, allowing, unlimited, intuitive, spontaneous, creativity, inspired, peaceful, awake, open and connected*" (Daniels, 2002: 5).

Another contemporary transpersonal pioneer was the Italian psychiatrist Roberto Assagioli, the founder of psychosynthesis. To Assagioli, consciousness appeared to be inherently expansive and growth-seeking. In his view, personal integration and development is a process organized around a personal self or 'I', signifying our authentic centre of awareness, love and will (Assagioli, 1965). Assagioli referred to the higher aspect of our self as the Self (capital S), Higher Self, or Transpersonal Self.

Assagioli introduced the concept and theory of subpersonalities, akin to Grof's COEX theory and James' multiple selves or selves as plural. James concluded that the personality has a bodily self, a material self pertaining to owned objects, and a social self with as many selves as there are relations, and that this is a normal status of personality (Scotton, 1996). He held that subpersonalities are complexes of a neurotic nature and normal, not to be associated with pathological states such as schizophrenia. Still they are seen as coping strategies and subordinate selves to be integrated with the 'I' or authentic self. Assagioli held that *"All the various functions, and their manifold combinations in complexes and subpersonalities, adopt means of achieving their aims without our awareness, and independently of, and even against our conscious will."* (Assagioli, 1974: 58)

Assagioli also brought into transpersonal psychology the concept of dis-identification, and asserted that *"We are dominated by everything with which our self becomes identified. We can dominate and control everything from which we dis-identify ourselves"* (ibid, p. 22). He understood the potential choice to dis-identify from a previously held identification or a subpersonality as psychologically stepping outside of and taking an observer position in relation to the subpersonality. This, he writes, is done by identifying with the observer, with the 'I'. This enables the individual the freedom to observe and become conscious of formerly unconscious parts. Using therapeutic techniques, integration of parts of the personality is possible through the principle of psychological synthesis.

Assagioli called the first stage of the personal developmental process personal psychosynthesis, and he held that the second stage transpersonal psychosynthesis was the transmutation of spiritual energies integrated into the personality, from the superconscious through focus on transpersonal qualities and activities such as meditation or creative expressions (Assagioli, 1988). The phenomenon of the personal will and the transpersonal will was a life-long focus for Assagioli's empirical research (Assagioli, 1974), offering a comprehensive model of the nature of the will and detailed deliberation of the stages of willing, personal and transpersonal (see 2.5.3).

The transpersonal in psychosynthesis is understood as that which transcends the personal self or 'I', and is more and higher than and beyond the personal. Assagioli (1965) indicated that all humans are born with a higher Self or Transpersonal Self, mostly beyond our consciousness, and that it is experienced through our sense of authentic self or 'I'.

1.4.2 Contemporary transpersonal theory

The current dominating theoretical positions in the field of transpersonal theory are Wilber's neo-perennialism, Washburn's neo-Jungianism and Ferrer and Tarnas's pluralistic-participatory orientations (Goodard, 2005, 2009).

The total number of contemporary transpersonal scientists and intellectuals taking part in and influencing the present day transpersonal field is high and the debate too complex to cover in depth within the scope of this study. Important voices like those of Washburn, Daniels, Goodard, Tarnas, Almaas, Heron, Walsh, Vaughan are all significant contributors to transpersonal psychology. However I have chosen to limit my review to the two authors that have had the strongest contemporary influence on transpersonal theory debate, Ken Wilber and Jorge Ferrer. They are both intellectuals who attempt to present perspectives unifying the field of transpersonal psychology.

Ken Wilber has produced impressive visionary volumes since the early 1970's of integral maps of reality and our existence in a scholarly approach that covers philosophy, sociology, anthropology, psychology, religion and mysticism (Wilber, 1977, 1980, 1986, 1990, 1999, 2000). Focusing in on consciousness, Wilber holds that consciousness, including the unconscious, spans a spectrum of levels and states. The different schools of psychological understanding represent 'complementary perspectives' (Walsch & Vaughan, 1993) and are hierarchically organized in his model. Consciousness evolves upwards in this hierarchy becoming increasingly expansive and refined.

Wilber's model includes psychopathology, which is divided into pre-personal, personal and transpersonal. Psychopathology connects to the affiliated stage and correspondingly Wilber suggests stage-specific treatment. This spectrum model forms the fundamental structure in Wilber's ontology and epistemology. His synthesized and integral model is "*ultimately centred in the Whole or Spirit, as source, context and goal of evolution*" (Walsch & Vaughan, 1993: 67), and in defining spirituality, Wilber described spirit as "*the highest level of being and knowing*" and spirituality as "*an attitude (such as openness or love)*" (Braud, 2006: 153).

The second influential contemporary, transpersonally oriented psychologist and intellectual Jorge N. Ferrer, points to the eclecticism and non-unified status of the transpersonal field

that he saw as causing confusion about the current “spiritual renaissance” (Ferrer, 2001: 2). He shows how a transpersonal psychology generated a transpersonal theory (Washburn, 1995), and developed into transpersonal anthropology, sociology and ecology (Walsh & Vaughan, 1993) and even law and entrepreneurship (Boucouvalas, 1999). Ferrer proposes “to transplant our spiritual roots to a more fertile ground” (Ferrer, 2001: 4), and suggests that “human spirituality emerges from our co-creative participation in an always dynamic and indeterminate spiritual power” (p.4), which he sees as non-hierarchical, and calls his theory “Participatory Vision”.

In his paradigmatic book *Revisioning Transpersonal Theory* (2002), Ferrer partly deconstructs the status of transpersonal theory in the chapters on “the experiential vision of human spirituality”(p.15) and its conceptual limitations of transpersonal phenomena, the “empiricist colonization of spirituality” (p.41) and prevailing epistemology for experiential vision and the “perennial philosophy revisited” (p. 71), questioning the underpinnings of experiential vision. In the second part of his book, he reconstructs a vision of transpersonal theory through “the participatory nature of spiritual knowing” (Ferrer, 2002: 115). The following extract gives an introductory glimpse **into** the participatory vision:

“this participatory vision is a turn from intra-subjective experiences to participatory events in our understanding of transpersonal and spiritual phenomena. Transpersonal phenomena I argue, can be more adequately conceived not as individual inner experiences, but as participatory events that can emerge in the locus of an individual, a relationship, a collective identity, or a place” (Ferrer, 2002: 22-23).

Here Ferrer moves away from the classical emphasis on individuality and introduces a perspective flirtatious with the transpersonal as a collectively created phenomenon. He continues:

“The intra-subjective dimension of transpersonal phenomena, then, should be regarded as the participation of an individual consciousness in a multilocal transpersonal event, and not as their essential nature. This participation engages human beings in the activity I call participatory knowing, that is, a multidimensional access to reality that can involve not only the creative power of the mind, but also of the body, the heart, and the soul.” (Ferrer, 2002: 22-23)

Ferrer introduces the principles of equiprimacy, equipotentiality and equiplurality as aspect of spiritual co-creation. Equiprimacy contends that no human ability or attribute is superior to any other, pointing to our western focus on cognitive ability at the expense of other human attributes. By equipotentiality is meant that we all teach and learn from each other and that *“human beings cannot be ranked in their totality or according to a single developmental criterion, such as brainpower, emotional intelligence, or contemplative realization”* (Ferrer, 2011: 3). Equiplurality points to the possibility of several spiritual *“enactions equally holistic and emancipatory”* (p.4). In ending this chapter, Ferrer stresses an underlying and returning principle of universalism and pluralism: *“I argue that the dialectic between universalism and pluralism, between the one and the many, may well be one of the deepest dynamics of the self-unfolding of the Spirit.”* (Ferrer, 2001: 4). In this statement, Ferrer sums up his view, but where does this leave us when we relate back to the science of transpersonal research?

1.4.3 Criticism of the transpersonal field

The field of transpersonal psychology has been critiqued continuously, and I have chosen to present a selection of the reviewed critique starting with Rollo May, who criticized the transpersonal field for not taking dark human sides seriously, and claimed that popular books made transpersonal development too positive and naïve. The cognitive pioneer Albert Ellis also criticized transpersonal psychology for proposing irrational beliefs in divine beings, for valuing animals and nature as equally important to humans, and for having a tendency towards dogmatism and fanaticism – the opposite of science (Chinen, 1996).

The transpersonal field has also been criticized by Taylor and Schneider for the *“reprehensible behaviour of many ‘gurus’ and spiritual leaders”* (Chinen, 1996: 13), but these researchers seem to confuse transpersonal contributors with transpersonal scholars and scientists, adding to confusion around what the scientific branch of transpersonal psychology represents. Another criticism of theirs is directed towards the question of what are psychotic and what are transcendent states, and what the practical importance of transpersonal psychology is to human challenges and psychological wellbeing. This may be

an interesting criticism in itself, but it also demonstrates a lack of knowledge of the evidenced effects of transpersonal experience pointed to earlier in this review.

Jorge Ferrer, himself a transpersonal scientist, criticizes the transpersonal perennialist model, claiming that it is exclusive despite asserting it to be 'honoring all truths', and explicates the transpersonal perennialist model as: "*a combination of the abstract universalism of the Western Enlightenment project and a decontextualized Eastern mysticism*" (2001: 3). This criticism spurred an ongoing debate, in which Ken Wilber is an outspoken proponent of the perennialist view. This brings us to the current status of transpersonal research.

1.4.4 Status of transpersonal research

As early as in William James' time, there was a debate between the natural sciences, which James contended restricted itself "*to subjects for which established methodologies were available*" (Scotton, 1996: 26) and radical empiricism, intending to explore all metaphysical human experiences and seek validation for "*non-normative religious experiences*"(p.26), an ongoing debate.

Research within the domain of transpersonal psychology has steadily increased over the last few decades, but the legitimacy of transpersonal research has been debated, in the psychological field generally (Mahner, 2012, Ellis, 2009), but also within the ranks of transpersonal scholars (Daniels, 2001, 2005, Friedman, 2002, 2013a, MacDonald, 2013). The positions in this debate are spurred by the wish to be honoured and respected in the wider scientific community, which largely rests on a materialist or naturalist ontology (MacDonald, 2013) that favours reductionist explanations for transpersonal phenomena (Ferrer, 2014). The participants in the debate are for or against an empirical approach, inclusive or exclusive of metaphysical phenomena, and disagree about how to separate transpersonal psychology from religious connotations (Ferrer, 2014).

One of the latest perspectives added to the debate is Ferrer's approach, suggesting a new way of conducting transpersonal research called "*participatory pluralism*", departing from earlier perennialism of the transpersonal field. He formulates an invitation

“...to embrace a participatory understanding of religious knowledge is not necessarily linked to confessional, religionist, or supernaturalist premises or standpoints. ...virtually all the same participatory implications for the study of religion can be practically drawn if we were to conceive, or translate the term ‘spirit’ in a naturalistic fashion as an emergent creative potential of life, nature, or reality. ... Whether such a creative source is a transcendent spirit or immanent life will likely be always a contested issue, but one, we believe, that does not damage the general claims of the participatory turn.” (Ferrer & Sherman, 2008b: 72)

Many scholars have taken up the invitation over the last decade in a diversity of fields in addition to transpersonal psychology, for example anthropology, indigenous studies and comparative mysticism (Ferrer, 2010). Ferrer’s perspectives have been referred to (Tarnas, 2002, Boucouvalas, 1999, Kripal, 2003, Jaenke, 2004, Clarke, 2009) as the “*participatory turn*” (Friedman & Hartelius, 2013) in transpersonal psychology as a disciplinary model, theoretical approach and new paradigm (Lahood, 2007, Ferrer, 2010) and is a voice to be reckoned with in the future of transpersonal psychology.

As we can see from this review on the status of scientific approaches to transpersonal psychology, development is imminent, reflecting the “*emergent creative potential of life*”, which is also reflected in the current research project on the potential and dynamics of the subjective will versus a higher power in the treatment of alcoholism.

1.5 Substance Addiction - Disease models

In this section, a review has been conducted on the main views and understandings of the origins of substance dependence framed as a disease concept. As this study is concerned with treatment of substance dependence in general and alcoholism in particular within the paradigm of Alcoholics Anonymous, it has been important to include a broader picture of the concept of disease related to substance abuse. In particular as AA, a proponent of the disease view, paradoxically also displays a firm view on the significance of the use of will and choice.

1.5.1 Medical disease model

Opening the review on the medical view on addiction, Miller (1993) points to the collective view of the disease of substance addiction as a view that brings social benefits to the addicted. Further, he writes that through the prevailing definition of SUD as a disease in the medical profession, the addict is also treated as not responsible for his behaviour. Addiction was previously (in the 1980s) seen as a unitary disease, either you were an alcoholic or you were not, exemplified in the following statement: *“true causes of alcoholism are purely physiological and are found in genetically determined factors such as abnormal metabolism and brain chemistry”* (Milam & Ketcham, cited in Miller, 1993: 130).

This statement is reinforced by Milam and Ketcham, (1983), who state *“physiology, not psychology, determines whether one drinker will become addicted to alcohol and another will not”* (p.34-35). Loss of control was considered a consequence of irreversible genetic and physiological factors (Milam & Ketcham, 1983). Additionally, a double diagnosis was seen as secondary to the addiction and remained untreated at the time. Miller (1993) is clearly critical of the above view and propose a more holistic view of drug addiction, a descriptive model broadened by a public health perspective *“encompassing host, agent and environmental factors”* (Miller, 1993: 131).

The sociology professor Reinerman is concerned with the discourse related to substance addiction and the genetic component of the disease being stretched into genetic determinism in that the cure lies in the genetic disposition, which as he sees it, is rarely the case (Reinerman, 2005). Elaborating on the wide array of behaviours and environmental variables implicit in SUD, combined with the realization that single genes rarely determine specific behaviours, his argument builds up to emphasizing the environmental factor of SUD rather than heredity, disputing the medical disease model.

Viewing substance addiction as a complex disorder generates doubt as to what variables cause the disease, be it physiological inclinations or the psychological and behavioural. However, the National Institute of Drug Abuse in the US (NIDA) understands Substance Use Disorder clearly as a disease that includes both factors:

“[it is a] chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs

change the brain; they change its structure and how it works. These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors” (NIDA, 2015).

According to NIDA, brain damage caused by drug use influences compulsivity, which then *“affects judgement, decision-making, learning, memory, and behavior control”* (NIDA, 2015). NIDA asserts that this chronic illness is curable via tailored treatment with the combination of behavioural therapy and medication.

Influential in the search for addiction treatment are the diagnostic manuals. In the latest version of the Diagnostic Statistic Manual 5 (DSM V), revisions are made from DSM 4 on Substance Related and Addictive Disorders. The revisions are made mainly through revising the symptom criteria from two distinct categories of ‘dependence’ and ‘abuse’ in DSM 4 to a different system, using a severity scale under the heading Substance Use Disorder.

Higher numbers for listed symptoms on this scale signify higher severity: 2-3 mild, 4-6 moderate, 7-11 severe dependence. The criteria on how to decide whether the individual suffers from an addiction brain disease are whether they experience these symptoms. The symptom criteria are: tolerance, withdrawal, more use than intended, craving for the substance, unsuccessful efforts to cut down, spends excessive time in acquisition, activities given up because of use, uses despite negative effects, failure to fulfil major role obligations, recurrent use in hazardous situations and continued use despite consistent social or interpersonal problems (DSM V).

O’Brien (2014) claims that to diagnose dependence is difficult as ‘bio-markers’ are few, and are unreliable and often unavailable so that clinical interviews are the only diagnostic tool. The future goal is to be able to proceed with neuroscience-based diagnoses as the view is that psychiatric diseases, including substance dependence, reside in the brain.

1.5.2 Neuroscience disease view

In an attempt to understand what is happening in the brain when becoming addicted to a substance, Hyman et al. (2006) speculate that in this *“recalcitrant, chronic problem”* (p. 566) of addiction, prone to recurring relapse, *“neurotransmitters other than dopamine must play important roles”* (p.588). Until research can verify the influence of other

neurotransmitters, brain research on dopamine connects the development of compulsive patterns to *“associative memories (that) are formed in circuits involving the NAc, PFC, amygdala and dorsal striatum”* (p.588). Not being a neuroscientist, my lay interpretation of these findings is that the above scientists are still looking to verify the cause of substance addiction, as questions still need answers.

Another subject of interest in researching substance addiction is the influences of nature or nurture. From the perspective of a behavioural neuroscientist, Leyton (2013) refers to several studies on twins and adopted individuals (Tsuang et al., 1996, Kendler et al., 2012) and argues that the risk of having or developing substance addiction can be explained genetically or environmentally.

Leyton shows how the minority of the population who use drugs and develop an addiction have a vulnerability to addictions that is specifically connected to drug availability, social context and family functioning. Further he is concerned with *“ingrained, overlearned, difficult to alter stimulus response habits”* (2013: 219), but still holds that addictions should be seen as diseases. He argues that addictions have features similar to medical diseases that *“yield replicable neurobiological changes”*, which he believes can provide evidence that an addiction is more than a mental illness *“also a prototypical one”* (Leyton, 2013: 219).

In exploring the neurobiological bases of drive from a neuro-psychoanalytic viewpoint, drive reduction and will in addictive illness, Johnson (2013) describes how drive reduction requires seeking and gratification and how *“addictive drugs take over the will by altering neurotransmission in the SEEKING system”* (p.1).

With regard to will, being a driving function within us, he poses that neurotransmission is changed in the seeking system, obscuring our psychological defences and *“allow[ing] partial gratification and reduce[ing] anxiety about the consequences of drug use”* (p.1), leading to denial. But what exactly is the seeking system? Supposedly it is the location in the brain holding the origin of motivation, suggested to be *“cortical pathways”* (Zhu, 2003, Haggard, 2008), or the *“dopaminergic pathway”*, (Berridge, 2004, Kalivas & Volkow, 2005). An important piece in the puzzle seems to be the change from liking a drug to wanting a drug (Panksepp, 1981, Panksepp & Watt, 2011).

In agreement with the above viewpoint, neurobiologist Koob, (2008), adds that the compulsive nature of drug addiction *“impact[s] motivational mechanisms and can be conceptualized as a disorder”* (p. 18). The nature of the development of this disease, in Koob’s view, is the pathological development of *“impulsivity to compulsivity”* due to the impairment of the reward function, signifying what he sees as *“a motivational withdrawal syndrome”* (Koob, 2008: 18).

Yet, another perspective promoted by cognitive neuroscience is that negative mood exposes the individual to a greater risk for relapse and a heightened vulnerability with regard to self-regulation as it weakens inhibitions grounded in e.g. a negative view of oneself, which may explain a lack of insight. Negative moods may influence the depletion of the self-regulation resource, and limitations on this resource have become the focus of much research. A meta-analysis by Heatherton and Wagner (2011) points toward low levels of blood glucose, influencing the ability to self-regulate. Recent research has given emphasis to exercises that increase self-control, which has been shown to improve abstinence rates.

Reviewing neuroscience and research on substance addiction has shown that researchers speculate about the causes of substance addiction more than conclude, other than Leyton (2013), who suggests, in part, a medical origin of the disease.

1.5.3 Cognitive behavioural disease view

The disorder of Substance Use Dependence has several definitions according to the scholarly tradition of cognitive behavioural psychology. Sussman and Sussman (2011) published a literature review based on 52 studies electronically conducted, using search criteria defining *“conditions for a psychological state or pattern of behavior to be an addiction”* (p.4026). They arrived at the following five different criteria:

“(a) engagement in the behavior to achieve appetitive effects, (b) preoccupation with the behavior, (c) temporary satiation, (d) loss of control, (e) suffering negative consequences” (p.4026).

Engagement in the behaviour to achieve appetitive effect concerns reducing the experience of pain through e.g. fear or to the contrary producing an experience of affective arousal. Preoccupation with the behaviour as a key element to defining substance dependence is explained as *“excessive thoughts about and desire to perform a behaviour”* (p.4027), primarily caused by increasing tolerance of the substances signifying lower effect, and secondly withdrawal symptoms causing physical discomfort birthing craving behaviour.

The third criteria called temporary satiation is the time period where the addicted feels *“self-sufficient or nurtured”* (p.4028), and this state is one side of a polarized movement called *“psychological reversals”*, where the other side of the polarization may be the withdrawal symptoms and craving.

This cycle is the backdrop of the next criteria, *“loss of control”*, pointing to the inability to refrain from using. Co-creating this loss of control is the impact of addictive behaviour, which causes loss of memory combined with impulsivity where *“executive inhibitory processes fail”* (p.4029). This leads us to the fifth criteria defining addictive behaviour, which Sussman and Sussman name *“Negative Consequences”*. At some point during the progressive development of an SUD, negative consequences occur in one or more important life areas, be it socially, physically, economically, legally or one’s experience of oneself.

Several behavioural researchers, such as Heyman (2009), imply that there is a genetic component in SUD. Studies of twins (Kendler, 2000) and adoption studies (Cloninger, 1987) show low genetic heredity rates for addiction of 18% in the group with biological heredity and 17% in the group with no parental alcoholism. Moving beyond the question of genetic heredity, Heyman looks at behavioural heredity, which has been documented in several studies (Olson et al., 2001; Rutherford et al., 1993), and concludes that genes indirectly affect voluntary behaviour through attitudes and beliefs.

In reviewing the various views on substance addiction, I note that behavioural scholars tend to prefer the view of the addict as a *“victim of biological learning mechanisms in which addictive drugs act on brain reward circuits”* (West, 2006, p.29), and seem to have not reached a conclusion as to what degree substance addiction is a disease.

1.5.4 AA 12-step disease view

The concept of alcoholism in the view of AA is paradoxical in that alcoholism is viewed as a disease, but the cure or process of recovery is described as closely tied in with volitional acts. The mere existence of AA, as a 'voluntary mutual help organization' (Borkman, 2008, p.13), is built on voluntariness and this voluntariness is found on several levels of the AA structure.

In the original AA literature, the Big Book (1939), alcoholism is explained as: *"an illness, a progressive illness, which can never be cured, but which like some other diseases, can be arrested"* (AA, 1952: 7). The disease is seen as bio-psycho-spiritual, requiring attention to the physical, mental and spiritual aspects of the person to enable recovery, but it is consistently described as resting on accepting lack of control and accepting that 'I am an alcoholic'. According to Dr. Silkworth, who treated one of the two founders of AA, the aetiology or reason for the disease of alcoholism as seen from an AA perspective is that the disease is a manifestation of an alcohol 'allergy' (AA, 1939).

The disease from which one can recover is treated, although not cured because it is seen as a chronic and fatal disease, by being arrested. The recovery itself consists of several different components in the system of AA. Although the program of AA is more than a set of steps to follow, the 12 central steps represent the program that guides recovery. However, it also includes a belief system representing an underlying structure. This structure governs the 12 steps, the meeting structure, the fellowship groups and sponsor system, and this belief system underpins the program of action in AA (Borkman, 2008) and the means to arrest the disease.

Bill Wilson, the founder of AA, (together with Robert Smith), clarified and nuanced the understanding of the disease concept at the annual meeting of the National Catholic Clergy Conference on Alcoholism in 1961:

"We have never called alcoholism a disease because, technically speaking, it is not a disease entity... ...did not wish to get in wrong with the medical profession by pronouncing alcoholism a disease entity. Therefore we always called it an illness, or a malady—a far safer term for us to use (p. 44)."

In concluding this section, I choose to include the obvious paradox of the treatment of this illness, cited in the Big Book (1939, 4th ed.):

“If, when you honestly want to, you find you cannot quit entirely, or if when drinking you have little control over the amount you take, you are probably alcoholic. If that be the case, you may be suffering from an illness which only a spiritual experience will conquer (p.44).”

The review conducted in this section demonstrates the disparate views on substance addiction as a disease and the complexity concomitant with the phenomenon of substance addiction. Even if several researchers and research branches have the disease concept as their point of departure, they have yet to come to a clear conclusion as to what kind of disease substance addiction is.

1.6 Will – and addiction

The concepts of free will and free choice have been focus of endless debates and controversies, and are still heatedly debated in relation to Substance Use Disorder. The literature review in this section seeks to elucidate the different standpoints and understandings of the will, as the phenomenon of the will dynamic is at the core of this study. In reviewing the many faceted phenomena of the will, I include historical background and then move on to modern-day, mainstream psychology debates on the subject of the will. Having reviewed this debate, I look at research on substance addiction as a motivational disorder or behaviour of choice, again from the position of mainstream psychology. The views on will as such and will related to substance addiction in the field of transpersonal psychology is included. This section is rounded off with the paradoxical view of AA on the phenomenon and role of the will in the 12-step program. All in all, this chapter is intended to contribute to continue building a platform to situate this study.

1.6.1 Will - debate in mainstream psychology

Philosophical ideas and concepts concerning the will have been the focus of interest throughout known history. In more modern times, that is the last 200-300 years, theologian and predestinarian Jonathan Edwards, in his paper "Freedom of the Will" (1754), viewed free will as governed by "universal determining providence" (Tweney & Wachholtz, 2004: 676), while William James, in his talk entitled "The Dilemma of Determinism" (1890), poetically exemplified the view of determinism and the chain of causation

*"With earth's first clay they did the last man knead,
And there of the last harvest sowed the seed.
And the first morning of creation wrote
What the last dawn of reckoning shall read" (p.3)*

Edwards' 'hard' determinism from 1754 was thus succeeded by a newer 'soft' determinism of the 1880s, also referred to as 'free-will determinism'. James pointed to an underlying contradiction concerning the freedom of will within 'soft' determinism, described with more than a hint of irony:

"soft determinism which abhors harsh words, and, repudiating fatality, necessity, and even predetermination, says that its real name is freedom; for freedom is only necessity understood, and bondage to the highest is identical with true freedom." (James, 1890: 2-3)

Arguing against this determinism and what he called 'a quagmire of evasion' (p.3) and determinism's view of one single predetermined option in every situation of choice, James offers the concept of 'indeterminism' as holding a pluralism of possible alternative futures:

"It admits that possibilities may be in excess of actualities, and that things not yet revealed to our knowledge may really in themselves be ambiguous. Of two alternative futures which we conceive, both may now be really possible; and the one becomes impossible only at the very moment when the other excludes it by becoming real itself." (James, 1890: 3)

Both determinism and indeterminism hold that volition occurs with the execution of the will, but while the former holds an occurrence as the predetermined only option, indeterminists hold that the occurrence is one of a multiplicity of possibilities. James' scientific solution to the riddle of which of these alternatives constitutes the truth was that possibilities cannot be proved by facts and *"the possibility question must remain a mystery never to be cleared up"* (p.5). He concludes in his epic talk 'The Dilemma of Determinism' with a hard-hitting statement on behalf of free will:

"Whether it be we who solve them, or he working through us, at those soul trying moments when fate's scales seem to quiver, and good snatches the victory from evil or shrinks nerveless from the fight, is of small account, so long as we admit that the issue is decided nowhere else than here and now." (p.22-23).

Up until the second half of the 20th century, determinism has had a strong footing in the field of psychology, feeding on the prevailing scientific method of Newtonian causality. With the discovery of relativity and field theory, and the birth of humanistic psychology, the debate about whether the phenomenon of the will belongs in the camp of indeterminism or determinism reappeared (Westcott, 1977).

Still today, James is referred to in the question of free will as there is no consensus in the field of mainstream psychology about free will and determinism. The debate is ongoing and clearly very much alive, as can be seen from Wegner's article on 'The Illusion of Conscious Will' (2004) and the peer commentaries to his article. At one extreme of this debate, the social cognitive psychologist Wegner argues that conscious will is an illusion and just a feeling.

Wegner distinguishes between the concepts of 'free will' and 'conscious will'. In explicating the 'conscious will', he argues that when we experience a thought, and an action follows that thought, we usually claim ownership and responsibility for that action. This, he states, is in effect the mind interpreting itself and that we think we have caused an action, but this does not explain 'the causal sequence' of action (p.649), so that *"the experience of conscious will is not direct evidence of causal relation between thought and action"* (p.679).

Wegner claims that this argument pertains to one of the two ways we understand conscious will: *"will as an experience"* and *"will as a causal force"*. Further, he claims that

“causation cannot be a property of a person’s conscious intention” (p. 652). Turning to Wegner’s understanding of free will, he suggests it is a mechanism “unresponsive to any past influences” (p.653), akin to an “internal coin flip” (p.653).

The above article was open to peer commentaries, and responses emerged approaching Wegner’s view from disparate grounds and with diverging agendas. Some of the points made are worth including. Ainslie (2004) comments that Wegner’s description of the will is at best partial, naming two additional components necessary to include to describe the function of the will: “initiation of movement” and “maintenance of resolution”, where the latter is said to hold both strength and freedom.

The execution of this aspect of the will, Ainslie (2006) claims, is a test that in sum holds us accountable for our own self esteem in that succeeding to hold consistent intention is an investment in and a stake in our future selves and our sense of self. In defence of his outlook, Ainslie outspokenly states: *“The ownership component could indeed be called illusory or virtual or emotional, but it is not essential for the functioning of conscious will”* (2004: 660). He continues to describe will as a “not unitary organ” and as “divisible into separate operations” (p. 660) and that the field of ‘will’ is in the proportions the field of ‘cognition’.

In his comment to Wegner, Dennett (2004) puts out a warrant for the ‘self’ in Wegner’s description. Dennett asks who the person operating the body is, asking “what is he doing in my body” and pointing to the absence of a relation between the will and its owner, rendering Wegner’s reasoning incomplete. Kihlstrøm (2004) is also concerned with the lack of refinement in Wegner’s view and seeks to distinguish between automatic and controlled mental processes, the latter signifying conscious will. Kihlstrøm’s interpretation of Wegner’s “Illusion of Conscious Will” is that “we are conscious, per automata”, omitting controlled mental processes as in conscious will (Kihlstrøm, 2004: 666). Adding to the above criticism, Mandler points to the lack of a presentation of the source of the will as causal force in the form of, for example, a roadmap (Mandler, 2004).

Neuroscientist Panksepp (2004), brings in the perspective of a higher functioning of our being: *“However primitive the intentions in action are that control much of our behaviour, they do interact with higher reaches of the brain that provide recursive controls that amounts to intentions to act, not ordained by our insistent basic needs and emotions. To*

understand free will, we must fathom our higher affective-conative apparatus, perhaps more right than left hemisphere” (p.672), a perspective on the will that is akin to the transpersonal line of thought.

In supporting the deterministic view, Sternberg (2004:675) argues that Wegner demonstrates that conscious will is *“a complex chain of events in which the conscious will does not necessarily come at the beginning of the chain”*, and shows that conscious will is *“complexly determined”*, ruling out the existence of free will. Tweney and Wachholtz (2004:676), represent the opposite polarity in referring to Wegner’s example of hypnosis as it demonstrates will beyond conscious conduct, *“if the loss of some control proves against free will, regaining some must prove for it”*.

Velleman’s (2004:677) standpoint is that we do have free will and have the freedom to choose. He stresses that the experienced free will is not an illusion: *“Although our conscious experiences as such may not be responsible for our acts, we are more than our conscious experiences. So we remain responsible, where ‘we’ includes our preconscious and unconscious mental processes as well as our experienced will”*.

In summing up the status of the debate on the free will and determinism, it is appropriate to say that the debate is ongoing and that there has been an escalating lack of consensus during the last 50 years despite an increasing body of research in the area. Zuriff (1975) gets the closing comment in this section, where he suggests that *“the inter-dependent cluster of agency experiences – will, intention, self, basic acts – arise simultaneously, both conceptually and developmentally. There is no independent self that makes inferences and experiences itself as causing movements by first having thoughts” (p.679)*. Having reviewed the perspectives on will and clarified the different positions relating to determinism and free will, Zuriff’s argument will serve as a stepping stone when turning to the views on will related to addiction.

1.6.2 Will – addiction as motivational disorder or behaviour of choice

The debate concerning whether we have a free will is as we have seen heated in mainstream psychology, with a wide range of diverging and opposing views. The free will debate intervenes with the debate around whether substance addicted persons exercise a free conscious will or whether choices made as substance addicted are compromised by compulsion and the inability to control one's impulses.

In contrast to the view of addiction as a disease, the proponents for addiction as governed by choice and free will or a motivational disorder represent different views grounded in different sets of arguments. One of the early American psychiatrists to treat alcoholism was Harry Tiebout (1953), who saw alcoholism as a disease but at the same time held that unless they achieved an awareness that they had a disease, alcoholics could not take steps to recover. His position indirectly posed that once understanding and insight was reached, choosing differently than in their past was not only possible but the way towards recovery. Another classic view in earlier times in West's view more akin to an excuse than an explanation (West, 2006: 28), was that using drugs was a choice explained through the "common sense" model, which assumed a choice out of self-interest, and that continued use was based on avoidance of withdrawal symptoms.

The 'Liberal Account' represented by Foddy and Savulescu (2010:10) claims that there are many addicts who choose to stop using without giving any evidence for it other than arguing that "*there can also be 'willing addicts' who endorse their addictive desires*" and argues that the desire to use a drug does not overrule the substance user's choices or mean that the substance user has lost control, pointing to the stigma of powerlessness that comes with using substances or drinking alcohol. Another of their arguments is that some may choose to use substances despite the destructive effect on health or life circumstances because they do not care. Foddy and Savulescu also claim that withdrawal symptoms are not a motivation or excuse to continue using, referring to substances that do not cause withdrawal symptoms and where use is still high. One of their references from 1962, Winick states that most addicts stop using when they get older, and that 25% of heroin addicts

stopped using after 33 years. However, he omitted to add that the mortality rate for heroin addicts is 50% (Hser et al., 2001).

Furthermore, Foddy and Savulescu problematize how one can understand autonomy with individuals who do not have normative worth and hold the question open to whether *“strong pleasure-oriented desires are enough to compromise autonomy”* or whether *“addictions have any distinctive autonomy-reducing property”* (Foddy & Savulescu, 2010: 15). Responding to Foddy & Savulescu, Nordenfelt (2010) questions their dismissal of the disease model by pointing to other states producing pleasurable effects (sex, coffee, physical exercise).

In his study on self-regulation theory, Baumeister (2014) claims that we have a finite resource of self-regulation and volition and that when the depository of self-regulation is emptied the probability that we will fail to self-regulate increases. He also introduces the perspective that self-regulation, in addition to governing abstention from using drugs also governs use despite discomfort and obstacles. He suggests that temporal depletion of self-regulatory resources may explain relapse patterns.

In introducing the concept of self-awareness, Baumeister (2014:4) gives context to the function of self-regulation through his discovery that *“self-regulation is one major purpose of self-awareness”*. The insight was achieved by cybernetic theory and the discovery of *“feedback loops guiding self-regulation”*, monitoring the process of self-regulation to reduce discrepancies about oneself, which led to a connection between self-awareness and self-regulation. And he goes on: *“Another implication is that anything that reduces self-awareness will weaken self-regulation.”*

In Baumeister’s concept - TOTE – (Test, Operate, Test, Exit), the ‘Operate’ part describes how tasks requiring self-regulation lead to emptying the reservoirs of energy or willpower causing ego depletion – not resource exhaustion, but partial depletion – or selective allocation rather than resource exhaustion, linked to the body’s glucose level and energy to the brain. When experiencing ego depletion, feeling and desires are felt more strongly (Vohs et al. 2014), and PMS. Using drugs when feeling low then, may be seen as one form of self-regulation – to feel better combined with reduced self-awareness paving the way for relapse.

A different view of self-regulation is that in the first phase of drug use, self-regulation is used to overcome unpleasant reactions to the drug or process internal boundary violations. While regularly using drugs, self-control and self-regulation is constantly active as a means to administer use and secure continued use. Relapse is seen not as a strong persuasive impulse breaking through, but rather a weakened will power to self-regulate weak but consequent impulses. This ties in with other research pointing to addiction as pleasure-seeking and impulsive, displaying patterns of dysfunction. (Hayman, 2009, Redish, Jensen & Johnson, 2008).

Volpp et al. (2009) hold that for addicts, being seen as victims of their volition is a welcome perspective as it relieves responsibility, but the research of Volpp et al. points toward active self-regulation while using as well as while recovering. Evidence of this was found when cash incentives tripled the success rate of smoking cessation, pointing to an ability to self-regulate – or voluntarily use one's will.

Looking more deeply at the motivation for using drugs, Köpetz et al. (2013:4) is concerned that research, independent of how it is explained, rests upon a “data-driven rather than theory-driven” basis and suffers from lack of theoretical principles. His concern includes the claim that scholars define SUD by “*patterns of behaviour*” linked to “*habitual responses to the rewarding properties of different substances*”. In his view, this causes researchers (Ainslie, 1992; G. Becker, 1992; Heyman, 2009; Holden, 2001; Orford, 2001; Shaffer et al., 2004; Weil & Rosen, 1993; Wise, 2004), to oversimplify by comparing the behavioural patterns of addicts with behaviours motivated by e.g. sex and food.

Köpetz' theory proposes that a behaviour “*acquires incentive value that prompts approach behavior*”, and he concludes that this “*represents the common denominator in the addictive properties of all drug classes*” (Köpetz et al., 2013: 5), creating an experience of reward. Köpetz et al. still support the idea that with strong enough incentives the addicted individual may refrain from their initial impulse. Resting their research conclusion on support from neuroscience and behavioural research, they propose that “*substance abuse and addictive behaviours are motivated behaviours.*” (Köpetz et al., 2013: 15). This final statement concludes this section demonstrating a gravity towards addiction being a behaviour of choice according to the reviewed research.

1.6.3 Will – in transpersonal psychology related to addiction

In this section I will tie the view of the will in transpersonal psychology with views within transpersonal psychology on alcoholism and SUD to firmly position the basis of the discussion. James was explicit in his reflections on will: *“Desire, wish, will, are states of mind which everyone knows, and which no definition can make plainer.”* (James, 1890, online version), and found the dispute between free will and determinism uncomplicated:

“It relates solely to the amount of effort of attention or consent which we can at any time put forth. Are the duration and intensity of this effort fixed functions of the object, or are they not? Now, as I just said, it seems as if the effort were an independent variable, as if we might exert more or less of it in any given case.” (James, 1890, online version).

At the same time, James did admit to the complexity of the question of free will *“My own belief is that the question of free-will is insoluble on strictly psychologic grounds.”* (James, 1890, online version). James saw that there was a two-stage decision process of free will, with chance in a present time of random alternatives, leading to a choice which grants consent to one possibility and transforms an equivocal ambiguous future into an unalterable and simple past. James describes a temporal sequence of undetermined alternative possibilities that ‘present themselves’ followed by adequately determined choices and decision.

When looking at how James saw will in relation to addiction there are just a few indications of his view, which are slightly contradictory. From biographical publications on William James’ life, we can read that both his father, one brother and his father-in-law all suffered from alcoholism. Alcoholism, or what he termed dipsomania or thirst frenzy (from Greek), was commented in *Principles of Psychology*, 1890: *“the love of drunkenness is a purely accidental susceptibility of a brain . . . and its causes are to be sought out in a molecular realm, rather than in any possible order of ‘outer relations”* (James, 1890/1981: 1226), pointing to alcoholism as a physiological disease. At the same time James points to the delusional nature of alcohol addiction in recognizing our true identity, or in realizing the ‘right name’ of the disease, meaning that admitting to one’s alcoholism is the first step towards sobriety.

"If through thick and thin he holds to it that this is being a drunkard and nothing else, he is not likely to remain one long. The effort by which he succeeds in keeping the right name unwaveringly present to his mind proves to be his saving moral act." (James, 1890/1981: 1170)

Paradoxically, when it comes to a cure for dipsomania, he also held the view that spirituality is a possible way out. In *The Varieties* (1902), he describes the conversion experience of Samuel Hadley in 1882, who experienced a 'great and mighty presence' which became his cure, but James did not discuss will connected to alcoholism elaborately, other than to refer to 'the sick soul' and the influence of religious experience in which

"There is a state of mind, known to religious men, but to no others, in which the will to assert ourselves and hold our own has been displaced by a willingness: to close our mouths and be as nothing in the floods and waterspouts of God." (James, 1902:186)

From the above it is clear that James believed in free will, even though he also realized the mystery and complexity of the phenomenon of the will. His position regarding alcoholism seems to have shifted from a disease view and more towards seeing it as a delusional disease with the delusion being the denial of being an alcoholic.

Assagioli, being a central contributor to transpersonal theory (Scotton et al, 1996), in particular to the theory on the will, as he devoted most of his professional life to studying the phenomenon of the will:

"My approach, dealing as it does with 'willers' and 'willed acts', is empirical and phenomenological. Its foundation is psychosynthesis, both personal and transpersonal: a process of growth based on the harmonious integration of all the aspects of personality around the self, the center of awareness and will." (Assagioli, 1974: VI preface).

The culmination of his work on the will is found in *The Act of Will*, 1974, published the year he died. Assagioli, clearly a 'voluntarist', not a determinist, intended to avoid the contemporary debate and "problem of the will" (p.247) by focusing on "the direct existential experience of willing, unhampered by preconceived notions" (p. 247). Central to 'willing action' in his view, is the presence of intentionality, as "Intentionality is an essential part of the first stage of the willing action. It must precede, and makes possible, all the subsequent stages" (p.244).

Assagioli saw his theory as a map "of the act of willing" (p. vi), and explicitly stated that he did not claim 'metaphysical' existence of the will. He conceived the phenomenon of will as a dynamic system and integrated part of a personal self or 'I', and as part of an extended being through transpersonal will residing in our higher Self, which is our individual spiritual anchorage to the Universal Self and the corresponding Universal Will.

The aspect of Assagioli's theory of the will that is immediately relevant to this study relates to parts that influence the dynamics of the will and the 'willing action'. Optimally, will has a 'directive and regulatory function', constructively influencing activities and needs.

Assagioli's six stages of willing are in-depth descriptions of what he saw as the dynamics of 'willing actions'. The stages are:

- 1.The purpose, aim, or goal, motivation and intention.
- 2.Deliberation
- 3.Choice and decision
- 4.Affirmation: the Command, or "fiat" ('let it happen') of the will
- 5.Planning and working out a program
- 6.Direction of the execution

In the context of this study, the second stage, deliberation, is the more relevant stage for the will's dynamic in relation to substance abuse. Deliberation as one of the stages towards 'willing action' includes the cultivation of willing inhibition, i.e. to not act on impulse.

Deliberation also concerns conflicting conscious and unconscious urges and drives where urges that remain unconscious will continue to obstruct constructive choices. Adding to the complexity is what Assagioli argues is a concept of the self as not singular but plural, a "*fundamental multiplicity within the human being... which guarantees a multiplicity of motives*" (Assagioli, 1974: 145), causing "*a mixture of selfish and altruistic motives*" (p.144).

Recently, adding nuances to the complexity of the phenomenon of the will, Ferrucci, (2014) offers perspectives on how to negotiate the balance of altruistic motives (love) and selfish will and states that "*The will is multiform. Each of its aspects empowers others*" (p. xv).

Psychosynthesis theorists Firman and Gila (1997) perceive that the phenomenon of compulsive and addictive behaviour is caused by an inflicted early wound to the original

innate connection between our transpersonal Self and our authentic sense of self, which is then lost, resulting in compensations and defences. For a deep, long-term and lasting recovery, Schaub and Schaub (2003) hold that developing a spiritual sense of identity is imperative, and most effective through direct experience. They further argue that clients who have adopted a spiritual or religious perspective, but have not directly experienced its truths, gain no benefit when in crisis and that lasting spiritual development comes from lived experience. They identify will aspects related to actively using named will-fulness, and progressed destructive use creating will-lessness, and name initiating recovery as equivalent to willingness. Each of these will aspects are, in their view, associated with distinct qualities physically, intellectually, emotionally and spiritually (Schaub & Schaub, 2003).

Although occupied with the transpersonal, Maslow did not elaborate upon the will other than in an indirect comment related to 'voluntarily' seeing the sacred in the here-and-now (Assagioli, 1974). His theory was a theory on human motivation directed towards gratifying needs pertinent at the relevant developmental stage. Jung considered will to be an energetic process of release caused by motivation, and the motivation had to be conscious. If an action was unconscious, he would dismiss it as "not under the concept of will" (Jung, 1933: 616).

I have chosen to include the humanistic existentialist Rollo May, partly because of his general influence on the psychotherapeutic field with regard to love and will, but also because of his close relationship to and influence on the psychiatrist Gerald May, Rollo May's half-brother. Rollo May put emphasis on intentionality in "willing actions" and saw it as a fundamental feature of the will: "*Intentionality in human experience underlies will and decision. It is not only prior to will and decision, but makes them possible*" (May, 1969: 182). Gerald May's thinking evolved from the work of Rollo May and others, but gravitated in a spiritual direction combined with psychology. Gerald May's view on the personal will is that "*Will continuously tries to do the impossible, to make spirit its own possession*" (May, 1982, p. vii). He explains how will and spirit are closely connected, and holds that the function of spirit is more to do with "*the energy of our lives, our life-force*" (p. 3), while will has to do with "*personal intention and how we decide to use our energies*" (p.3). Further, he explains how these two faculties tend to present as the ground for the seemingly polarized agents of willingness and willfulness. Where willingness has the qualities of unity and the giving up of

seeing oneself as a separate immersing with life itself, willfulness is seeing the self as separate and in position to master and control life (May, 1982). Finally, Gerald May's view on recovery from substance addiction is that only a higher power can heal the misdirected search and that *"human will must act in concert with divine will" and the intellect alone cannot facilitate this* (May, 1988: 140).

When it comes to our contemporary transpersonalists Wilber and Ferrer, the former has not elaborated much on will, as he refers to James and Assagioli for further elaboration, but indirectly expresses his understanding of the will in the following statement:

"the self is the locus of such important functions as identification (what to call 'I'), will (or choices that are free within the constraints and limitations of its present level), defences (which are laid down hierarchically), metabolism (which converts states into traits), and most important of all, integration (the self is responsible for balancing and integrating whatever elements are present) (Wilber, 2000: 36-37)".

In personal correspondence with Ferrer (2015), he admits to not having expertise on the phenomenon of the will or substance addiction, but holds that *"It is clear that many forms of substance addiction are resistant to mere subjective will to change the habit"*.

This section adds to the complexity of both the phenomenon of the will and the phenomenon of substance addiction, as the spiritual aspect of will is given such a significant role in the will complex, influencing the role of the will in recovery, an aspect absent in most research into substance addiction from the cognitive behavioural position.

1.6.4 Will - in the Alcoholics Anonymous 12-step program

Will as a concept and function plays a crucial role in the philosophy of Alcoholics Anonymous, and in the recovery of alcoholics. Exactly in what ways are will part of the AA paradigm, and how is the subjective will seen in relation to a higher will or, in AA terminology, in relation to a higher power? The dynamic between the two is at the centre of this research and thus warrants an elaborate review.

The self-help system of the AA fellowship is cost-free and it is completely voluntary to enter, to stay in and return to. The self-paced work with the steps and the program mirrors the central place of voluntariness in AA. The only condition placed on the members is that they have a wish to become sober. It is also voluntary to choose to have a sponsor relationship. There is nothing about AA that is not voluntary, an interesting paradox in itself considering that alcoholic behaviour is by many seen as involuntary or compulsive (Donovan & Floyd, 2008).

All of the 12 steps are suggestions that are encouraged by the fellowship and by the senior members who represent living proof of the workings of the program. Still, newcomers are entirely free to choose to take the steps or not and they are free to choose at what pace the steps are taken.

The most important AA literature, the Big Book, gives indications of the relationship between the understanding of alcoholism as a disease and the role of will and volition in the 12-step program. I made a search through the first 11 chapters of the Big Book using the AA online search engine (AA Smart Search, 2015) for references to 'will'. The references found offer perspectives on what will is understood as in the original AA literature. In the table below, the column headings show thematic clusters and wording under each column in the table are pure extracts and exact wording from the Big Book:

Self-will	Willing	Power	Action	Thy Will
Not willing to listen	To believe	To resist	To act	From elsewhere
Twisted power	To be humble	To choose	To admit	Goodness
Unwillingness	To receive	To rise	To decide	Higher Power
No humility	To surrender	To Surrender	To ask	The solution
Dishonesty	To honesty	To good will	Make amends	
Run riot	To accept	To persist	Take personal inventory	
Denial	To change	Will to good	To practice	
Alcoholic	To give up		Take responsibility	
Weakened	To give oneself			
No choice - alcohol	To seek Higher Power			
Obsessed	To grow			
	To listen to Higher Power			

Table 2: References to 'will' in Big Book

Two main categories arise from the above table: constructive and destructive, with the destructive will being 'self-will' and the constructive will being 'willing', 'power', 'action' and 'Thy Will'. In the Big Book, the terms 'will' and 'self-will' are used interchangeably to describe how the will has turned against oneself and has become weak, has failed and become destructive. In Bill's story, will is explained related to alcoholics: *"It relieved me somewhat to learn that in alcoholics the will is amazingly weakened when it comes to combating liquor, though it often remains strong in other respects."* (AA, 2001: 7) Further, Bill describes the loss of power and will in alcoholism: *"The fact is that most alcoholics, for reasons yet obscure, have lost the power of choice in drink. Our so called will power becomes practically non-existent"* (AA, 2001: 24).

In seeing that will is weakened and practically non-existent in relation to alcohol, there is a parallel recognition that the will does function in other respects, which points to a partial disability and not a full debilitation of the will caused by alcoholism. Still the severity of the potential destruction caused by the 'self-will' is realized in the next quote from the Big Book:

"So our troubles, we think, are basically of our own making. They arise out of ourselves, and the alcoholic is an extreme example of self-will run riot, though he usually doesn't think so. Above everything, we alcoholics must be rid of this selfishness. We must, or it kills us!" (AA, 2001: 62).

Turning to the more constructive perspectives on will, the concept of willingness is a central concept in the 12-step program foregrounding two main facets: the willingness to believe and the willingness to change. This in turn is closely connected to an understanding of a higher will in 'Thy will' as a higher aspect of the will, as Bill writes: *"Belief in the power of God, plus enough willingness, honesty and humility to establish and maintain the new order of things, were the essential requirements. Simple, but not easy; a price had to be paid. It meant destruction of self-centeredness"* (AA, 2001: 13).

In the wording of the 12 steps, the actual word 'will' is mentioned twice and 'willing' once, but the content of all the steps can be linked to the will, as I have demonstrated in the following table:

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

Table 3: 12-step and will connotations

The will in the above steps demonstrate the centrality of the will, the implicit ability to choose and make decisions in the 12-step program.

The paradoxical view of AA is that alcoholism is a chronic disease that can be arrested, but never cured, and yet the ‘cure’ is available and offered through entering AA and the recovery is voluntary. So on one level will plays a vital role in choosing to enter into recovery in the fellowship, and on another level ‘free will’ is non-existent in relation to alcohol, as stated in the Big Book:

“Free will is not involved because the sufferer has lost the power of choice over alcohol...”
(1952: 7)

This review makes apparent the paradox and confusion of terms related to will in AA. The review of transpersonal views of will and will in relation to substance dependence reveals a range of disparate views and raises questions concerning the nature and dynamics of the will and underpins the need for the research undertaken in this study.

In concluding the total literature review, the material covered has rendered an impression of diversity and non-cohesiveness when it comes to the cause and status of substance addiction related to the phenomenon of the will. The research that seem more interwoven is related to the phenomenon of surrender in the context of recovering from alcoholism in the context of AA. The literature review also expose territories lacking research and one of these is the dynamics of the personal will versus a higher power in recovery from alcoholism within a spiritual paradigm.

Chapter 2 Methodology

2.1 Introduction

This chapter begins by back tracing the methodological narrative and positioning the epistemological perspective selected for this study and underpinning my findings.

Through the Professional Knowledge Paper written in partial fulfilment of this doctoral program and Dr. Langdrige's master class, I was reminded of the indisputable importance of having a philosophically clear stance and epistemologically firm ground in choosing the methodology and subsequent research method to support the study. Accordingly I will demonstrate an in-depth awareness of these building blocks in order to guide the reader to more readily see the structure underlying my perspectives and intent.

The chapter continues by looking at the research question and its rationale. I describe the reflections behind the chosen methodology by discussing epistemology and the chosen epistemological school of thought and the difference in emphasis between quantitative and qualitative research methodology. I then introduce phenomenology, expanding on the phenomenological position used in this study and explaining why it was chosen to elucidate the research question. Following my discussion on phenomenology, I move on to introduce Interpretative Phenomenological Analysis and elaborate on what makes it suitable for this study as a method.

2.2 Research Question and Rationale

What happens to an addicted person's subjective will when he decides to turn it over to a higher power? What are the psychological mechanisms present with the perceived idea of giving a benevolent force authority over one's personal will? What are the dynamics of the will resulting from the perceived idea of an external or internal power taking authority? What knowledge can be derived from the lived experience of deciding to surrender one's will and life to a higher power?

These questions were the initial focus for this research project: to explore the dynamics of the personal will versus a higher power in the Alcoholics Anonymous (AA) 12-step program for the treatment of Substance Use Disorder (SUD), with emphasis on the phenomenon of surrender to a higher power and the lived experience of the personal will in this process.

Surrendering in the AA 12-step program is primarily described in the third step:

“We made a decision to turn our will and our lives over to the care of God as we understood Him. [Italics in original]” (AA, 1953: 39)

This statement is itself interesting, it made me wonder who, or what aspect of a person, decides to ‘turn our will and lives over’ to a higher power? With the lived experience of this phenomenon, what would it mean to ‘turn our will over’ to a higher power?

The interview questions were designed to elicit participants’ experience of the personal will when entering recovery, while in recovery and into late recovery from SUD within the 12-step paradigm. Questions also included participants’ experience of the personal will while actively engaging in substance abuse in order to collect data from a wider time spectrum and explore the dynamics of the will pre-surrender and post-surrender.

The interview questions were developed according to Smith et al. (2010), drawing on my experience of conducting semi-structured interviews in connection with Interpretative Phenomenological Analysis (IPA) in my MA research. The interview questions were then sent to a senior addictologist for feedback. In line with her suggestion, questions around participants’ experience of ‘shame’ and ‘vulnerability’ connected to the will dynamic were included in the interview situation. The pilot interview confirmed that the interview questions elicited rich data in this area.

As I transcribed the eight interviews, I realised that a substantial part of the data was concentrated on the experiences of the will dynamic prior to recovery. It gradually became clear that the themes emerging from the interviews offered knowledge about what the will’s dynamic changed *from*, in addition to what the personal will changed *into*.

I came to realise that learning about the dynamics of the will of the active substance user from the perspective of individuals in recovery added a new dimension to my understanding of the dynamics of the will in Substance Use Disorder. This new dimension gave a deepened contextual perspective on the will as a phenomenon as well as

illuminating in a holistic perspective the will's dynamics as organically developing towards recovery within this context. The experiences described by the participants of the personal will in active addiction were inextricably linked to the experiences they described of the will's dynamics in recovery. Thus, as the analysis progressed, the focus of the study widened from an investigation of the dynamics of the personal will versus a higher power in Alcoholics Anonymous 12-step treatment of Substance Use Disorder to include an investigation of the dynamics of the personal will prior to entering Alcoholics Anonymous.

2.3 Quantitative and Qualitative Epistemologies

Scientific knowledge has traditionally been equated with quantitative methodology resting on a positivist epistemology, where the researcher's assumed objectivity in relation to what is being researched leads to reliable research results. As a consequence of the growing need in social scientific research for a research methodology better suited to the social sciences, qualitative research has over the past 20 years grown to be an increasingly important alternative to quantitative research.

Where quantitative research methodology has its strength in the rigidity applied in the search for evidence and the production of reliable and generalisable results, one of the advantages of qualitative research methods is that the data provide in-depth information with a smaller sample size, revealing additional layers of knowledge that can complement the data produced by quantitative research. More importantly, the two research traditions are fundamentally different in the epistemologies underpinning their respective methodologies.

The term epistemology is the branch of philosophy concerned with how we acquire knowledge (James and Busher, 2009)

"Epistemology - the study or a theory of the nature and grounds of knowledge especially with reference to its limits and validity" (Merriam-Webster, 2015)

As Carla Willig (2001) puts it, it is in looking for grounds to justify an answer that research meets epistemology. We need to decide how and what we can know and we therefore

have to choose the epistemological position we will adopt. What do the two methodological traditions offer in terms of ways of producing knowledge and how do they differ in their epistemology?

Quantitative research is typically concerned with producing evidence through randomised controlled trials, rigid accountability and data transparency (Denzin, 2009). The philosophical underpinning focuses on facts, evidence, objectivity, quantification and verifiability. There are three main epistemological positions underpinning quantitative research: positivism, empiricism and hypothetico-deductivism.

Positivism holds that the external world can be observed objectively, unobstructed by the unbiased researcher. Although it is now generally accepted that complete objectivity is impossible, the *extent* to which our knowledge of the world can be objective is the subject of debate, and stances in this debate range from naïve realism and critical realism to social constructionism and extreme relativism (Willig, 2001). Research in psychology was historically positioned in positivist epistemology. Today, post-positivist epistemologies are utilised *“which recognise an element of interpretation and metaphor in the production of social scientific theories and findings”* (Madill 2000: 2). Social constructionism holds that our knowledge about human experience depends on the historical, cultural and linguistic context in which data is collected and that reality is socially defined.

Empiricism is based on the assumption that knowledge is derived from ‘the facts of experience’ (Chalmers, 1999) through the collection of simple observations with measurability, which in turn give rise to ideas on which more complex theory can be based. While, hypothetico-deductivism is a more recent quantitative epistemological approach. In contrast to the above inductive methodology, this approach involves the deductive testing of a theory against hypotheses to retain or reject. Objectivity is sought through double-blind data collection to secure uncontaminated data.

The production of knowledge in quantitative research is in sum concerned with objectivity, observation, testing of hypotheses and constructing social realities within a specific historical and cultural context through language.

Qualitative epistemologies are generally more concerned with giving emphasis to understanding rather than prediction (Denzin, 1997), focusing on the meaning of an

experience of a particular phenomenon rather than its cause and effect (Willig, 2001). How the research participants makes sense of their experience, conveyed through for example interviews, is the basis for the research.

According to Madill (2000), qualitative research is characterised by three main epistemological strands: realist, contextual constructionist and radical constructionist, which can be equated to natural science, human science and post structuralism. These strands are described by Madill, focusing in particular on reliability and objectivity as seen from a positivist perspective. Within the realist strand there are three sub-epistemologies referred to as naïve, scientific realism, which relies on objectivity and reliability, and critical realism, which admits to subjectivity. At the opposite end of the objectivity scale, the radical constructionist strand of epistemology places no trust in language as representing reality, but maintains that reality is constructed by the data or representations (Madill 2000).

In between the realist and radical constructionist strands, contextual constructionism maintains that there is no longer one reality of truth pertaining to a phenomenon. On the contrary, several possible non-exclusive realities arise from contextual data, influenced by the data's place and time in history and the cultural environment, and consequently give different versions of reality according to the context in which the research is embedded.

"... in contrast to a naïve or scientific realist framework, it is no longer assumed that there is one reality that can be revealed through the utilization of correct methodology. This position is of particular relevance to the human sciences where the researcher and subject of research are both conscious beings interpreting and acting on the world around them within networks of cultural meaning ..."(Giorgi, 1995; Madill et al. 2000: 9)

It is clear that in constructionist epistemology a different paradigm for reliability than objective evidence is sought by grounding the data in participants' own descriptions , reflecting constructionism's roots in phenomenology (Alvesson, 2009).

"Objectivity be replaced with a notion of permeability meaning 'the capacity of theories or interpretations or understandings to be changed by encounters with observations'" (Stiles 1993, p.602; Madill et al. 2000: 9)

Contextual constructionist epistemology is concerned with understanding and making sense of the research participants' accounts by means of description and interpretation. It is an umbrella term for three parallel strands, phenomenology, hermeneutics and symbolic interactionism, which have divergent positions with regard to what we can know and how. All three epistemological positions influence the method chosen for my analysis, Interpretative Phenomenological Analysis (IPA), which is discussed in the next chapter on phenomenology and the section on IPA. (James and Busher, 2009)

As the purpose of this study is to understand the lived experience of the dynamics of the personal will versus a higher power in the Alcoholics Anonymous (AA) 12-step program for the treatment of Substance Use Disorder (SUD), both qualitative and quantitative research methods were considered.

To date, the bulk of research on addiction treatment has been in the form of quantitative studies, and among these, a considerable number have been conducted to measure the factors influencing treatment outcomes. Gossop (2002) emphasises the value of complementing outcome studies by qualitative research on lived experience in the field of addiction intervention to understand more about how interventions have an effect.

My research question is to explore the lived experience of the dynamics of the personal will versus a higher power in the AA 12-step program for the treatment of SUD to achieve further understanding of the phenomenon. To look for ways to observe a phenomenon 'out there' (Madill, 2000) or measure the will's dynamics, to quantify or produce evidence of aspects of the will's dynamics in the treatment of SUD within the 12-step paradigm would not have elicited the information I was seeking. To formulate a hypothesis and construct devices to test the hypothesis would have jeopardised ethical safeguards protecting the research participant and was discounted as an area of research interest.

From the position of wanting to understand the lived experience of a phenomenon seeking participants' descriptions as they attempted to make sense of their experiences, a methodology designed to answer questions about the 'what' and the 'how' and not the 'why' of a particular experience was of interest. A qualitative epistemology and a methodology that considers the concerns of the life world and lived experience was more suitable. I wanted to perform an in-depth study involving a small sample of research participants to elicit detailed descriptions of their being present in the world and attempt to

understand how they make sense of and give meaning to this experience. A qualitative epistemology was thus a natural choice and social constructionism was chosen as the research paradigm underpinning my research, used as an umbrella term for the underlying qualitative epistemologies of phenomenology, hermeneutics and symbolic interactionism. I will elaborate further on my perspective related to the three above stances later in this chapter (James and Busher, 2009).

2.3.1 Phenomenology

Phenomenology is considered a philosophical movement concerned with the study of experience and how it appears to consciousness (Langdrige, 2007). Phenomenology came into existence as a philosophical movement through Edmund Husserl (1936/1970) and has since developed into a group of diverging strands with differing emphasis and *“does not constitute a unified and closed system of propositions and practices”* (Willig, 2001: 50). The different phenomenological strands are still united by their interest in understanding *“what the experience of being human is like”* (Smith et al., 2009: 11) related to what matters to us. In epistemological terms, phenomenology was originally concerned with understanding the ‘essence’ of what is perceived in consciousness, turning our attention inwards to reflect on our perception and awareness of an experience and turning away from our ‘natural attitude’ (Smith et al., 2009). The inherent intentionality of consciousness makes it always conscious of ‘something’, either emanating from the outer world or our imagination. Further scientific knowledge, Husserl held, could only be obtained from a detailed description of lived experience of the world, which was seen as a first order account and a precursor for any scientific account.

“Here meaning is not something that is added on to perception as an afterthought; instead perception is always intentional and therefore constitutive of experience itself” (Willig, 2001: 51)

Translating the above to the present study, the intentionality would be the ideal meaning, the noema, the essence of the subjective will in recovery and the description of the

experience of the will in recovery, the noesis. Meaning arises in an intentional relationship between the participants' awareness of will and their experience of it.

To Husserl, phenomenological method involves bracketing off the natural attitude to facilitate attention on consciousness and our perception of our experience of the world. Through focusing on the particularities, the essence of a particular phenomenon is reached and transcends the particular, hence the transcendental view of Husserl. Individual experiences of the same phenomenon will have features in common, representing the essence. To reach this point, eidetic reduction is used to explore the experience via different lenses, perspectives and ways of reasoning about the phenomenon.

Heidegger (1962), initially a student of Husserl, introduced an existentialist emphasis and included hermeneutics as a central methodology in phenomenology. Further, he questioned whether the experience of the world as significant was possible without the interpretation that sprang out of 'Dasein', or 'being there', as suggested by Husserl. Dasein as embodied and inter-subjective in the lived world of people, relations, things and language. For Heidegger, Dasein was ontologically always 'being with'. Consequently, Heidegger saw it as impossible to step outside, or bracket off, our presuppositions and so rejected the transcendental view.

"Inter-subjectivity is the concept which aims to describe this relatedness and to account for our ability to communicate with, and make sense of, each other." (Smith et al., 2009: 17).

Heidegger's epistemology includes temporality as part of how and what we can know. Dasein in the view of temporality is seen as a verb, us as existing beings in our becoming (Langdridge 2007). Temporality and our finite existence as beings have an important influence on our mood and how we experience being here.

Sartre's contribution to phenomenology was concerned with human beings being caught up in projects in the world, meaning-making, action-oriented, self-consciousness that engages in the world we inhabit, *"existence comes before essence"* (Sartre, 1948:26; Smith et al., 2009: 19). Human nature is more about becoming than being, and as 'no thing' the individual has free will with the freedom to choose, and is thus responsible.

Merleau Ponty (1962) added to the unity of epistemological views an emphasis on our inborn position and personally unique standpoint within the Heidegger frame of facticity and 'being-towards-death' – our own subject-body, as Smith et al. put it:

"We can never share entirely the other's experience, because their experience belongs to their own embodied position in the world." (Smith et al. 2009: 19)

2.3.2 Hermeneutics

Hermeneutics is an old tradition of thought, and has become an important partner in the area of phenomenological research. In particular, Heidegger played a vital role in his understanding of 'phenomenon' and 'logos' as perceptive and analytic and therefore prone to interpretation. This unity of ideas are core concepts in seeing our presence in the world, Dasein as twofold and language and discourse as an inherent capacity of Dasein, and in accessing how being in the world is perceived. (Smith 2009)

According to Heidegger, a purely descriptive account was at best partial. He held that the nature of Dasein implicitly interpreted as 'being in the world' is fundamentally ontological and that *"we are already embedded in a world of meaning"* (van Manen & Adams 2010: 133). Further that language is the means by which we communicate our interpreted understanding and that meaning gives being and 'being-with' in the world.

"Discourse, for Heidegger, is the way in which the meaning of the world is manifested for Dasein." Poetic language in particular can disclose being and is seen as more authentic, *"revealing or unconcealing more about the world than can ever be revealed through scientific ... language"* (Langdrige 2007: 33).

The hermeneutic influence from Gadamer (1975) on phenomenology was inspired by both Husserl and Heidegger, but primarily the latter. Gadamer saw hermeneutics or interpretation of text as an art form, where history and tradition are inseparable from the context of making meaning to extracting meaning from a text. Further, he supported Heidegger in his view that we cannot come from nowhere in our gaze on an object and will, due to our being situated in a given place at a given time, come from somewhere in our understanding and search for meaning. Our pre-understanding and prejudices formed by

our culture, time and history will inevitably colour our interpretation of a text and our pre-understanding should be subjected to self-understanding and reflexivity. To elicit the meaning of a text, core conceptions should be compared and contrasted during analysis. (Langdridge, 2007)

An important contribution to the actual act of interpretation of text came from Ricoeur (1970) in his theory of interpretation. Distinguishing between spoken speech and written language, he saw written text as fixed and removed from its temporal origin and the context that co-created the discourse and from the author's psychological intention. Ricoeur pointed to speech as always being about something that is common to the speaker and the listener(s). *"The origins of discourse are crucial for Ricoeur as the primacy of the speaking subject is asserted and meaning-recollection is paramount."* (Langdridge, 2007: 47). Like Heidegger, Ricoeur was concerned about text being distanced historically and culturally from the origin and the author's original intention.

Ricoeur outlined two forms of interpretation or hermeneutics: the hermeneutics of empathy and the hermeneutics of suspicion. The hermeneutics of empathy is the recollection of meanings through fusion of our (text and analyst) horizons. Langdridge refers to this as *"interpretation designed to grasp the understanding of a research participant"* (Langdridge 2007: 44). The hermeneutics of suspicion is about introducing a new perspective, through for example a psychological theory, to create a contrast to the interpreter's or analyst's view of the data in order to reveal deeper, hidden meanings.

Schleiermacher emphasises the importance of the grammatical or objective versus the psychological or subjectivity of a text. Here authors' contemporary conventions influence the objective textual meaning, while individuality is still impressed through technique, form and intention. The individual psychological content is still available for interpretation on the condition of including the historical and cultural context of the text. (Smith, 2009)

2.4 IPA

In this section, I continue on from my elaboration of epistemology and the different epistemological positions and describe my methodology of choice for this Final Project, Interpretative Phenomenological Analysis (IPA).

IPA seeks to make sense of, and extract meaning from, a particular phenomenon through the analysis of individually lived experience. This approach has an idiographic focus, embodied and time bound, which is *“thoroughly immersed and embedded in a world of things and relationships”* (Smith et al., 2009). IPA methodology was used in my research to further understanding of the dynamics of the personal will in Substance Use Disorder pre-entering 12-step treatment and of the dynamics of the personal will versus a higher power.

IPA was formulated in the 1990s by Jonathan Smith (1996). It has since matured in its sophistication as a research method and has gained popularity in psychological research. It features prominently in the ongoing contemporary debate on phenomenological research methodology (Brocki & Wearden, 2006; Langdridge, 2008; Smith, 2010; Larkin et al., 2011).

IPA is a method of deriving knowledge about the world we live in through how it appears to consciousness. While concerned with the lived experience of a particular phenomenon and the meaning it has for the participant, IPA holds that it is impossible to gain direct access to the lived experience.

The production of knowledge in IPA is therefore necessarily a joint venture between researcher and research participant through interpretation of texts or transcripts. This is in contrast to positivist phenomenology where researcher objectivity is held as significant to achieve validity, but from a different epistemological vantage point, seeks to produce facts and evidence rather than elicit meaning as in phenomenology. IPA is not about ‘why’ something took place but about documenting lived experience with a focus on ‘what’ the experience was like and what meaning participants attribute to it, which the researcher then tries to make sense of, a two-stage interpretation process referred to as a double hermeneutic (Smith & Osborn, 2003).

As its name indicates, IPA is a phenomenological research approach with a synthesised outlook with its roots in two traditions: the philosophical tradition of transcendental

phenomenology and the hermeneutic phenomenological tradition. While the former seeks to capture the essence of a phenomenon, the latter seeks to capture meaning related to the phenomenon.

The phenomenological component of IPA, in addition to the epistemological bearings discussed earlier, holds that IPA *“attempts to capture particular experiences as experienced by particular people”* (Smith et al. 2009: 16). Research participants are invited to reflect on and describe a particular experienced phenomenon and the researcher subsequently makes her reflections in a dynamic process focused on reaching understanding and extracting meaning. Thus, meaning-making activities are central in phenomenological psychological inquiry. What makes IPA phenomenological is the detailed description of the individual lifeworld and perception of a phenomenon through the participants’ *“experience, understandings, perceptions and views”* (Brocki & Wearden, 2006: 88).

The hermeneutic component of phenomenological method, introduced by Heidegger, provides perspectives on the conditions within which interpretation of a text must be conducted. Heidegger held that people are ‘thrown into’ a world of objects, relationships and language, and that our perception is always perspectival, temporal and in relation to something. In order to deal with bracketing, researchers’ fore-structures, assumptions and presuppositions, as described by Gadamer, through reflexive thought and conduct and processual transparency, comparing and contrasting are a crucial component of an IPA approach to secure scientific rigour in the process of sense-making. With these considerations, trying to make sense of what meaning an experience holds for the participant, reflexive thought perpetuates the hermeneutic circle at the heart of the analysis (Smith et al., 2009).

As mentioned earlier, two important concepts formulated by Ricoeur with regard to the process of filtering preconceptions in interpretation are the hermeneutics of empathy and suspicion. These two forms of interpretation involve, respectively, the recollection of meanings with perspectives of tradition and the fusion of horizons and the introduction of an external theoretical view into the analysis (Langdrige 2008). In my research, cognitive psychological theory is contrasted with transpersonal psychological theory.

The concept of the ‘fusion of horizons’ was launched by Gadamer to refer to the way in which researcher and participant can reach mutual understanding (Langdrige, 2007).

Medina captures the essence of this concept, central to the hermeneutics of empathy, in the following:

“This horizon can also be understood as the individual floating in their own historicity yet orientated towards the frontier of them-selves as they encounter the other. Hence the horizon is constantly evolving through a process of fusion with other horizons (Shinebourne, 2011), which requires the researcher to be alert and skillful in holding their fore-selves in check by judicious use of epoché, reflexive engagement with the text and entry and re-entry into the hermeneutic circle.” (Medina 2012: 46)

Additionally, IPA views our physical body as more significant than abstract or logical perceptions in influencing our knowing of the world: *“the body shapes the fundamental character of our knowing about the world.”* (Smith et al. 2009: 19).

The ideographic focus and the analytic dynamics in IPA are achieved partly through giving attention to the individual and the particular in addition to considering the particular in relation to the whole. As Smith (2014) points out, experience is individual as well as worldly:

“it is committed to ideographic inquiry: each individual’s account is examined in great detail as an entity in its own right” (Smith, 2014: 479)

The movement between the two is central to secure congruence between the accounts and the meaning elicited from the interviews as stated by Shinebourne, *“examination of similarities and differences across cases to produce detailed accounts of patterns of meaning and reflections on shared experiences”* (Shinebourne, 2011: 23).

In practical terms, the researcher engages in thematic analysis, extracting themes in each case which are then clustered. The researcher then repeats this procedure across cases to look for similarities and differences in patterns. I expand on this issue in the section on Method.

The following describes in more detail why IPA is best suited to the particular research question and phenomenon investigated in this study.

2.5 Why IPA

The aim of this study was not to explore why individuals in recovery from substance dependence within the AA 12-step paradigm had the experience of choosing to surrender to a higher power or why some individuals have a conversion experience while in recovery in the AA Fellowship. Nor was the intent of this study to measure aspects of the will's dynamics in the treatment of Substance Use Disorder (SUD) to find generalizable evidence valid for a larger population. I did not want to test a pre-formulated hypothesis on the topic of the personal will dynamic versus a higher power in recovery from SUD. IPA does not share the view of positivist epistemology that the outer world determines our perception of it (Willig, 2001), and the author questions the collectively superimposed privilege that accompanies positivist epistemology (Potter & Wetherell, 1993).

My previous experience of working with individuals in 12-step inpatient institutions, multiple visits to open AA meetings and my knowledge of the 12 steps of the AA program and its main literature prompted a desire to understand more about what happens to the personal will while in recovery within a 12-step paradigm. What are the dynamics of the personal will versus a higher power in AA 12-step recovery? How is the personal will experienced by individuals in recovery? What is their lived experience?

A quantitative approach would not offer the opportunity to penetrate this phenomenon in depth with a low number of research participants. Nor would it be possible to meet the requirements of objectivity and scientific rigour from a positivist epistemological standpoint.

Turning to the qualitative spectrum of research approaches, grounded theory (GT) was considered as an alternative. GT offers a method of analysis formulated to develop constructs to understand social processes that can generate theory grounded in the data (Willig, 2001). The data collection in GT is a repeated process where the analysis and the data collection continue cyclically until the emerging themes rising from the data are exhausted. This process involves the complete data set from the initiation of the analysis.

In comparison, IPA is more flexible and offers an ideographic focus by looking at each individual case in turn before considering the data across cases and then nesting themes,

while staying close to participant descriptions (Brocki & Wearden, 2006). The inherent flexibility in the IPA design offers the opportunity to look for convergence and divergence in small samples. GT does not offer this opportunity as it seeks to make claims generalizable to a broader population.

GT aims at generating conceptualisations and is considered the qualitative approach closest to the positivist paradigm as it focuses on causation. The analysis is designed to ensure that the researcher does not impose meaning onto the data while holding an expectation of objectivity. GT sees that the processes captured by the researcher exist in their own right 'out there', hence close to a positivist view. In contrast, IPA recognises the inter-subjectivity arising from the researcher-participant relationship in interpreting the data. (Langdrige, 2007)

The rationale behind choosing a phenomenological methodology of research is the desire to search for the true depth and personal meaning of a phenomenon, rather than explain the causes of an experience. GT seeks to create and explain constructs related to social processes on a conceptual level, whereas IPA is designed to create understanding of personal and individual processes.

2.5.1 Discursive Psychology

According to Potter & Wetherell (1993: 383), discourse analysis is seen as "the theory of, and method of studying, social practices and actions that constitute them". It is thus concerned with social constructions and how they come into existence and is considered a form of discursive psychology, extending the domain of psychology in this context into culture, history and communication. Reality is understood as consisting of and constructed through discourse while engaging in social practices.

This could have been an interesting take on the research question for this Final Project, to explore how the dynamics of the will in recovery from SUD is understood as emerging in the context of social interaction, but would have produced a different kind of knowledge than was most interesting to the researcher. Discursive psychology is also interested in how the content discourse or interviews are negotiated with regards to what position the

interviewee chooses to take relative to his or her stake in the interview situation. In other words, a focus on *"how participants use discursive resources and with what effect"* (Willig, 2001: 91). Again, this would be fascinating to look into, but would not elicit the knowledge that is akin to phenomenology and Husserlian 'essence' as an underlying epistemology of meaning-making, which is my main focus of interest.

The later version of discourse theory, Foucauldian discourse analysis (FDA), represents a different perspective on retrieving knowledge from discursive psychology. Still, with the intent of investigating the connection between events and social constructions, the emphasis here is concerned with the history leading up to an event, secondly how power is played out through discourse in that context and thirdly how the subject is constructed within and with these influences (Willig & Stainton-Rogers, 2008). The possibility of deciphering the dynamics of the will in the treatment of SUD in the context of the power dynamic shaping the participant as subject, which is the inherent intent in FDA, was tempting. However, considering the recurring debates on subjectivity in FDA, I found the notion that subjectivity is constructed through language too speculative (Harré & van Langenhove, 1999; Hanna, 2014) and do not support the epistemological position behind that aspect of FDA.

Much research on addiction treatment produces quantitative studies to measure factors influencing treatment outcomes. Gossop (2002) emphasises the value of complementing outcome studies by qualitative research on lived experience in the field of addiction intervention to understand more about how interventions can have an effect.

IPA is phenomenological in that it stays close to the understanding of what an experience is like from the point of view of the participant. At the same time, IPA as method has a *"theoretical commitment to the person as a cognitive, linguistic, affective and physical being and assumes a chain of connection between people's talk and their thinking and emotional state"*, (Smith, 2008: 54). In other words, IPA is a method of learning about a phenomenon through an insider account (Willig, 2001) and discovering the meaning of the person's account through the process of double hermeneutics (Smith, 2004).

My choice of research method was influenced by my previous research experience in the field of phenomenology (Bjørnå, 2009). In collecting and analysing the data, I wanted to

study the 'willed' and seek to further my understanding of the dynamics of the willed act in relation to the AA 12-step treatment program.

This study is therefore based on Interpretative Phenomenological Analysis (IPA), (Smith & Osborn, 2003; Smith, 2004; Smith, 2008; Smith et al., 2009; Langdridge, 2007; Brocki & Warden, 2006; Larkin et al., 2011; Biggerstaff & Thompson, 2008). IPA involves detailed examination of the participants' lived experience and is concerned with the detailed personal account of an event or an object. Shinebourne and Smith (2009) argue that current phenomenological methods are very well suited to describe the 'lived experience' of individuals suffering from SUD from the perspective of the participant, referring to examples of current research on addiction (Shinebourne & Smith, 2010, Rodriguez & Smith, 2014). The focus of this study is on how experience is perceived and what it means to the perceiver (Langdridge, 2007). The focus is on the lived experience of the perceived dynamics between the personal will and a higher power within the AA 12-step paradigm in SUD treatment pre-entering recovery and during recovery.

2.6 Criticism of IPA

IPA has received some criticism from a few contemporary authors concerning both epistemological questions and the validity of IPA (Giorgi, 2010). Others have raised questions around the issue of subjectivity (Langdridge, 2007) and doubts concerning replicability and the balance between descriptive emphasis and the interpretative skills of the researcher. Further, the 'representational validity of language' (Willig 2001: 63) is another topic of concern. Each one of these areas of critique is described in the following.

One of the strongest critics is Giorgi (2010), who criticises several aspects of IPA. Giorgi questions the philosophical underpinnings of IPA, referring to them as mere "*content definitions*" (p.5) of phenomenology that are not connected to phenomenological method. As a scientific method, Giorgi is concerned with the "*scientific status*" of IPA (p.6) referring to Smith and Osborn's claim that "*This is not a prescriptive methodology*" (Smith & Osborn 2008: 67). On this basis, he maintains that IPA lacks replicability and acceptance of the central scientific criterion that phenomenological method should be prescriptive. As a

consequence, he claims IPA is open to too much flexibility and could result in malpractice deviations.

Smith (2010) criticises Giorgi for basing his criticism of IPA on too small a range of published sources and refutes Giorgi's claim that IPA is not grounded in the philosophy of phenomenology. On the contrary, Smith highlights the many points of connection between IPA and central phenomenological thinkers such as Husserl, Heidegger, Schleiermacher and Gadamer et al. (Smith et al., 2009).

Commenting on Giorgi's criticism of the lack of scientific rigour, Smith clarifies the semantics: *"For me the whole point of suggestion is that they are not prescriptions"* (2010: 188), further pointing out that quantitative and qualitative criteria for scientific rigour are fundamentally different. Smith sees IPA as guided by the *"intellectual and intuitive work"* conducted by the researcher, thus admitting to the influential role of the researcher.

Returning to Giorgi's claim that IPA gives *"total freedom to deviate"* (p.7), Smith (2010) is concerned with the totality of the researcher's required proficiency level and the supervision received. More importantly, he points out that there are steps in IPA that need to be followed, although the order in which these are followed remains flexible.

Smith argues that the suggested lack of replicability is a scientific condition belonging within the quantitative 'paradigmatic assumptions' which do not necessarily apply to qualitative research. Other measures of validity are sought for qualitative research that will be elaborated on in the section on validity. When it comes to checking results and how they were produced, Smith suggests auditing and checking themes against extracts (Smith, 2003; Smith et al., 2009).

Willig (2001) questions the use of language as descriptive, arguing that language can also be seen as constructing a particular version of meaning of a phenomenon rather than just giving a description partly intended to extract essential features of the experienced phenomenon. Additionally, Willig sees that words have added meaning that may, in the context of discursive psychology, be historically or culturally biased, or as in FDA, where participants negotiate their position as part of a power dynamic, hampering the possibility of gaining access to subjective experience through their accounts. Willig is also concerned

with the quality of the accounts given through interviews and the individual capacity for articulation.

In this particular study and with these particular participants, the accounts they provide of their own experiences is an integral part and has a central function within the AA community. As participation in the interview process was voluntary, participants had a choice of whether to let themselves be interviewed, indicating a willingness, openness and trust in their ability to formulate and express themselves in the interview situation and describe their experiences. Nonetheless, there were individual differences in the ability to describe the phenomena related to personal maturity and depth.

Willig posits that IPA separates 'person' and 'world' and that describing and making meaning of a phenomenon may even be limiting if it is not put into the context of "*why such experiences take place, or why there may be differences between individuals*" (Willig 2001: 64).

With regards to IPA being concerned with cognition, Willig has another point of contention, arguing that the aspect of phenomenology stretching for 'essence' is elevated above the object/subject divide of cognitive theory and makes IPA non-compatible with cognitive theory. Adding to the incompatibility, she claims, is the inclusion of pre-cognitive structures not representing cognition as understood within the social cognition paradigm, and she maintains that IPA should aim at describing 'lived experience'.

Langdrige (2007:108) picks up on Willig's critique of IPA's relation to cognition and adds that "*cognition is at odds with phenomenological philosophy and rejection of a mind-body dualism*". Langdrige refers back to the noema / noesis distinction, contrasting this perspective with "mental processes and behavior" and views IPA as incompatible with cognition.

In the spirit of 'mutuality and pluralism', Larkin et al., (2011:319), argue that in the third phase of the cognitive revolution "*the foundational concept of a situated, meaning-making person has yet to be fully reflected in the field of Embodied Active Situated Cognition*" (EASC). The authors claim that IPA in particular can become an important influence by widening the concept of EASC.

2.7 Ethical Considerations

An overarching concern throughout the doctoral program and in initiating and completing this doctorate has been the centrality of ethical concerns. Ethical concerns focus first and foremost on avoiding causing harm to the research participants, but also on ensuring that conduct at a doctoral level is professional and in line with scientific requirements.

According to McLeod, there is no such thing as “*ethically neutral design*” (2003: 167), but that the underlying intent of research is that of beneficence and that priority is given to nonmaleficence in conducting the research. The concept of fidelity and treating the individual in our personal encounter and their accounts in a fair and just manner has been important (McLeod, 2003).

This sensitive study has demanded a constant focus on ethical considerations and on confidentiality through anonymity for all participants (Smith, 2009), while also respecting their autonomy. My aim has been to have a sustained focus on ethical awareness throughout data collection, analysis and into the write-up of this Final Project as well as in the continued process of dissemination of the findings (Langdridge, 2003).

The data is protected by being stored inside a private, secured and password-protected external physical hard disc kept in a locked area in the strictest confidence. Participants’ names are substituted by identification numbers in the computer files according to section 31 of the Personal Data Act and section 29 of the Personal Health Data Filing Systems Act of Norway. Pseudonyms are used in the text as a means to maintain anonymity.

I made contact with the manager of Alcoholics Anonymous (AA) National Service Office to discuss their view on the possible significance and impact of the study for research participants. The AA representative supported the research idea and did not have any counterargument other than a suggestion that the participant should be actively involved with the AA Fellowship, actively participate in group meetings and have a sponsor.

The manager of AA offered to contact the required number of potential research participants. The manager received requirements and conditions for the purposive selection of research participants (see Participant Selection). This selection was carried out

without my involvement other than supplying the Participant Information Sheet, which he e-mailed to the prospective participants.

Participants were informed of the purpose of the study, which was to explore the lived experience of the personal will versus a higher power for individuals in recovery. Further, they received information about the possible consequences and benefits for the participant. They were also informed that participation was completely voluntary and that any withdrawal from the study would not have to be justified or have any other consequence for them. A written informed consent document was signed by each participant prior to the interview. Interview questions were sent the participants well before their interview. The interviews remained flexible to avoid any invasion of privacy (Langdridge, 2007).

In retrospect, an additional exclusion criterion should have been included concerning the present wellbeing of the participants. One participant at the time of the interview was in a difficult life situation involving non-drug related issues and was at risk of further strain from revisiting memories from the time of recovery. This participant nonetheless expressed gratitude for the opportunity to participate in the study and did not take the offered opportunity to debrief after the interview. The participant was encouraged to seek external support in addition to the sponsor.

The interviews took place in a secluded and confidential therapy room with seven participants, securing their anonymity and providing a safe place and a safe space. All participants confirmed that they had a personal sponsor within the AA Fellowship. In the event of emotionally upsetting material surfacing during the interview, time was allocated and offered to each participant to debrief after their interview or have the opportunity to talk through the experience of the interview in the short term or the long term. The participants all declined this offer.

My intent was that in the event that anonymity may have become impossible, participants would be given a pledge of confidentiality, which means that the information the participants provided would not be made public in a manner that identified them. The interviewees read their transcript and were given the opportunity to withdraw any comments they found too personal or that they felt would threaten their anonymity. None

of the eight participants wished to withdraw any part of their transcript or anonymise further after reading their transcript and after my initial anonymization.

Ethical clearance was received from the Ethical Committee of Metanoia Institute on behalf of Middlesex University as a part of the process of receiving acceptance of my Learning Agreement (2014)(appendix 1). A risk assessment was made prior to my application for the Learning Agreement according to requirements (appendix 2).The study was registered with the Norwegian Social Science Data Services (NSD) and the Regional Committee for Medical and Health Research Ethics for Region South-East, Norway (REK)(Appendix 7).

I use the Metanoia Institute and Middlesex University Research Ethics Guidelines and the Statement of Ethical Principles of the European Association for Psychotherapy (EAP) to secure appropriate conduct.

It has been a key consideration to monitor how I have been biased in order to maintain a high level of transparency through continuous reflection and review, which will be expanded on in the following section on reflexivity. Ethical awareness of how I subsequently manage the data in order to maintain confidentiality while disseminating my work is integral to the above Ethical Guidelines. The data will be kept for 12 months after completion of my doctoral studies.

2.8 Reflexivity

Reflexivity is one of the more central concepts related to the conduct of qualitative research and IPA and is the focus of recurring debate. I will elaborate on how reflexivity is understood in phenomenology generally and in IPA especially and then go on to describe my own stance in relation to these views.

As an integral part of the 'phenomenological attitude', reflexivity is perceived as a process whereby the researcher reflects continuously on his or her own views and beliefs and how these might affect the research. The aim of the process is to become aware of assumptions or bias and go beyond our everyday way of perceiving the world, or the 'natural attitude'

referred to by Husserl. The researcher is required to bracket pre-understandings while at the same time retaining a position of openness and wonder.

“There is tension as the researcher moves between striving for reductive focus and being reflexively self-aware; between bracketing pre-understandings and exploiting them as a source of insight; between naïve openness and sophisticated acriticality.”(Finlay, 2008: 1)

In practical terms, this implies a dual approach: keeping at a distance and at the same time being involved, being subjective but not self-indulgent and being ‘scientifically removed from’ the data (Finlay: 2008). Husserl defines four different ways of bracketing in order to see the phenomenon in its essence (Husserl, 1936/1970) bracketing scientific knowledge; bracketing the natural attitude, i.e. one’s everyday beliefs, perceptions and emotions; transcendently stepping outside our subjectivity and ego; and intuiting the essence of a phenomenon. These are all a means to avoid interpretation that could lead to inaccurate and unscientific understanding of a phenomenon.

Where Husserl pointed towards a radical bracketing involving multiple levels of reasoning, Heidegger and Gadamer focused on exploring our pre-understandings and pre-existing theories. Heidegger held that since one cannot escape the influence of one’s pre-history, temporality and expectations, an awareness of these influences must be an integral part of the interpretation.

“An interpretation is never a pre-suppositionless apprehending of something presented to us... understanding always pertains to the whole of Being-in-the-world.” (Heidegger 1929/1962: 191-192, 194).

Gadamer adds to the above with his perspective on meaning and how it is inherently dynamic and emerging as the researcher moves between past and future, nuancing the dynamic tension between perceptive openness and interpretation.

The concept of bridling, introduced by Dahlberg (Dahlberg, 2008), implies applying a slowing down of ‘making definite what is indefinite’ and waiting for the phenomenon to reveal itself as a way of monitoring. As I elaborate on the concept of reflexivity, the plot thickens and becomes a continuous, multi-layered bouncing back and forth between openness and critical self-awareness. Finlay describes it like this:

“In my own phenomenological approach I, too, emphasize empathy and openness (Finlay, 2006a, 2006B). At the same time I value researchers' critical self-awareness of their own subjectivity, vested interests, predilections and assumptions and to be conscious of how these might impact on the research process and findings specifically in terms of how they may close down avenues of understanding” (referenced in Dahlberg, 2008).

Another level of reflexivity pertains to the researcher's subjective self, ethnic background, age, sexual orientation, occupational position, and how the researcher influences the research and data collection. This also includes how being an insider or outsider in relation to the participants may influence the interview situation (Langdridge, 2007).

So how then is bias and reflexivity related? According to Finley (2008), bracketing is a cyclical process and can only be partially achieved – hence the need for reflexivity. Consequently, there is a need for openness and to remain open through self-inquiry.

According to McConnell-Henry et al. (2009), bracketing has no place in interpretive phenomenology, as the researcher is part of the research and in the world of the participant, the researcher's previous understanding and knowledge ('fore-structure') helps interpretation.

Giorgi (2010:10) is a proponent of the ways in which bias is present in the research: *“anytime selectivity is present without justification you can be sure that biases are operating.”* Giorgi's statement reveals the fine line the researcher is required to walk. To keep on the right side of that line, Langdridge makes a point of the necessity to stay aware of *“projection of the analyst's subjectivity onto the text”* (2007: 50) and to avoid this by turning *“the hermeneutics of choice”* (2007: 50) towards the researcher.

2.8.1 Personal and functional reflexivity

In an attempt to justify my selectivity and account for how I have understood reflexivity, I will begin by describing my biases. In the following I will seek to achieve transparency by exploring my biases and possible influences in the context of the research question, i.e. functional reflexivity.

The focus of my research was chosen as a consequence of a dual experience of frustration and curiosity in my work in the field of substance use. The frustration was generated by years of working in different treatment facilities for SUD where the recurring pattern was that of relapses and a very low success rate among the majority of patients with regard to staying clean for the duration of the respective treatment and a subsequent period, which varied from weeks to months.

My curiosity was aroused in 2007 when I was invited to run a 7-day introductory course on Psychosynthesis with a group of recovering alcoholics in the context of the 12-step treatment facility. Through this and later experience within a 12-step context, I became acquainted with the AA philosophy and their 12-step program and listened to numerous stories from participants about how this program had influenced them.

I became fascinated by the third step in particular: "Made a decision to turn our will and our lives over to the care of God *as we understood Him.*" (AA, 1953: 39. [Italics in original]). My reflections at the time were around *who was deciding to turn whose will over to whom.* If I could achieve a more in-depth and detailed understanding of this phenomenon, maybe I would be able to contribute to further understanding around this mystery. That was the background of my current research focus.

My investment in the research outcome is directed towards furthering my own understanding of the phenomena and the research focus that triggered me to initiate this doctorate. Additionally, my aim is to deliver a piece of rigorously conducted research of a scientifically high standard of which I can be proud. Undeniably, I admit to hoping that the research findings will prove to be inspirational reading for health authorities and give focus to a potential in the treatment of SUD that has yet to be utilised fully.

Thus the process of bracketing and being reflexive combined has for me constituted a movement between different intents or attitudes, which varied with each stage of the analysis. Initially, my intent was to pull out the central meaning line by line in each interview using the participant's own words. During the early phase of extracting themes, the choice of holding an attitude of openness, wonder, and amazement was most dominant. At a later stage the 'dance' between the individual participant and all cases included confusion, but also persistence and patience to let my self process all the information trusting patterns to emerge.

As a result of my professional background, my preconceptions and biases already exist in the formulation of the main research question and the associated sub questions. My original main research question was: What is the dynamic of the personal will versus a higher power in the treatment of SUD within the 12-step paradigm? Here I assume that there is a personal will, and I assume that there is a perceived higher power. Further, I assume that there is a dynamic going on between the personal will and a perceived higher power in the treatment of SUD within the AA 12-step paradigm. Building on these assumptions, I wanted to find out what the dynamic of the will is in order to understand more about the high percentage of relapse in the treatment of SUD. One disadvantage to the choice of focus on participants who have succeeded for several years to stay in recovery without relapse is that I missed the opportunity to learn from the lived experience of individuals who did not succeed to stay in recovery and find out how they would give meaning to their will's dynamic.

My four sub-questions bring more preconceptions to the fore through their mere existence and formulation. The first sub question is: what happens to an addicted person's subjective will when he or she decides to turn it over to a higher power? Again, my assumptions and preconceptions reveal a preconstruction embedded in the 12-steps of AA, more specifically the 3rd step. Further, I imply that a decision is made by conscious personal choice.

My second sub-question is: what are the psychological mechanisms present with the perceived idea of giving a benevolent force authority over one's personal will? My background leads me to assume that there are indeed psychological mechanisms at play with this phenomenon, and that the meaning the participants attribute 'giving a benevolent force authority' is that the higher power takes authority over one's will.

My third sub-question is; What are the dynamics of the will resulting from the perceived idea of an external or internal power taking authority? Here my pre-understanding is based on the assumption that a perceived authoritative power may be of internal or external nature and that there is an interplay between this perceived authoritative power and the personal will.

My fourth sub-question is: What knowledge can be derived from the lived experience of deciding to surrender one's will and life to a higher power? I assume that knowledge can be

derived about this phenomenon of deciding to surrender by understanding how individuals make sense of their lived experiences of the phenomenon.

This section is a description of how I see my person influencing the interview situation and constitutes my personal reflexivity. In this study, the eight participants were all white, ethnic Norwegians, aged 31-65. The fact that I am a white, ethnic Norwegian in my 40s did not seem to represent a challenge in respect of ethnicity, culture, language or age. Being an outsider not having had the experience of being substance addicted, we did not share common experiences related to the phenomenon being investigated, which might have added more depth to the analysis if I did. However, having been involved with four different 12-step facilities and another four different SUD treatment institutions, I partly shared common ground with four of the participants, although from the different perspectives of patient and employee. Three of the participants had their recovery through the AA Fellowship alone.

Three of the participants did express that they hoped that the research would contribute to give the AA Fellowship and the 12-step program more validity in the world of national health politics. For these three participants, this was thus an explicit agenda and motivation for participation. My reactions to their expectations were divided; on the one hand I wanted to acknowledge their trust in the research project, but on the other hand I did not want to give the impression that I at any point would be able to fulfil that expectation. At the time, I chose to acknowledge their hope, express my understanding and leave it at that.

2.9 Validity

For qualitative research to be rendered as interesting and significant to the wider psychological community, it must fulfil expectations of certain measures of quality and validity relevant to the paradigm of qualitative research. These quality measures are not clear-cut within the qualitative research paradigm, in contrast to that of quantitative research.

In the 1960s and 1970s, qualitative research was developed to facilitate in-depth research in the social sciences and some authors argued that *“psychology is taking a qualitative*

turn" (Bhati et al., 2014: 98). As the history of qualitative research is fairly short, covering a time span of 40-50 years, compared with the history of quantitative research or natural sciences, which dates back centuries, measures of validity for the two research traditions also differ widely in their histories. The debate has been ongoing about what constitutes good measures of validity and what gives reliability according to scientific standards (Cohen & Crabtree, 2008; Morrow, 2005; Yardley, 2000; Madill et al., 2000; Elliot et al., 1999; Stiles, 1993). One main issue spurring this debate is the evaluation of qualitative research by measures adapted to quantitative research.

In my investigation into literature to discover what defines good research practice in qualitative health research and what the measures of good quality currently are, I looked into the perspectives of Elliot et al. (1999); Yardley (2000); Cohen & Crabtree (2008); Smith et al. (2009) and Bhati et al. (2014). My main emphasis, however, will be on Yardley (2000) as referenced by Smith et al. (2009).

2.9.1 Sensitivity to Context

An intrinsic part of the concept of quality in qualitative research is carrying out ethical research through ethical conduct from the early planning stages of the research project, into the formulation of the research question and through choosing the ontological and epistemological underpinnings of the research. This requires a high degree of sensitivity to context (Yardley, 2000; Smith et al., 2009). Sensitivity to context involves different levels of attention to reach an in-depth analysis by linking the idiographic to the nomothetic using the existing work of other researchers and theories providing distinctions within the topic.

Sensitivity to the data itself is also fundamental. Deviating data must be transparently accounted for and the findings must be supported by empirical evidence. Sensitivity to context also pertains to all levels of contact with the research participants including the actual physical encounter in the interview situation, where no harm and nonmaleficence is the leading concern. Here my training as a psychotherapist has been helpful in facilitating a good rapport and creating trust in my individual dialogues and contacts with the participants.

Language is the means by which our dialogue took place and this dialogue was then analysed after transcription. My focus was on sensitivity towards how language is shaped by the common culture in Alcoholics Anonymous and how that culture influences the meaning of certain expressions. Initially an outsider, not having had the experience of being substance addicted, I benefitted from my previous work with 12-step facilities, reading the AA literature (*The Big Book*, 1937), and having repeated visits to open meetings in AA Fellowship groups, which has taught me their jargon and internal cues and references.

This knowledge has helped me to give meaning to their accounts during the interview, facilitating the dialogue, enabling me to confirm understanding and adapt the pace of my probing to the participant. Further understanding the language used by this group aided my understanding and analysis in a deeper way than a researcher without this knowledge could have provided. Yardley holds that *“sensitivity to the linguistic and dialogic context of each utterance is crucial to interpreting its meaning and function”* (2000: 221). Smith et al. is concerned with the ability of the researcher to produce good interviews through *“negotiating the intricate power play where research expert meet experiential expert”* (2009: 180), which I believe I have done successfully judging from their rich descriptions of the situated experiences of the interviewees, and their reactions of gratitude.

The issue of power dynamics has been a point of contention and paradox for me. On the one hand, my primary focus has been on conducting ethical research that would protect the research participants. On the other hand, measures of quality for qualitative research suggest auditing as a method of securing credibility (Elliot et al.: 1999). I have chosen to have my academic advisor and my academic consultant audit the results of the analysis without the transcripts to avoid exploiting the accounts and jeopardising anonymity. I have instead offered a rich collection of quotes from the transcripts to ground my findings.

Sensitivity to context in IPA is expressed most clearly through immersion in the data, working at each individual transcript and later across cases to draw out their collective understanding of the dynamics of their personal will. Through the results section, each participant is given a voice (Smith et al., 2009) and interpretations are offered as possible ways of understanding the phenomenon, not making general claims.

3.9.2 Commitment, Rigour, Transparency and Coherence

Smith et al. (2009) argue that commitment is “*synonymous with a demonstration of sensitivity to context*” (p.181), referring to the considerable investment of the researcher in undertaking an IPA research project throughout data collection, analysis and discussion. Yardley asserts the importance of a prolonged commitment to the topic and of developing the capacity to skilfully perform the craft of using the research method. From the start of interviewing in April 2014, it took 12 months to reach saturation of the analysis and to distil the data.

As the interviews were conducted in Norwegian, the analysis was also conducted in Norwegian, my native language, up to the point where I had formulated the superordinate and subordinate themes for each participant. From that point on, the themes were translated into English and I continued to work with the themes across cases in English. Keeping the data extracts in the original language enabled me to have the sensitivity of my own language to refer back to, and stay congruent with the understanding of the lived experience in the lifeworld of the participants. Upon finalising the results chapter, the extracts from the transcripts were sent to a professional translator for translation into proficient English. When the translation was returned to me, I checked it against the original quotes to ensure that the subtleties of the quotes were not lost.

In the analysis I have taken care to include both similarities and differences to show deviating data. I sought homogeneity on two levels: all participants had no less than two years of sobriety and were still active in AA, in regular contact with their sponsor. I also wanted to have an equal number of men and women to see if there was any gender-specific meaning-making related to the phenomenon, and this has been addressed in the discussion chapter.

The analysis was a continuous movement back and forth between focusing on each individual case and the individual superordinate themes (with subordinate themes) and working towards an overall structure for the total of 97 individual superordinate themes across cases, and the subordinate themes across cases. This phase lasted for about seven months until I reached a point of saturation and the themes had been organised

meaningfully. During this period a research diary was used to document the development in my reflective process.

I have sought to provide a generous number of appropriate excerpts that demonstrate the themes being described to facilitate accessibility for the reader and auditor and to build the narrative account (Yardley, 2000). Smith et al. (2009:181) suggest that the interpretation should be visibly present in the analysis *“moving beyond a simple description of what is there to an interpretation of what it means”*. Consequently the meaning of each superordinate and subordinate theme is given an interpretation from the meaning I have drawn from the participants’ accounts and understanding of the research question.

2.9.3 Impact and importance

On the topic of the impact of the study, this elaboration must necessarily be a combination of hopeful reflection and ungrounded speculation. Still, I would like to offer some perspectives on the impact this study might have, inspired by Yardley, (2000), Smith et al. (2009) and others.

A research project may be utilised and have an impact in different ways, but firstly in relation to the original intent of the analysis and whether the findings offer new knowledge as an answer to the research question. I would suggest that some aspects of the findings represent ‘a novel, challenging perspective’ (Yardley 2000: 223) that may initiate some debate around the nature of the personal will and the dynamics of the personal will in recovery from SUD. Especially with regard to the first superordinate theme, the Will Complex in Substance Dependence, representing a seemingly complicated dynamics of the will.

A pilot project initiated in October 2014, described under Final Products, proved to give a favourable outcome. It was successful in the sense that the constructs of Omnipotent Destructive Intent, in the terminology of AA - the self-will, and the Core will were meaningful to young substance users in the pre-contemplation phase (Connors et al., 2013) of their early sobriety. The constructs were meaningful as a way of understanding and referring to their experience of the dynamics of their will. In the prolongation of the pilot

study, although only three months long and exposed to only one small group of users, the effect of the raw presentation of the concepts points toward a therapeutic effect. In particular when sophisticated and integrated into a holistic treatment concept or as an enhancement of existing therapeutic treatments as suggested by the co-therapists in the pilot study. For psychotherapists in clinical practice, the concepts may become a helpful tool in the treatment of SUD as it has for me. In my private practice, conceptualising the unpredictable turns of the will towards using or not using became the main concept substance addicted clients refer back to as a meaningful way for them to understand what they experience.

In many western societies, the target group often suffers stigmatisation, and if this research project can contribute to further understanding of the SUD by shedding light on the complex they are victims of, and contribute to diminishing the stigma, then the impact and value of this study will already be considerable. Another way this research project may have an effect is related to the socio-economic aspect in that it points to ways in which individuals suffering from SUD may find a 'cure' with the help of an organisation that operates free of charge representing no cost to society. On the contrary, it represents cost savings that go unnoticed. In this sample, three participants out of eight, or 38%, did not receive help from any public health services to recover from SUD.

I seek to inspire the therapeutic community within my transpersonal tradition, and within the environment of 12-step institutions. I hope to inform and spur debate nationally and internationally in the field of 12-step research concerning will. I will continue to give workshops, courses and seminars to educate the psychosynthesis therapy community internationally in their work with SUD in psychotherapeutic practice.

2.10 Method

2.10.1 Design

This qualitative research project was planned as a classic IPA research project with selectively chosen participants. Small numbers of between 6-10 participants are recommended for doctorates by Smith et al. (2009). Having conducted an earlier research project involving four participants, I wanted a larger body of data to base my analysis upon

and chose eight participants for my IPA project. The participants had experience of being in long-term recovery from SUD within the AA 12-step paradigm and would be in a position to give detailed and rich accounts. The participants were not chosen purposively with regard to ethnicity, religion, occupational status or marital status.

The participants were interviewed using semi-structured interviews. The duration of the interviews was between 75-90 minutes and the interviews were digitally recorded. The interviews were then transcribed verbatim in the original language (Norwegian). The analysis consists of several stages, starting with reading, writing initial notes and extracting emerging themes per case.

Superordinate themes and subordinate themes were formed as all cases were seen in relation to each other. These themes are considered the findings and results of the analysis presented through a narrative descriptive and interpretive account grounded in extracts from the transcripts.

2.10.2 Participant recruitment

Within the scope of the chosen method of IPA, the sample size will necessarily be small rather than large. I wanted to work with a larger data set and have a broader foundation for the superordinate and subordinate themes. I considered eight participants to be a suitable number to work with and doable within the timeframe of the doctoral program (Smith et al., 2009).

The recommended way of approaching selection of participants in IPA is to be sample-specific as the project set out to investigate a specific phenomenon through the lived experience of that phenomenon. I chose to focus on participants who were in long-term recovery from SUD and who had the lived experience of surrender to a perceived higher power during their recovery.

I chose to contact the National AA Service Office situated in Oslo, Norway, who were supportive of the research and offered to contact participants, according to the inclusion criteria for this study. Eight participants had been found within three weeks of the initial meeting with the AA Service Office representative.

Homogeneity in the sample was sought on two levels: firstly I wanted about 50% of the participants to have a longer sobriety and about 50% with a shorter sobriety, i.e. no less than 2 years. My rationale for this was to investigate the differences in the perspectives on the dynamics of the will with shorter or longer sobriety. Secondly, I sought homogeneity in an equal number of men and women to investigate whether gender-specific patterns of experience would emerge related to the dynamics of the personal will in SUD.

With the AA Service Office effecting contact with participants, anonymity was secured up until the participant had had the opportunity to read the Participant Information Sheet received by e-mail from the AA Service Office. Upon their agreement to participate in the project, I was given their phone number and called each one to make contact and answer any questions. An informed consent document was signed prior to each interview. An incentive was considered, but advised not to be offered by the AA Service Office and thus was not offered, not asked for. As a token of gratitude, each participant received a bouquet of flowers after the interview was completed.

2.10.3 The Participants

The research participants were alcoholics, and by definition of the AA philosophy still in recovery. Four were women and four were men. Their ages ranged from age 31 to age 62, with a mean of 45.6 years.

At the time of the interview, the participants' length of sobriety ranged from 2 years and 3 months to 17 years and 6 months, with a mean of 8 years. Two participants had 2-2.5 years of sobriety, four participants had 5-7 years of sobriety and two participants had 17 years. Half of the group had used more than one type of substance. The length of time as substance-dependent and actively using varied from 4 years to 42 years, with a mean of 20 years.

Three of the participants found sobriety solely through attending the AA fellowship, through sponsor support and working the steps, without any prior or parallel inpatient treatment. Three of the participants found their sobriety through the combination of

treatment from a 12-step facility and joining the AA Fellowship. Two participants who found their sobriety through the AA Fellowship had several admissions to non 12-step facilities prior to entering the AA Fellowship, but no additional treatment when entering the AA Fellowship. This means that five out of eight participants became sober and stayed sober with the help of the AA Fellowship, and three participants achieved sobriety with a combination of 12-step inpatient treatment and the AA Fellowship.

Five of the participants were in long-term relationships and three identified as single. Six participants were parents. All eight participants were resident in the south-eastern part of Norway. Seven participants reported being in full-time occupation and one person was on sick leave. All eight participants were ethnic Norwegians.

2.10.4 Interview questions

As a researcher using IPA, I do not set out to test a hypothesis, but rather have a superordinate question that I want to explore through interview questions and subsequent analysis of the interviewee accounts. (Langdrige, 2007). For semi-structured interviews, the focus is idiographic and the interview questions are designed to elicit rich descriptions of the phenomenon through how it is perceived by the participant. In formulating the questions in the interview schedule, I used the recommendations made by Smith et al. (2009:57) and approached the interview situation with *"a commitment to understand our participant's perspective and to take their claims and concerns seriously"*.

I developed the interview schedule with quite a few narrative and descriptive questions meant to evoke reflections for the participant around the participant's experiences of a phenomenon. The schedule was not meant to be rigidly followed during the actual interviews as I wanted the interview to remain flexible to allow for a dialogue with a purpose (Smith et al. 2009). The pilot interview demonstrated that the schedule was a good starting point for the interview, offering a good set of questions to choose from and was thus retained as originally formulated.

The questions in the schedule focused on the dynamic of the personal will related to being substance-dependent, for example: "How did you experience your personal will when you

were actively using?” or “What did you think or feel about wanting to continue using or wanting to stop using?” Further, I formulated questions around how they experienced their personal will as such: “What happened that made you choose to stop using?”, and in relation to a potential higher power: “If you have had experiences of surrendering your will and life to a higher power, can you describe them?” (‘Experiences’ is used in the plural as research shows that surrendering for many is a continuous process). The questions covered a time span from pre-onset of recovery and throughout the period from early recovery and into late recovery for most participants. For the list of interview questions, see appendix 5.

After the interview schedule was sent to the participants to aid their preparations for the interview, I got the opportunity to have the interview schedule reviewed by a senior addictologist in Norway, who pointed out that questions concerning shame and vulnerability might be relevant. Subsequently, the themes of shame and vulnerability were included in the interview situation.

[2.10.5 Data Collection and Interview Procedure](#)

After ethical approval was received from the Ethics Committee following the acceptance of my Learning Agreement, I initiated the procedures described above to find research participants.

Appointments were scheduled and seven of the eight participants met in a secluded, quiet and safe therapy room I hired in Oslo and one in the participants secluded office after working hours. The practical framework and arrangements around an interview also influences the interview itself. One part of framework is the recording device, placed in full view between interviewer and interviewee. This could cause nervousness and inhibition on the part of some participants. Information to this effect was given in the Participant Information Sheet. Still, the recorder was initially a point of concern for two of the interviewees, although when the interview started these concerns receded. Inhibitions were not detected in the interview situation. On the contrary, the interviews elicited a rich body of descriptive accounts (Smith 2009).

Semi-structured interviews were conducted and I chose to open each interview by returning to the overarching research question, knowing that the participants were prepared through having reflected on a pre-sent interview. Just before starting the interviews, I reminded them that the questions they had received were guiding questions, took a step back from the interview schedule and opened each interview by validating the importance of their contribution and inviting each person to describe how they experienced their will during their recovery. In addition, when appropriate, I used open-ended descriptive and narrative phenomenological questions to probe for further descriptions and the interviews had a duration of up to 90 minutes. The list of preparatory questions also functioned as entrance points for the participants during the interview, and the interview itself remained flexible. The eight interviews were digitally recorded and I then transcribed the interviews verbatim.

On the theme of bracketing related to data collection and interviewing, Dowling (2007:137), referring to Giorgi's Minnesota Conference on Phenomenological Nursing Research, writes *"that bracketing is properly done in the analysis phase of the research and is not appropriate while interviewing, when closeness with the other takes priority"*. During the interviews, I was focused on offering the interviewee closeness through presence, awareness and sensitivity to their autonomy to avoid maleficence.

Preparing the interview situation optimally for the interviewees, the behaviour and presence that therapists are trained to offer create an inviting and safe space. Still, my chosen mindset was not so much that of a therapist as it was that of a researcher. As noted by Giorgi, some researchers *"do not bracket off their therapeutic presuppositions radically enough and sometimes let therapeutic guidelines slide into scientific practices"* (2010: 16). The strategy gave rich data from all participants with detailed descriptions, facilitating an in-depth analysis of the phenomenon.

2.10.6 Analytic Method and Process

The analytic process was guided by transpersonal theory on SUD as well as informed by existing research, as presented in the literature chapter. The analytic method of IPA

involves an active process of transcribing the interviews prior to thematic organisation combined with an iterative process of intellectual reflexive activity. The practical tools included transcription software, word processing using Word and Excel software, Mindmap software and printed hard copies of documents with emergent themes manually cut and pasted to create a structure. The intellectual activity was complex and included moving between an idiographic focus to a shared focus as well as moving between description and interpretation (Smith et al., 2009:79) where the *"essence of IPA lies in the analytic focus"* and in the commitment to understand the participants' perspectives.

In my efforts to retain an analytic focus, I rigorously followed the recommendations of Smith et al. (2009), transcribed the eight audio files, and listened to the interviews for a second time. While starting to work on the initial exploratory notes in each case, I listened to the interviews again to revive the experience of being in the room with the participant to bring back situational information and cues from the interview experience. Throughout the process of the analysis, each interview was read and reread at least five times. I worked with one interview at the time, taking care to capture, line by line, the meaning the participant gave to their account through their descriptive comments to stay close to the 'thing itself'. I created a column to the left of the transcript and a column to the right and coded each line with consecutive numbers. Initial comments and exploratory notes were written in the right-hand column and emerging themes in the column to the left.

I initially chose to mark the parts of the interviews that stood out as striking or interesting in bold and subsequently returned to them to interpret what was meant by these statements and used conceptual comments. My attention was partly on what a given statement might mean to the participant and partly on trying to make sense of the account, referring back to the research question and asking myself what the particular account might mean related to the dynamics of their personal will in SUD.

One example of the journey of description and interpretation is the transcript of 'Victoria's' account of childhood:

	Emerging Themes	Transcript	Initial notes
line			
668	family dysfunction	<i>It was like there was not much normality left</i>	Not much normality – what is normality? Consequence?
669	lack of will	<i>...and ...and I, it's difficult for me to find that engine at all</i>	Suggestive gem - motor
670	exposure	<i>I grew up in an alcoholic home too ... started drinking at an early age,</i>	Parents alcoholic, drugs at an early age
671	victim	<i>so I suppose I .. I suppose I felt this was just a continuation of something I've felt all the time ...</i>	nurture
672	depression	<i>so depressions have of course been a large part of me.</i>	depression
673		<i>That deep-down feeling that nothing helps,</i>	nothing will help
674	no hope	<i>nothing's going to change, this is going to go on forever ...</i>	No hope

Table 4: Example of emerging themes from transcript

The above section and the emergent themes were assimilated into one of Victoria's individual superordinate headings, 'Powerlessness', which was then organised under a cross-section main theme, 'Victim position', which finally became part of the first subordinate theme under the master theme, 'The Will Complex in SUD'.

When superordinate themes had been assimilated for each participant, in total 97, I looked at them separately and worked with all of the emerging themes across cases, constituting well over 1000 themes in total. In this stage of the analysis, I listened to the data waiting for the data to 'speak' to me rather than rushing to impose categories upon clusters of themes on first impulse to let the information and meaning rise from a deeper level of understanding. This process lasted several months until I reached a point of saturation.

Superordinate themes were not only organised according to the number of appearances in the text across cases, but also according to the analytic value and relevance of content. The themes were seen in the context of the research question. These superordinate themes were present in the accounts of all participants (Smith et al., 2009).

During the period of data analysis, I had regular contact with my academic advisor, who provided feedback on the initial results and offered valuable perspectives to refine my presentation. My academic consultant also read and validated the results and my meetings with him in the final stages of the analysis and our discussions added confidence that the analysis had been conducted with sufficient rigour.

Across the eight participants, the 97 main themes that emerged constituted the basis for the final five superordinate themes; 1. *The Will Complex in SUD*, 2. *The Awakening Core Will*, 3. *The Will Dynamics in Change*, 4. *The Matured Core Will* and 5. *The Higher Will*.

All through the analysis I took care to note both convergence and divergence individually and across cases, all the time keeping in mind what an utterance might mean for the participant. I analysed each case separately until I had extracted all the emergent themes and worked iteratively between the emerging superordinate structure, emergent themes and original statements. I maintained a continuous dual focus, with awareness of the relevance of the particular being mirrored in the final narrative. Following the guidelines of Smith et al. (2009), I have attempted to craft the analysis in the way formulated by Brocki & Wearden: "*guidelines are intended for adaptation and development rather than stagnating*" (2004: 96).

In the final writing up of the results, I have chosen to use richly detailed examples, grounding my findings in excerpts from each participant on each theme presented. I have given a short introductory comment for each theme, putting the finding it represents into context with the previous and next theme described. I have included and pointed to convergence and divergence where appropriate and sought to bind the excerpts together to create a flowing narrative including my interpretations using the hermeneutic circle, always returning to the transcripts.

Chapter 3 Research Findings

After an in-depth engagement with the eight separate interview transcripts in a double hermeneutic process with the lived experiences of the interviewees concerning the dynamic of the personal will versus a higher power in AA 12-step recovery, five superordinate themes emerged:

1. The Will Complex in Substance Dependence (WCSD)
2. The Awakening Core Will
3. The Will Dynamic in Change
4. The Matured Core Will
5. The Experiences of a Higher Will

The findings are as we have seen organized in five superordinate themes with associated subordinate themes in the table below:

Master themes	1.The Will Complex in SUD (WCSD)	2.The Awakening Core Will	3.The Will Dynamics in Change	4.The Matured Core Will	5.The Higher Will
Sub 1	1.1 The First Layer : The Destructive Intent of Escapism	2.1 Hitting bottom	3.1 The Role of the Fellowship	4.1 New Belief System	5.1 The Core Will's intent towards a Higher Power
Sub 2	1.2 The Second Layer: The Omnipotent Destructive Intent	2.2 The New Core Will: Potent Constructive Intent	3.2 The Cultivation of the Core Will 3.2.1 The Shorter Path 3.2.2 The Longer Path	4.2 Spiritual Growth	5.2 The Experience of a Higher Power's Intent
Sub 3	1.3 The Third Layer: The Impotent Constructive Intent		3.3 Conversion to a Higher Power 3.3.1 Rapid Conversion 3.3.2 Slow Conversion		
Sub 4	1.4 The Absence of a Higher Spiritual Principle		3.4 The Will Complex post conversion		

Table 5: Superordinate and subordinate themes

All subordinate themes are followed by a description, and extracts from the original interviews provide a rich exemplification of each theme and each finding (see appendix for a complete set of extracts). Subordinate themes formed from individual themes and themes across cases resulted in the following diagram.

DIAGRAM: Recovery Continuum of the WCSD in the context of AA

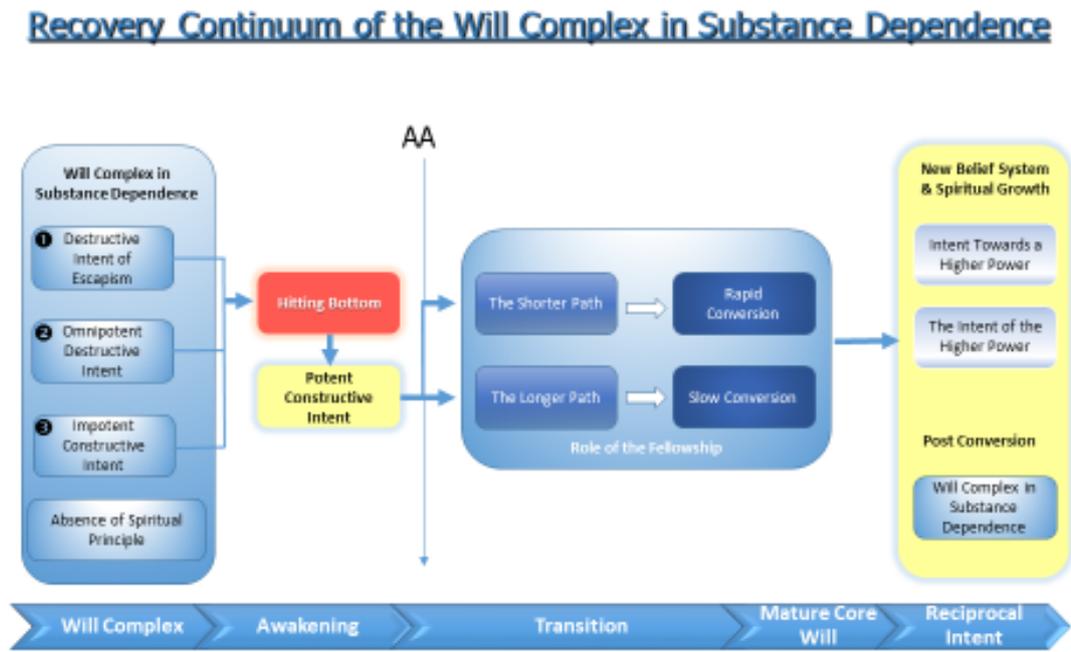


Figure 1 - Will Dynamic in Recovery from Substance Dependence

3.1 The Will Complex in Substance Dependence (WCSD)

As shown in the above illustration, the reader is invited to imagine a time line and the findings as occurrences along this timeline, with the point of departure prior to the beginning of recovery while the participant was actively using drugs and/or drinking. Distinguishing the personal will in action prior to recovery offers a contrast and a deepening perspective to later findings presented in the Analysis and Results Chapter. The WCSD points to three different layers of the will and reveals essential characteristics that correspond to the so called 'self-will' in the Big Book of Alcoholics Anonymous (AA, 1939). In the Big Book, the 'self-will' is undifferentiated and unnuanced. The presentation of these three different layers is followed by a section dealing with the absence of spiritual principles.

3.1.1 The First Layer –The Destructive Intent of Escapism

The eight participants had distinct experiences of feeling victimized by their substance dependence and use. Intertwined with the adult experiences of self-victimization by the ‘Omnipotent Destructive Intent’ aspect of the self-will – six out of eight describe how they were neglected as young people, which led them to grow up seeing themselves as victims of the dysfunction of their individual life circumstances.

Rita describes the experience of being a victim to her own use in a vicious circle linked to a chain of fear and anxiety:

«p: it's ... the alcohol is the reason for the anxiety because you ... you do such ... you do such mean things ... and when you understand what ... when I understand what I've done, I get really scared. I've been really scared, and I've been ... eh... really scared because I've been hung over, and the anxiety really really gets a hold of you, and the anxiety in case you can't get hold of alcohol, that's a terrible anxiety ... lots and lots of fear and ... and the fear of not being good enough and the fear of not coming up to expectations and ... lots of fear» (8.517-523)

Preceding the initiation of her alcoholism at the age of 14 is a story of the child Rita who had been a victim to distorted primary relations. Rita's story is mirrored in the stories of six of the eight participants, who also felt victimized at a deep level:

«p: No ... I didn't have a happy childhood ... I didn't, I grew up in a home where there was very little love, I never sat on my mother's lap, she ... eh... I think ... I think she did her best, but she was ... eh ... she was mentally ill, and she was taking a lot of pills for her nerves» (8.413-416)

Victoria's experience reaffirms Rita's experience of dysfunction and victimization in her upbringing and an accompanying sense of meaninglessness adding to the weight of being a victim of her circumstances:

«It was like there wasn't much normality left. ...and ...and I, it's difficult for me to find that engine at all, I grew up in an alcoholic home too ... started drinking at an early age, so I suppose I .. I suppose I felt this was just a continuation of something I've felt all the time ... so depressions have of course been a large part of me. That deep-down feeling that nothing

helps, nothing's going to change, this is going to go on forever ... that's how it's always been, this kind of feeling of fatigue.» (1.667-674)

Victoria's experience of meaninglessness in the atmosphere surrounding her in her childhood seems to have bled into experiences in her adult life as substance-dependent:

« everything was fractured, I didn't have anything to look forward to, I never went on holiday, right, so it was ... life was quite stripped of things, it was pared down to ... eh... but maybe I had hope somewhere I don't know, but ... eh..., no, I suppose I thought about suicide a lot (mhm) and I had quite a few suicide attempts then too ...» (1.647-651)

Dorthe, having experienced bereavement at a young age, the death of one of her parents, shares her experience of insight into her early victimhood and the consequences:

«I knew that my, as I call it, alcoholic behaviour had started long before I started drinking, in fact right from childhood ... I used sugar and food as an escape then, so those traits were in place quite early» (5.58-60)

She describes the impulse to escape the underlying emotions that fuel the 'Omnipotent Destructive Intent', causing her to paradoxically feel completely powerless in the face of total meaninglessness:

«...I just wanted to get away, I just wanted to keep thinking that life was impossible eh... it's just ... sort of ... for me there's only one way and that's down, you see, and then finally, ... you feel that I just want to live very fast and be done with it and die ... because you can't take a place in life in the flow of life, you live as if you're going to die, you don't live until you die. » (5.461-5.465)

The repeated pattern of naming the addicted personality as 'it' existing parallel to an 'I' is present in Mayas account almost personifying alcohol and the Omnipotent Destructive Intent. Maya also describes a total loss of control and victimization related to alcohol:

"p: mmm... I felt I was living a life where I had no control over my drinking but that it controlled me, and it decided that I would have a drink when I didn't want to have a drink, and drink quantities I didn't want to drink and do things I didn't want to do ... or that I couldn't answer for but that I did anyway» (4.6-10)

Accompanying the experience of having been a victim of her addict life is an accompanying belief that her lack of worthiness of being loved stemmed from her childhood:

«but I remember that I thought my parents or that my Mum didn't really love me, not really ..., that I might be sent to a children's home or something if I made a mistake, which I hadn't, but that was what I thought, that I thought ..., that love is conditional ... eh... so that clings to ... that's clung to me all my life, in a way ...» (4.575-579)

George, like Maya, experienced life as a boy as inherently unpredictable, making him unsure of life itself:

«But for me, it's ...when I was growing up it was so ... so... and ... and I know more about that ... It's more to do with that uncertainty, not uncertainty about myself, but uncertainty about life as such ... I mean, ... because ... there was so much unpre... unpre... unpredictability (7.421-424)

While being consciously aware and registering that his use was out of control, he still felt victim to his own lack of courage to alter his predictable and familiar substance-dependent life:

«of course I've known for many years that things were completely out of ... of control, but I didn't have, I didn't have the courage ...» (7.188-189). George's lack of courage combined with anxiety and a feeling of meaninglessness added weight to his experience of being a victim of his own use:

«p: you see, ... I think that that feeling of meaninglessness had been there not as a kind of all-consuming feeling, but that I ... that sometimes there was something quite ... I was popping a lot ... a lot... of pills then to dull ... I mean ... what was what is difficult for me to say, but eh... i: to dull ...?»

p: anxiety... worry...» (7.544-549)

Steve describes the scope of his denial and the madness of the world he had created, and how deeply he had become a victim of his omnipotent mental constructions:

“pushed away everything I believed... I mean I've lied to myself so much, right, that I ... that I ... that even I believed it. (mhm) So I can see the kind of madness I was living in more much

clearly now than when I joined AA when I was a wreck, so it's clear to me now that it was much worse than it seemed to me then ...” (3.168-172). Further, Steve sees the connection between his childhood inferiority complex and the development of his addiction:

« I could sort of see the connection, with my whole life in a way, with ... with my parents and my father that I was never good enough and ‘it’s no wonder you’ll never be anything’, you know, and all those connections, and my mother saying ‘never mind it’s only words, I’ve never done anything wrong, have I’» (3.284-288)

Tom and Bernhard represent the two participants in the sample who describe experiences of helplessness and meaninglessness mainly related to substance use and not to childhood experiences. Tom explicates how deeply victimized he felt by his substance use:

«that life has no meaning... that’s typical ... eh... typical if you want to kill yourself, then that’s often what you can’t ... if you feel life has a lot of meaning. « (6.219-221)

Bernhard follows up with his experience of total helplessness related to his sense of worth, his feeling of being incapable of achieving anything and being destined to fail:

«the idea that everything I touched would sort of go wrong. A feeling that everything I did was sort of unwanted.

I: by others...?

P: yes, or that I was on some way fated to mess up. And that made me feel very down» (2.111-114)

Summing up the key dynamic of the experience of feeling powerless and of being a victim to one’s upbringing and / or to one’s substance dependence, Dorthe shared the following:

«to have so much pain inside ... eh...and the fear is also about that no-one in the whole world can save me from this ... or take care of me.. including me... I can’t take care of myself either ...» (5.94-96)

This subordinate theme demonstrates different entrances to the First Layer, the Victimized Position as a child and as an alcoholic, existing parallel to the Second Layer – the Omnipotent Destructive Intent. According to the data, the participants’ experience of being in a victimized position and increasing powerlessness grew in momentum throughout the

addiction career. This was partly due to failed attempts to change external conditions to improve their life circumstances, described in 3.1.3, which exacerbated the experience of helplessness, hopelessness and powerlessness.

3.1.2 The Second Layer - The Omnipotent Destructive Intent

All of the eight participants described their experience of the uncontrollable drive of what I found to be The Second Layer of the will while actively using substances, named the 'Omnipotent Destructive Intent'. The descriptions reveal the forceful intent behind the destructive power held by an omnipotent addictive self, devoid of empathic considerations. This first aspect of the Will Complex in Substance Dependence is associated with what is referred to in the AA literature as 'self-will'.

The participants emphasised the power of the self-will and the 'self-will run wild' (AA, 1937) while actively engaged in alcohol and substance use. George unequivocally describes how the self-will and personality of an addicted person symptomatically acquires disproportionate dimensions:

« I thought I was a different person from who I really was ... and the intoxicant supports that ... the alcohol, I mean ... most of all the feeling of invincibility ... megalomania...» (7.599-601)

Bernhard adds to this perception of invincibility with his belief in the omnipotence of his plan to save the world:

«If everybody just followed my plan, they'd all be OK, and I think for me that's been a sort of key ...

I: idea?

P: yes, it wouldn't be just me, everybody would be OK. (mhm)» (2. 514-517)

Tom's statement includes an underlying meaninglessness as a significant component of what for him generated this sense of omnipotence and need for dictatorship: *«then everything really loses meaning as well ... and it was just me having to control everything» (6.209-210)*

Another characteristic that is inherent in the 'Omnipotent Destructive Intent' is the traits of contempt and lack of empathy, as described by Maya:

«earlier I was very much the tough guy, didn't want anyone to have anything on me, didn't want to show my weaknesses, I despised weak people, a bit like that ... had on a kind of emotional armour, so no-one could get in.» (4.556-559)

Ameliorating the description of this second layer, Steve is courageously clear in revealing a description of his character traits while living life as an addict:

«P: I suppose I was a bit ... had a few psychopathic tendencies. (pause) (laughs) wanted things my own way ... so I suppose I was eh... yes, I suppose I was. » (3.674-676) He underlines his past experience of himself by adding: *«so I was quite successful, but it's been over a few dead bodies » (3.720)*

The above extracts, along with the next from Rita, add a dimension to the omnipotence felt by these participants. The sheer strength of the power of the Omnipotent Destructive Intent is evident from the fact that she and six of the other research participants were able to maintain full-time occupation in work or studies while addicted to alcohol and using drugs.

«... even when I was drinking, I had ... I built up this business, but I managed to hide my drinking so well that ... oh... I was so manipulative and cunning that I managed to surround myself with people who were good at their jobs ...» (8.151-153)

Victoria outlines the rigidity of the 'Omnipotent Destructive Intent' running alongside a self-sufficient script that caused difficulties in her life while being addicted to alcohol and other substances:

"when we get into trouble, it's often 'self-will', that we say as a concept, that I am my self-will now, right, I'm the one who's been off doing things and now I want things to be the way I want them to be " (1.407- 1.409)

Dorthe realises the clearly destructive aspect of her use of the 'Omnipotent Destructive Intent': *«I began to be aware of what I'd caused ... so I associated self-will with being really aware that I'm destroying everything ...» (5.113-114)*

The destructive extremes to which this layer of the self-will drives an addicted person is described here in Rita's words:

«they know that their mother was willing to completely neglect them in order to be able to drink ... I could have abandoned them anywhere to get alcohol ... and it's so ugly... and it... but it ... it's the madness in the disease, that's how mad you get ... I had no willpower in relation to myself» (8.317-320). An interesting question here is who she is referring to as 'myself' if it was not the part she experienced as wanting to drink.

Dorthe concurs in the scope of the power and skill in the destructiveness of the 'Omnipotent Destructive Intent' :

«... it's very unrealistic ... eh.... And what am I trying to say, and at the same time as there is so much power in it, things can become very destructive, I mean I know now that that's what happened, that's what I did but at that time I wasn't able to see that it was through me ...» (5.382-385)

In ending the description of the Omnipotent Destructive Intent, George adds another nuance to a core facet of the self-will, the self-absorbed world of the self-will - powerful, self-centred and grandiose.

«the thing I think is important here is that wilful, self-centred, selfish thing, all that self, self, self thing that is ... that is the challenge ... that has gone completely berserk » (7.267-269)

This first layer of the self-will complex displays an enormous power to do, act and arrange whatever is needed for the individual to keep up the logistics so as to continue using or drinking without interference. The participants all describe experiencing the almost unlimited strength of the destructive and omnipotent aspect of the will in its capacity to be highly functional and skilful at administering drinking and using facilitated by manipulation.

3.1.3 The Third Layer – The Impotent Constructive Intent

The Third Layer of the WCSD, present in the experience of all the participants, reveals a parallel aspect to the First (1.1) and Second Layer (1.2). The Third Layer – the Impotent Constructive Intent – emerged in the data as a pattern when the individuals started to experience life as unsatisfying in the course of life as substance-dependent. The Impotent Constructive Intent of the will complex has an intent towards finding a way to improve life circumstances not by necessarily stopping the use of substances, but by futile attempts to control their use - through focusing on altering external conditions.

Victoria had many experiences of this impulse towards making a change in her addict life, and her statement gives explicit examples of her multiple attempts while still using, and her inability to understand why external changes did not improve her life:

« I suppose I had the idea then that if I moved away or got a job, or got into a college, things might change, but I tried all that and nothing seemed to work. (mhm) So I suppose I felt that in the past few years I had in a way tried all of those suggest... those supposed solutions and nothing had worked out, right, I'd had a job and been fired, I'd tried college and not been able to do it, I'd met the love of my life and it didn't work out, right, I mean I had an idea that something outside myself would change me ... eh... and that obviously didn't happen» (1.652-660)

Resembling some of Victoria's experience, Steve describes his experience of struggling to manage his life and his use, externally, for years without succeeding:

«when I went to AA I was mentally and physically shattered and it was my first AA meeting and I'd tried absolutely everything.» (3.8-10)

On her journey through her alcoholism, Maya made some major external changes in an effort to alter the consequences and relieve the difficulties she experienced as a result of her drinking:

p: tried to .. eh... well, I thought for example that if I move to France, I'll control my drinking and drink normally .. so I moved to France and lived there and it just ... and my drinking got much worse there and then I thought I need something else, I'll move back and change my

course of study and if I could change external things then something would change with me and with alcohol and that I would suddenly be normal then. So I used a lot of energy and will on all kinds of things, all kinds of projects to save myself» (4.285-293)

Dorthe had also exhausted her options in her attempts to improve her conditions:

«For me, the fact was that I'd sort of, I'd had it confirmed that very many things I'd tried or put my hopes in or whatever ... had failed» (5.549-551)

George's account at this stage, on the other hand, describes his Impotent Constructive Intent wanting to control drinking whilst a parallel Omnipotent Destructive Intent (1.1) intervened:

«I went to an outpatient clinic, think it was 3-4 years before the last ... then I went to an outpatient clinic in... once a week at the Inkognito clinic ... I think I went for more than 6 months, conscientious as I am, every ... once a week. We counted units and we ... I say we, I don't think ... so we ..., I counted units and I lied, right.» (7.512-515)

A similar pattern was experienced by Rita, who sought detoxification with the intent of controlling her drinking to improve her life, but not to stop drinking:

«I was a regular customer there for a while, I was in and out all the time and I ... the only thing I thought about when I was out there was ... or I mean was out ... was a patient, was to recover enough to come out and be able to tackle alcohol a bit better» (8.198-202)

Bernhard gives voice to the strain his futile efforts put on him over time:

« all those things I'd tried to achieve and that I'd failed at, for example, it takes its toll on you» (2.115-117)

Tom had sought AA but still experienced failure despite his efforts to stop drinking, reflecting the nature of the constructive but impotent intent:

«p: ... when I was in AA and went to AA meetings and had a sponsor and worked with the steps and things then too, but had lots of relapses then ... so that everything ... and that was the first two years ...» (6.219-221)

Maya beautifully captures the paradox of competing aspects of the Will Complex in Substance Use Disorder through her perspective on her experiences of despair:

«p: I had will, but I didn't have a choice as to whether I should drink or not, but I used willpower and my will to try and change how I drank and tried to change things in my life » (4.281-283)

This Third Layer, the Impotent Constructive Intent, captures the parallel strong but unrewarding intent and willingness to help oneself towards an improved life situation, but in contrast end up with the experience of building a portfolio of failures. In all eight cases, means to improvement where sought externally and not internally. This aspect of the WCSD displays a handicap in the participant's inability to turn attention inwards and instead misdirect focus to external problem-solving.

3.1.4 The Absence of a Higher Power

Another feature common to seven of the eight participants in the phase of being actively addicted was the experienced absence of a sense of a higher power or spiritual principle. To some of the participants, the thought of religion or a higher power had been merely absent, while for other participants the thought of religion prompted a strong repulsion prior to recovery, as exemplified in Rita's account:

“P: No, I thought it was just disgusting, I had such a negative attitude to religion and Christianity and Christians that I couldn't respond to it in any other way” (1.285-287), while Bernhard's attitude reflects the simple absence of spiritual awareness:

«I wasn't religious or anything, it was in a way ... eh... that wasn't in my mind at all» (2.57-59)

Steve represents a voice expressing scorn and shame at even being associated with 'God-talk'

«I didn't even see that it said 'God' in the program, so when we got to the second step it actually just says that you should actually be focused on ... I mean, you should be willing to believe in a Higher Power, so I thought I was expected to see that and understand what it was and started to get embarrassed when people came to the meetings, newcomers and ...

'don't pay too much attention to all that God talk' and, right, was very ... because I was very unsure myself and in denial myself » (3.114-119)

Dorthe was more oblivious to the possibility of the presence or even existence of a power greater than herself:

"but eh... and I don't think even I believed that it was possible to sort of meet something I could call a power greater than myself at that time» (5.12-13)

George's experience was that religion was a set of rituals that had no bearing on his life:

«... it's been rituals and outer ... outer ... things ... it's never been something that has influenced my life ...» (7.137-140)

For Rita and Tom, spiritual beliefs had been entirely absent, as Rita says: *«before all this started to happen, I was never a spiritual person» (8.503-504)*, and Tom adds a profound reflection on the consequences of the absence of a higher power in his life before initiating recovery:

«I think it's all to do with the fact that I didn't ... that I didn't believe there was any ... any ... plan in the world, or any Higher Power» (6.207-209)

This subordinate theme describes an existential void and an absence of a constructive essence and content. The First, Second and Third Layer as described by the participants, combined with the absence of a Higher Power, constitute the totality of the Will Complex in Substance Dependence. This constellation result in an internally self-contradictory dynamic causing a negative trajectory of destructive development.

3.2 The Awakening Core Will

3.2.1 Hitting Bottom

All eight participants describe a distinct moment often referred to in AA literature as 'hitting bottom', an experience of reaching a personal limit in their present way of life and mode of

existence. This personal limit cause the individual to awaken to a 'new' awareness and therefore seek to change direction and their way of life.

For Victoria her experience of hitting rock bottom became tangible when she had been able to become and stay sober and then had a relapse:

"... I had a relapse after a year and I felt so down about it and was so afraid again and thought that now I might not (mhm) I might not be able to do it, so then I came to a decision" (l.1.95-1.97)

She decided to commit herself in a new way, motivated by her crisis, she points to an awakened intent from a different internal source than prior to hitting bottom:

«that if I read the Third Step Prayer that's in the Big Book every single morning, and I did, I was so desperate that I did it, I went down on my knees» (1.98-99)

Referring to her experience of reaching rock bottom, Victoria sees an element of surrender in reaching her limit:

«I think that relapse was an even greater capitulation for me then. (yes) Mhm, so I think you just have to have a capitulation to be able to .. to open up, I mean you have to in a way say I'm going to stop this now and then something else begins» (1.135-138)

Bernhard describes the desperation he felt at that point in his process:

"what I mean is that I sort of felt that I was 'at my wits' end' because ... am I crazy, and if I'm not, what's the matter with me ..." (2.637-2.639). Then his substance dependence took him to a point where he realised how crucial his situation was:

"I really felt I had no control over it at all ..., and I hoped in a way that realising I had no control would change the situation somehow (mhm) but not ... eh... and then you go around kind of trying to accept that that's kind of the way it's going to be, and then you realise that I just can't accept it, and then you see that this is going to kill me ..." (l. 2.641-2.645)

The choice between life and death was similar for Dorthé and became an issue for her when she reached her ultimate turning point:

"we shared a bottle of red wine since that was what we had. Then I was standing there ..., 'but I had a black-out'... and then it sort of struck me really strongly that it didn't really matter how much I drink, this is how you react to alcohol, and then a very strong voice inside me said: 'if you keep going now, you'll die'. And then, in a way, right then, after that I think I took a mouthful and just realised that this was not something I wanted. 'Now I have to sort of ... now something else has to happen', but it's as if that moment was so immense and powerful, it made me stop" (5.234-5.242)

Steve had the experience of hitting bottom twice in 6 months. The first incident was a quite dramatic and sudden experience:

"we were at my Mum's, she (his daughter) was 6 years old then, and we went home again, and I had decided that I would never drink with her, but of course I couldn't, so gulped down a lot of 96% spirit, and she woke up to me vomiting blood ... early in the morning. And then I thought, that's it, now I've just got to ... and then I rang her mother and sort of said that's the end of it ..." (line 3.44-3.48)

Steve's experience of hitting bottom the second time was a situation where again the question of whether to live or die presented itself:

«I got depressed and was close to killing myself ... I had the choice between starting to drink again, killing myself or giving myself over to this program and getting myself a sponsor ... and fortunately I did the latter.» (3.105-108)

Maya's experience of hitting bottom after a drinking episode was characterised by surprise and fear:

"I had a terrible last drinking binge, it was so bad that I couldn't believe I drank so much, or... (laughs) I surprised myself for the first time ... in a very long time at least ... I knew that I wouldn't drink that much ... not that way, and then ... I didn't really dare do anything else [other than seek help by contacting AA]." (4.456-4.459).

Tom's experience of hitting rock bottom was of the more sudden kind as he was caught drunk-driving: *"and then I got caught by the police for drunk-driving, I had quite a high level of alcohol in my blood..." (line 6.35).* As if the humiliation of being caught drunk-driving was

not enough: *"my children were in the car too ... eh... yes, and it was obvious I was going to lose my license for a long time, and I felt ... it felt like ... the whole situation, the whole incident felt very dramatic at the time ... getting caught by the police and being found to be ... even the police officer who caught me, he was someone I knew ..."* (line 6.44-6.49). This episode was a game changer for Tom: *"And it was ... eh... the reason why I'm telling you all about the whole episode is that that was when I sort of gave up ... because ... I felt something ... something big ... something big had changed, and that made it OK."* (line 6.54-6.56)

George's and Rita's addict lives were particularly long and arduous and their journeys towards hitting bottom equally so. Rita experienced total degradation and humiliation when she was caught drunk-driving after crashing into another car and the circumstances of the accident became known in the local community:

"as I began to come back down, (I realised) I sort of had ... I had gone to such an extreme, I couldn't go any further. I had given myself such a scrape, and I was so ill, and I was so worn out, that when I got into the AA community and got outpatient treatment at the same time and accepted all the help I could get, I was willing to do anything" (line 8.257-8.261)

Rita's experience reveals similarities with the crisis that George went through, but prior to experiencing his turning point, George experienced a gradual capitulation:

"I lost my grip on ... things ... my grip on ... that it was, it was meaningless. I was in the middle of a ... what many people would call a very successful career, and had never earned as much money as then, and it was sort of ...everything was very kind of glamorous on the outside, so there was sort of no ... there was no outward sign of me going downhill in my life ... but my life had no meaning any more ... it... it was ... it was a surrender ... that's what it was ... not a surrender, more a kind of giving up ..." (7.45-7.51)

George was admitted to a treatment centre for the umpteenth time in his life, but this was his first time at a 12-step clinic and he experienced the following: *"it must have been 10 or 11 days after that admission I was with 2 others from that place and I suppose ... I would say that I had what I would call a nervous breakdown ..."* (line 7.65-7.66). The nervous breakdown was George's ultimate personal limit that gave birth to his awakening: *"It gets*

to the point where I reach bottom, it's also ..., it's painful, acknowledging my hopelessness, it's painful to acknowledge that I'm hopeless ... it has been terribly painful for me and then ... when I'd been sober for a fairly short period when all this emotional flabbiness ... I call it emotional flabbiness, came up ... in me ... I mean all these anxieties of mine, all these things that have been completely submerged in alcohol for years ... when it came up in me ... and I didn't have ...and there ... there was no question of doing anything to get out of it ... except take it ... it was painful ...» (7.762-768)

In this subordinate theme, the incidents that generated the experience of reaching a personal limit and awakened a new impulse and intent were motivated in all eight cases by a personal crisis. Though their experiences carry individual facets, they all faced despair, anxiety, degradation or humiliation and for the majority, a question of life or death. As a consequence of hitting bottom they all experienced a new and awakened will to choose a different future.

3.2.2 The New Core Will – Potent Constructive Intent

The new Core will and intent born with the experience of hitting bottom is described qualitatively differently from the aspects of the WCSD. The new Core will and intent is characterized by willingness to not be in control, to listen and to take advice, and to follow advice. In contrast to the partial selves of WCSD, the Core will seems embedded in a belief system enabling openness and willingness to change. This Core self has the ability to turn the attention toward oneself and the internal dynamics. The Core self and Core will and intent displays a willingness to become aware of delusions, destructive beliefs, attitudes and habits and hold the potential for a constructive process of personal growth.

Dorthe puts it well and interestingly includes her body and soul in description of her awakening to willingness to let life take a different direction:

«you put the bottle down, you start to work the steps and then it's like, you're on your way ... and again it's how your body and soul maybe suddenly understand that this person is sort of willing to wake up» (5.690-693)

In contrast with six of the other participants, who describe a shorter time span from reaching their personal limit (2.1 Hitting Bottom) to surrendering their self-directedness, Dorthe relates that the shift from the point in time where she hit bottom and remained self-directed to the point she became willing to receive help had taken her 2 years:

«So that when I got to AA and had heard a little about it beforehand, but I was sort of, I would be able to do this on my own, eh... so I had to just capitulate and sort of very much ... a lot of fear ... it was just as if something really grabbed hold of me and I thought that I can't take life at all now ... as I had stopped drinking before I went to AA.

i: how long before?

p: I'd stopped for nearly 2 years, so I ..., and when I went to AA I realised that I was what I call a dry drunk» (5.71-78)

Bernhard also went solo after hitting bottom and struggled to stay sober on his own for about 6 months before contacting AA. On entering the fellowship, his willingness to do what he was asked to do was strong as he felt his life was at stake:

So I was very ... I... I'm thinking that that motivation was very important for me and that my life depended on it. (laughter) « (2.18-2.19). These two statements demonstrate that self-directedness can persist after hitting bottom.

Victoria's experience displays the openness that accompanies the Core will, that is, to do whatever is needed combined with the willingness and ability to take action:

«I think I was quite willing when I joined AA. I mean, I went to a lot of meetings, I got a sponsor (mhm) started to do service, in a way I had nothing when I joined AA so I was quite willing to ... and I didn't have a job, no college to go to, nothing, so the only thing I had was to go to a meeting in the evening and I actually liked that, I liked going to meetings, so I ... so I was quite willing ...» (1.174-180)

Tom echoes the willingness and the openness that comes with it:

«When I was there, I did everything they said I should, I knew that I just had to listen to what other people said was a good idea now ... did everything by the book» (6.67-68)

Rita emphasises the underlying uneasiness and unrest as a motivator for her openness and willingness:

«so when I joined the community and went to an outpatient clinic at the same time and accepted all the help I could get as well, I was willing to do anything. But I didn't really quite understand which order or ... how I should do it, but I was willing to do anything to calm my anxieties, and I was so ill» (8.259-263)

Steve acknowledges the rigidity of the addicted personality, the inherently closed mentality and his new willingness to open up:

«For my head ... when I joined AA it was as if my whole head was like a block of concrete being hacked away at and then suddenly some huge lumps break off and in the end it's completely open ...» (3.799-802)

Maya realised that her willingness was necessary in order to let go of several of her previously held beliefs and patterns:

“so... the first step must be that thing about giving up alcohol ... giving up believing that you can control your drinking ... and giving up eh... believing that something can help ... or that something outside you will fix it ... eh... so...” (4.308-310)

and then be willing to take action:

«it had been at the back of my mind for a few years that maybe ..., no, I can't go ... like that (laughs) and in the end I just did it [looked up AA].» (4.459-461)

George experienced that his willingness to change everything was present, but that he felt dependent on support:

“I remember I rang home and asked if I had to be there (job), and things had to be the way they were ... or if it was OK if everything changed ... if it was OK ... ” (7.83-85).

When he realized that he had the support, he could move on with the program and experienced the strength of willingness to even face the pain of admitting his wrongs:

«p: vulnerability for me is many things, but ... anyway, when I ... I ... I... started this 12-step program and got going, it was ... I mean, my process has had a lot to do with admitting that I had been wrong ... so... bear it» (7.414-416)

The central qualities of the Core will accompanying the experience of 'hitting bottom' are in particular openness and willingness. These qualities are characteristically openness to suggestions about what to do and willingness to take advice. The quality of willingness concerns the willingness to surrender the substance and surrender beliefs of self-sufficiency and self-directedness. This new openness and willingness are crucial components for the substance user to be able to initiate recovery and pursue recovery by acting upon advice. These acts, in contrast to prior to 'hitting bottom', take place internally as well as externally.

3.3 The Will Dynamic in Change

3.3.1 The Role of the Fellowship

The role of the AA fellowship is experienced and described as having a central place in nurturing the new Core will in the process of recovery. This nurture is here essential for the cultivation of the intent to alter the life script following their substance dependence. For the participants, the AA fellowship served as a cocoon in which the Core will aspect and concomitant willingness could exist, in fertile soil, and where this new Core will aspect could grow roots and thrive.

Dorthe expresses quite clearly how her experience of being part of the AA fellowship affected the way she cultivated her new Core will aspect:

«I see now that without AA and the program and the sponsor and making the journey with other people, I don't think I would have been able to capture that power in that will and generate it into something else. I mean, for me it became a very important guide», (5.425-5.428)

George on the other hand describes his deep commitment despite his experience of the parallel Omnipotent Destructive Intent and that he did not get his way

«never been in doubt that I would keep going ..., I never ... I have to say ... I have never been in doubt ... not about being in AA, which has sometimes been a bit ... eh... been a bit ... challenging... because I didn't get my own way, ... (laughs) ...or about stopping working with .. keeping to the program ...» (7.783-786)

For Victoria and Rita, an important aspect of what AA meant for them, supporting them in their development, was their experience that fellowship generate hope:

«so that was when I saw for the first time in my life people who had ... that I at least trusted had been sober and clean over time, and that made an impression.

I: how did that change you?

P: I think it gave me hope and it made an impression because I saw that many of them had been in a far worse state than me, right, so it sort of gave me ... I saw that it was possible.. (mhm)» 1.77-.83

Rita went to work in the fellowship with the clear intent to learn from those who had gone before her and who gave her hope that she would be able to recover as well:

«I went out and looked for help because the wise ones, I almost think of them as the oldest in the fellowship, they ... they talk about God and that you have to entrust and ... I've always thought that I have to follow the people who've gone before me, I have to watch the people who succeed and try to do what they do, and I thought that a lot to begin with ...(laughs) that if I did exactly the same as them, I was bound to make it» (8.123-127)

Bernhard's intent was also directed towards learning from others in the fellowship to make headway in his recovery:

«I was very.. I was very interested in what the book had to teach me, was interested in other points of view to sort of help me move forward» (2.177-180)

A sense of hope, support and inclusion also made an impact on Steve as he entered the fellowship and started his recovery:

« I got really high ...

I: on what?

P: on AA , I mean on realising that I understood now and I went to meetings and that this was going really well. I felt like that for ... and everyone patted me on the back and said good lad and people were amazingly supportive » (3.84-89)

The sense of inclusion and belonging Steve experienced was also important for Maya entering the Fellowship, along with her experience of self-recognition in the start her journey of recovery:

«I could sit at meetings and they told ..., even though I hadn't said anything about myself, it sounded like they were saying what I was thinking, they were telling my story without me having ... they could also be people older than me ... a 60-year-old could tell a story that sounded very familiar ... so it was really important to have ... that there is a fellowship and that there are shared characteristics, when people drink and can't get out of it, that there are shared thoughts and feelings when you drink, and delusions ... so...», (4.504-4.509)

Tom's experience explicitly refer to the immense importance of having experienced a strong sense of fellowship and communion through his journey of recovery:

«the most important thing for me at the beginning of my recovery and the most important thing now ... it was important to me in the beginning to ... I mean, the ... the fellowship that you have ... at a clinic, the fellowship is extreme, eh... and at AA that kind of fellowship is there and is very important. It may be more important than anything else ... », line 6.365-368

Rita adds another aspect that the fellowship offered in her experience, describing the crucial presence of trust that enabled her to feel warmly included and to use this opportunity despite her experience of self-contempt:

“these were the first people I felt I could trust and who could see me for who I was, and even with all my nasty thoughts and mean behaviour I felt worthy of love for the first time ... eh... so it's ... I realised as soon as I walked into the room that that was where I had to be, and I almost didn't dare leave again because I felt straight away that this would be the saving of me” (8.10-18)

The role of the AA fellowship to the newcomers - and the new willingness to dethrone - is of paramount importance through offering a wide range of needed qualities. The most important qualities the Fellowship offer is acceptance and inclusion, making newcomers feel that they can trust that they are welcomed and can be safe enough to let themselves feel that they can belong. The fellowship's mere existence instigate hope and, through the meeting structure, it offers mirroring, self-recognition and help to relearn. The sponsor tradition offer containment, learning and support for each participant, which is decisive for the newcomer to be able to work with the 12 steps. In sum, these components were imperative for all eight participants for their ongoing work with the new Core will, towards what was collectively experienced in this sample a phase of intense self-development.

3.3.2 The Cultivation of the Core will

This subordinate theme describes two tracks of development, differentiated by the span of time from the point of hitting bottom and making contact with AA (3.2.1, 3.2.2), and their conversion to a perceived Higher Power (3.3.1, 3.3.2). The participants who experienced an early and quick conversion to a Higher Power described a different form of continued will dynamics than those who experienced a slow conversion. For the two participants who experienced a rapid conversion to a Higher Power, the span of time from the point of hitting bottom until the conversion experience of a Higher Power was shorter compared with the six participants who experienced a comparatively slow conversion. This in turn influenced how the two different patterns of self-development and the consequent will dynamics developed. In the following, 3.3.3.1 Rapid Conversion follows on from 3.3.2.1 The Shorter Path, and 3.3.3.2 Slow Conversion follows on from 3.3.2.2 The Longer Path.

3.3.2.1 The Shorter Path

Maya, one of the two participants with a shorter path, had the experience that she did not understand what the other members got from participating in the fellowship, but still kept doing what she was advised to do:

«p: well, I'd been there six months and gone to meetings and ... thought that this wasn't for me because I couldn't do it, or I didn't understand what everyone else understood eh...» (4.415-417)

Maya describing her persistence despite doubting, Bernhard, who also had a shorter path, echoes this persistence as he had managed to stay sober for 6 months after his experience of reaching his personal limit (2.1). *«I'd been to a psychiatrist who recommended that I should contact AA (mhm) and I was welcomed, I followed the recommendations he gave me, I rang the contact telephone number and was met by a man and he said I should (...) 'But you should get yourself a sponsor'. He suggested a couple of names ... and.. eh... I thought that I could make that work ... eh... I had read the Big Book already when I made contact and I got myself a sponsor» (2.8-18)*

From the time he contacted AA, his development process gained momentum. With his new sponsor, he started to work the first step, *«... I chose AA before anything else, in a way, eh... because I thought it was very important for me, you see... to hold on to it» (2.153-154)*

In both the above examples, the time-period from the point of contacting AA until the experience of surrendering to a higher power, and subsequently a higher will, was 6-8 months. This differs from the time period of the remaining six participants who experienced a slow conversion, representing a different route to cultivating the Core Will building up to their experience of surrendering to a higher power after approximately 1 year or longer.

3.3.2.2 The Longer Path

These six participants described experiences of gradually surrendering to their perceived Higher Power. Their journey demonstrated a more arduous route through their personal development towards increased level of surrender. Their development of the Core will reflect this will aspects ability to continuously grow and change even when it meant making considerable investment in learning and involved considerable emotional cost.

Rita's account of her experience reflects her beliefs as she entered AA - and the changes she went through

«one thing I couldn't agree with them on, and that was the bit about the Higher Power, and I noticed that it irritated me a lot when that came up, and that this was to God's credit and we had to surrender to God for it to ... I didn't understand that, and I didn't want to and I thought it was just silly » (8.29-32)

At a later point in her step work, her willingness enabled her to be open to new knowledge and to actively seek new knowledge. She took action and invested time to learn and change her beliefs:

«so I started going to see the pastor, and I told him who I was, how I was feeling and why I had come to see him, I told him I'd come for two reasons: first I want to leave behind all the bad things I've done here, I want to take my 4th and 5th step with you if you will listen to me, and then I want you to tell me about God, how to pray and how to get closer to a Higher Power » (8.62-67)

As for Rita, personal change comes with considerable costs. Victoria shared a glimpse of the cost she experienced in the course of her recovery and change:

P: I think that on one level I was.. could take the pain of going through a personality change. Because I.. I.. I think many people aren't capable of tackling the change because I think that trying to go clean with the kind of baggage I had meets so many obstacles and you meet some cards in life that you can draw all the time if you want to, and I think many of us meet so many attitudes in ourselves, (mhm) way of thinking, way of.. right, lots of life patterns that have developed and that have to be sort of unlearned and I think .. I think that staying in the process ... I think that's pretty tough if you know what I mean!» (1.188-195)

Dorthe shares her experience of the emotional landscape she brought with her into AA and what she needed to transform:

«For me at the beginning it was just like it made me almost desperate to feel how much fear I actually had, but I just had to have the courage to want to stay there, because I see now that I in a way had to get through another layer of that fear ... and I see that for me, the greater the fear, the more self-will you generate ... they just stick to each other. Because

that fear makes you so desperate that you just sort of, you don't have a choice almost, you feel that you just have to rely on self-will, sort of, everything seems completely impossible to stay in ... mmm.

i: and when you say rely on self-will, you mean wanting to get away?

p: yes, I wanted to get away» (5.453-461)

Through her core intent to recover and her willingness to surrender her difficulties to 'something', Dorthe started to experience a change that she could trust:

«at that time I had started step work, as I had chosen to take a sponsor straight away... eh.. so... it's sort of being aware that when I entrust something, have the courage to let people in, then slowly but surely I felt a change and I dared to trust the change. So it was very effective for me and sort of choosing a standpoint, but also visualising it in a way, for myself» (5.145-149)

Both Steve and Tom addressed the hard work involved in this phase of recovery, which in turn emphasises the strength of the concurrent Core will and the persistence and perseverance of this core aspect of the will. Steve interestingly uses the term 'open up the self-will' to describe part of his inner work:

«So it can take time, there are so many things to digest that come to the surface when you finally open up that self- will. (mhm) You've locked wilfulness down so hard and then when you want to open up a willingness towards God a lot of stuff can come up that you have to work through» (3.803-806)

Tom confirm the above amount of work as he described the dedication necessary for him to persevere with the tiring and time-consuming work, especially with the 4th step ('Made a searching and fearless moral inventory of ourselves'):

«it's probably really important now too.. and to... it was important for me to begin with to actually have... to invest much of... to give priority in a way... to spend a lot of time to... to... understand... understand the steps so to speak, understand the program and to work with it, like with the 4th step which is quite... can be time-consuming to work with...» (6.365-373)

For the above investments to be possible, George is explicit in stating the fundamental realisations for an alcoholic to be able to open up to what he considered the real start of recovery. These are described as surrendering to two specific beliefs; 'I am an alcoholic' and 'I am willing to believe that it is possible for me to be healed through a power greater than myself':

«It's the foundation, the fact that I can identify myself as an alcoholic, or that I'm not ... and can go somewhere else ... (laughs)... and seek help ... the fact that I'm willing to believe that what ... some ... old-timer or people with a few years' sobriety sit and say at the same ... every single meeting ... it's possible to make your life whole and be healed ... by coming into contact with a power greater than yourself ... not right there and then, but trusting that it's possible for me too.

i: yes

p: and exactly because there are sides of people, certain stories I recognise that ... and then I'll ... like in a ... in a ... what my self-will is ... when those three things are in place, then I'm thinking that it's not ... then I'll be ready to take this decision to entrust my will and my life to God's care. For me, that's what the opening of recovery is ...» (7.684-695)

The course of a slow conversion captured the powers of the Core will to persist and the willingness and perseverance to go through arduous and laborious experiences towards the primary goal, living a sober life. As we have seen, it has included the willingness and ability to tolerate pain of change, pain of seeing oneself in the naked eye, endure fear, acquire new beliefs, and persevere with tiring and time-consuming work.

3.3.3 Conversion to a Higher Will

3.3.3.1 Rapid Conversion

The rapid conversion represented by Bernhard and Maya's experiences displayed their unexpected experiences with what they perceived to be a Higher Power. These experiences signify an important part of the transformation of the aspects of the Will Complex in Substance Dependence still present, strengthening of their Core will.

Bernhard described the step by step process of his experience:

«if what it takes is that I in a way, that God saves me from fate mmm... then that's fine by me ... eh... so I said that prayer after Simon had said it in a sincere way without ... I didn't know if anyone would hear my prayer after I'd said it, I just wanted to imagine a kind of cloud in a way, but eh... as soon as I'd said the words we just sat there and then it just sort of hit me ... (2.60-66)

He recounts the immediate and perplexing effect of the experience: *“and that what I had ... that was painful in me then, I was very depressed when I'd first come, that it was just sort of sucked out of me and disappeared.» (2.70-72)*

Further he relays the emotional experience this resulted in for him:

«it was just an insane feeling of happiness and ...

I: ...it moved you and ...

P: yes, very, very happy, such a feeling of happiness (yes) that it was sort of over now in a way or just 'everything's OK, everything is better than I had dared to hope for, in a very, in a eh... very kind of dependable way (laughter) that was totally ... new to me then

I: mhm

P: so it's in a way, in a way, it was from that day I felt I was free from or had got out of alcoholism.» (2.76-83)

It is interesting to note that Bernhard's belief prior to his conversion experience was that he as an alcoholic would need a miracle to stop drinking:

«I mean if you are an alcoholic, then it's more or less over, that in a way alcoholics can't stop drinking without a miracle! And they ... that's in a way the first step (laughter) (2.25-30)

Maya from her prior position of doubt conveyed a similar experience, recounting a related emotional impact with comparable effects:

«there was a slanted ceiling, like the one here ... there was a kind of light that hit me right here on my forehead ... (laughs) ... and then it felt like the light continued down into my

body and that I had a ... had a light in my body ... that just stayed there ... and when I went out ... or when I ... too... it was just as if I got some kind of energy and that eh... this ... this hole in here (chest) or whatever it is, it wasn't there any more ... so it was eh... and the need to drink ... or the basis for drinking was gone ... (mhm)» (4.58-63)

The rapid conversion experienced by these two participants demonstrates a phenomenon worthy of a doctoral dissertation in itself, and provides insight into a power and dynamic consisting of much more than the fluctuations of the WCSD and the Core will, giving indications of a benevolent powerful impact on the individual.

3.3.3.2 Slow Conversion

This section in contrast to the previous, offers insight into six participants' gradual movement towards surrender to a perceived higher power. Their experiences are necessarily individual, but three participants experienced a more defined moment of realisation while three participants described a softer awakening to their perceived Higher Power.

Victoria's experience is a small anecdote in itself, illustrating a gradual awakening that ends in a defined moment and an explicit experience of a perceived Higher Power and will:

«The New Testament, I don't know what the structure is or how it's built up so I just pick a random page and the text is about forgiveness. And that's actually quite amazing. It took a long time before I understood how amazing that actually was. So I thought forgiveness and all that, I'm sure that's great, and I let the Bible close again and put it back on the shelf. And I do this several days in a row, and the same theme comes up every time I open it. (wow) That's forgiveness.

On the fourth day, I just went, oh give it a rest, and I sort of flipped it closed and just put it back on the shelf and then I sort of thought, no this is sort of .. no, this doesn't make sense in a way.

I think I just put it out of my mind for a while and then it suddenly came to me what ... I suddenly understood what the message was ... (mhm) and maybe a month or two later I understood .. that it was a declaration of love from God, (mhm) and that understanding just fell into place ... and I wasn't practicing in any way at that time (prayer, mediation). But then ... then I understood that it was ... I suddenly understood that God wanted me to be OK. So when he talks to me about forgiveness, it's so that I'll sort of be OK.

I; right

P: he doesn't just set me free, he also sets people who have a grudge against me free. And then, when that began to sink in just as a sort of theoretical understanding, I understood that God doesn't just love me, he actually loves the people I connected the grudge to too, and I felt that it was sort of ... well, it was pretty amazing, to put it mildly.» (1.507-529)

George's account complements the above description in that his defined moment gave hope that there was a Higher Will that could take over:

“but I mean that it's ... the moment really when God touches me ... I mean I experience it as a complete standstill that is the moment he touches me, that's the moment God actually gives me hope ... that I can ... that I can stop. I can stop ... and something else can take over» (7.52-56)

Steve also recalls a particular moment where he experienced feeling an elevated consciousness related to God-consciousness:

« Women... women... after her, and my wife, they were disposable objects... had terrible ... for all these things, so I saw clearly in step 5 I was taking for myself and I should be sharing with him. And when I'd finished it I felt that I'd got a kind of awareness of God with that power whatever it was, and that there was some kind of God that was so strong and this, it was ... I can feel it now ... I get so emotional about it and it was such a strong experience for me that I'd found the solution ...» (3.299-305), ('Step 5: Admitted to God, to ourselves, and to another human being the exact nature of our wrongs')

Tom, on the other hand, describes gradual insight into what he experienced as something that put order into his intellectual belief system, God above and him below, a human like other human beings:

«p: yes, it's a bit how I see myself, you might say, maybe I ... for example the fact that I recognise that I ... I think that, ... starting to ... starting to believe, as it say in step 2, right ..., actually starting to believe that there is ... that I have a Creator, and that there is a Higher Power and that there is a God ... that I am a human being and that I am eh... a human being just like other human beings and that I am full of faults ...» (6.159-164)

Dorthe and Rita through their gradual awakening to the existence of and a relation to a higher power experienced the following:

Dorthe: “gradually the more I listened ... listened to other people I mean ... It's just as if a gleam of sort of just capitulating began to come ... in a way, I suppose I understood that it couldn't really get any worse ... and then a little gleam of if I was willing to maybe tolerate myself ... and not least have the courage to sort of take a standpoint, I can trust in something greater than me ... because again I hear others talking about ... and again those who are further on than me ... ehmm... and ... I think ... or at least after that ... I mean, the fact that I began to understand that behind ... that alcohol again, it's sort of, it's sort of a question of putting the bottle there and having the courage to meet what's behind it.» (5.133-5.139)

Rita's experience was that of a more conscious and Core will effort to develop a relation to her higher power, with the effect of her pursuit gradually emerging as she achieved what she experienced as contact:

“when I managed to pray, ... and got into contact with my God, I also managed to let go of that insane fear that I had had for so many years because I had been so terrified, and my head was boiling so much that I needed help to let go of all that chaos of thoughts in my head, and as I practised every day, day after day after day, I prayed the same prayers, I often said the same things, it just let go ... it let go ... it let go ...» (8.93-98)

3.3.4 The Will Complex in Substance Dependence Post Conversion

Looking at the data concerning the WCSD dynamic, we see from the lived experiences that a significant change took place in the period between hitting bottom and surrendering to a higher power. This subordinate theme represent data on the position of that which the

participants understood as their 'self-will' – after conversion. The 'self-will' here is most strongly associated with the Second Layer – Omnipotent Constructive Intent, but is represented in all three layers of the WCSD.

Rita describes her experience of the WCSD clearly and honestly after many years of sobriety:

«if I was mad enough to put alcohol in my body, I'd be there straight away. You can see a sensible, intelligent woman sitting in front of you, but I can promise you there's not much sense or intelligence in me once I've downed the alcohol, I'm telling you... and I am that woman too... I'm both, I'm not just the woman I am sitting here, I'm that other woman too, and I have to remember that. That's why I can't activate my disease» (8.321-326)

Steve adds to Rita's perspective about the nature of the will complex in his description of his experience of multiple relapses prior to entering the AA Fellowship:

«But if I sort of think that I ... I'm getting better, I can stop going to meetings and don't need to do service and now I've been in it for so long I don't need to pay anything in the 7th tradition and that kind of thing, then I've, I soon get into difficulties. And I won't relapse tomorrow, I know that, but if I stop I don't know what will happen in six months, a year, that's why it's so important for me to stay in the process and experience the contact with my higher power all the time. And it will disappear if I start to cheat my way around it. And start doing egoistic and selfish things and... and... sort of ... so so... so it's dangerous for me you see.

I: how long have you been sober?

P: 17.5 years» (3.524-534)

George puts emphasis on the importance of monitoring the difference between what he wanted and what he needed – and further his responsibility to place his will continuously into a spiritual context to avoid the WCSD causing trouble:

«if I start asking myself too much what I would like to do in situations, it gets difficult. I might like to do a lot of things that ...that... here and now, but that... that's not the... that's sort of not the question.

i: what is the question?

p: the question is what I need, and what my responsibility is...» (7.283-288)

Bernhard also refers to what in his experience was a central focus and responsibility to keep the WCSD at bay:

«a lot of the work is like ... mmm... a lot of the work is to try to be in that state of preparedness or something and in a way or what's it called, attentive (yes) rather than identifying what's what, sort of.» (2.273-275). Describing what he understands as self-will further Bernhard attributes added momentum to the self-will as a defined and confined aspect of the will :

«I'd say that before I had that experience I would definitely have been able to talk about self-will as an independent

... what's it called... entity... something that exists on its own » (2.97-99)

Maya uses the metaphor of a hibernating bear as her picture of what the 'entity' WCSD represented to her;

«for example not tempt fate by... well... doing whatever, drinking something non-alcoholic, or... I... I don't do that because I think something happens in my head that makes me... well, sort of, the bear sleeping there could wake up then ... I kind of think that the disease is asleep, but it can wake up again...» (4.115-117)

Dorthe's experience of her WCSD versus the Core Will is that of the primary linked to the past and the pain in the past, whereas the 'here and now' represents the Core will and the constructive intent of her Core will:

«...because my will in a bit of a negative way, it still lives in a kind of prejudiced past where something was going to happen or it lives in a sort of, ... oh ... everything was so painful in the past. It's not here and now. So maybe it's a bit like there's the good will and the bad will, sort of, and ... the good will is when I live on a daily basis» (5.321-325)

Victoria, with about 17 years of sobriety, is explicit in her experience of the dynamic of her WCSD versus a higher power. She describes how, what she experienced as her instinct, could easily and quickly take over:

«P: Well, the way I think of self-will and a Higher Power is that I at least am the kind of person who wants to try myself first, that's just me, anyway I try to understand things and do things myself and I think in a way I ... eh... I've learned to turn to God, but it's often only when I can't do it myself that I turn to God (mhm) and that's the question I keep asking myself, 'Victoria, what about kind of starting in the other corner', but then I see it's only a thought, but not necessarily an action I can do because the instinct to do it myself (mhm) takes over pretty quickly » (1.847-858)

Tom, with a relatively short sobriety of a little more than 2 years, describes a similar experience where the First Layer – The Victim Position – is at play. He relates to how he tackled the impulse to not continue the work or abandon his commitments:

«sometimes I have a sort of mental relapse where I think that I ... oh, I can't do it, I'm too tired to go to the meeting and I work and I work out and I have part responsibility for children and so on and ... not long ago I actually rang my sponsor, there was a meeting on Fridays that he usually goes to too, I said... I rang because I knew that I ... I... wanted someone to tell me to go» (6.388-393)

Judging from these samples, there are parts of the Will Complex in Substance Dependence that are still existing and latent after their conversion to a Higher Power. The second layer in particular – the Omnipotent Destructive Intent, but also the first layer – The Destructive Intent of Escapism or victim position, lie in wait in the background. The Will Complex can potentially be awakened – not necessarily, at least initially, by drinking alcohol or using a substance, but by succumbing to the beliefs inherent in the Will Complex in Substance Dependence.

3.4 The Matured Core Will

This superordinate theme on the transformed will describes the outcome of the process of the participants development. This development rest partly on the cultivation of the Core Will and the emerging awareness of what in their experience is as a Higher Will. The quotes bear witness to the transformation that the individuals have been through and reflect the

characteristics and qualities of the Core Will being central in enabling the transformation, but also their experience of the Core Will infused by a Higher Will.

3.4.1 New Belief System

This section concerns the new belief system and how the matured Core Will influenced the integration of these beliefs through the experienced Higher Power. It describes beliefs and internalized constructs at the transformed end of the sobriety continuum. These newly integrated beliefs, mostly of spiritual content, are individualised and give emphasis to different aspects of spirituality depending on the individual path of development. The new belief systems, or personalised scripts, seem to serve the personal potent constructive intent of the Core Will in accordance with a perceived higher intent. Maya explicates her new attitude and intent by looking at it as a reciprocal contract:

«I'll never again sort of pretend to live the old life ... eh... the 3rd step is in a way a contract between me and God, or me and a higher power, so that I take responsibility for what I can do from day to day and not fuel what ... fuel the disease of alcohol ..» (4.109-113)

While Tom has his own contract with himself using prayer, adhering to moral principles, as he understands them, they are placed centre stage and always under guidance of a higher power:

«it's ... something I do ... I use prayer to ... just sort of ... as a tool without being able of course to say exactly how it works, I do it because I'm completely sure that ... that it works somehow in a way I don't know ... ehm... so it's ... it's that I ... feel that I live in a completely different way now really, because what's important to me now ... is ... even though I'm only human, and can only do my best, I try now too ... to focus on just doing ... or doing the right things, I mean based on let's call them moral principles. And not be so focused on trying to believe that I can decide what the result will be ...» (6.81-89)

Victoria moves along a similar line with her intent to be a fellow human being and not fall prey to the desire to be special, but rather cultivate self-acceptance as a spiritual practice: *“I've had to work hard to accept that it's God's will for me to be a Mum to Ole, who's eleven, to be a neighbour among neighbours, and a colleague among colleagues, so I have*

to sort of ... what I am.. it's the most spiritual thing you can do in a way. For it's .. or I get so quickly caught up in thinking I should do so much more and I mean, well, I'm thinking that what I am will have to be good enough and I think that's the most spiritual acceptance .. I mean the most....I mean, what I think .. I think in a way that God is in the things closest to you», (1.368-375)

George describes his firm conviction of the centrality of forgiveness in recovering from the shame and guilt built through living a substance-dependent life:

«... we talk about restoration, we talk about recovery and restoration and ... it's ... it's not that difficult it's not that difficult to understand what we are being restored from ... you can describe that, but when I ask people who have some ... aversion to ... to the spiritual side ... but ... but, what are you being restored to? They don't have an answer ...

i: because they don't know ... or don't see or understand ...

p: because they've taken God out of the program ... because I'm being restored to innocence, where would this forgiveness be otherwise?» (7.726-733)

Following his experience of forgiveness and having been raised to innocence, another belief serves as his mainstay:

«a new rule to replace the other ones; I mean treat others the way you would like to be treated ... I mean, love your neighbour ... that's what guides ... and that's always right ... right all the time ... supports me all the time, I see myself in the person facing me ...» (7.326-329). Building on this belief George conveys: "And I know that ... when I manage to get round some things in my life, I know that when it has been atoned for then I have a little gem ... another little gem in relation to another person ... and that's the whole point ...» (7.771-7.777)

Will as an integral part of living a spiritual life became an important part of Bernhard's belief system, not seeing 'self-will', in AA's understanding of the term, as contrary to a higher power:

«P: the perspective that ... it ... your own will is sort of diametrically opposed to the will of a Higher Power, it needs ... I see that as a sort of dichotomy that it's easy to fall ... end up in,

sort of ... the weight given to the words, that I'm thinking isn't necessarily the way it is, so I sort of give more weight to the purpose (mhm)

I: the purpose of...

P: the purpose of what you want to do (yes, ok..), of what you're trying to achieve, that willpower has a place and, yes, willpower and wanting to do something through, achieve something pure and simple ...

I: do you mean in AA?

P: no, in life (laughter) no I mean that wanting something and wanting to do something has a place in a spiritual life» (2.552-564)

Steve relates the allegory of the man who asks for God's help but fails to recognise it when it is offered, emphasising the importance of listening to God and taking responsibility for acting on the help offered, using his Core will and constructive intent:

«P: I have to listen to God, I mean I can't ..., that's what it's about, it's like that episode where someone's sitting on a roof praying to God to be saved and three boats pass by and ask if he wants to get in, but he says no, he's waiting for God

I: he's waiting for God

P: and God is the one who sent those boats so he could get in the boat, three times even ...» (3.953-959)

Rita's belief system grew into a more holistic take where God is seen as a directing presence in the past, in the now and in the future and that it all was part of a plan that she only could recognize as meaningful in the last few years:

«thinking that God has been there the whole time I, I'm thinking that God has directed me absolutely the whole way, because if not I wouldn't have done it, if not I wouldn't have gone to the fellowship ... I think he has directed me and I don't believe in coincidence either, and I think I have ... I've probably experienced ... all those things I've done so that I could use it afterwards and for other people, because I know that I've come so far now that I can pass things on too» (8.135-141)

Dorthe describes yet another essential experience which displays an impersonalised love of life, and of the love of life that she trusted to hold her and posit ultimate benign meaning:

«It just came to me that saying about the greatest thing of all, and that's love of life ... of the power that gave me life ... and then I realised ... or that was how it was for me, well, that's the greatest love of all. I mean, that to accompany a person with love is love too, but that's a slightly different kind, it was as if I could see how I had earlier nearly put it there, sort of, 'but I want love from another person, that's the best', that won't work, I can't expect that from another person ..., but I can in a way get used to the idea that the greatest thing of all is love of life, to have been given life ... and then in a way join with others in love or have the courage to get attached to eh... places and people, and the belief that life wishes me well, with the purpose life has for me.» (5.515-524)

The individualised worldview in all these cases supports and serves as a direction encoder for the infused Core will and transformed will, which in all cases resulted in an autonomous long-term constructive intent.

3.4.2 Spiritual Growth

As related by all the participants, the personal process work involved in recovering from substance dependence required an enormous amount of strength to do the personal inner and outer work to stick to the goal of sobriety. Personal development and spiritual growth, as seen in this sample, was an inherent part of recovery, independently of the individual time span from 'hitting bottom' to surrendering to a higher power. In all cases, the participants voluntarily committed to recovering, and their insights and learning included a transformation of their addict life scripts into a new and different understanding of life and living. The subordinate theme in this section is a description of the Core Will embedded in belief constructs they attribute to the higher intent. For the two participants with a rapid conversion, the descriptions here indicate a will dynamic related to personal growth after their conversion less obstructed by ambivalence and doubts than the participants who had a slow conversion.

Victoria is a strong proponent of the continuous personal work accompanying the 12 step program:

«it's just as if you reach new layers where you manage to tackle some things and then you have to work with new things and then it's like new things and more new things and the whole premise is that you are sober, right, that there are people around me » (1.692-695)

Further, Victoria's process developed into her choosing to live according to a profound spiritual principle demanding dedication, humility and determination:

«And that when we're not in touch with it, we become very short- ... I .. I ... I really believe that if I've gone through my day and been very selfish, impatient, intolerant, all these things and I go to bed at night, I often think that I pay just as high a price for it as those around me by hurting other people and maybe doing ... but I hurt myself too, you see », (1.430-436)

Steve offers his metaphor for the process of learning and growing, emphasising the vital importance of spiritual nurturing being embedded in the program:

«if I ... if I ... if I ... just go ... get torn up by the roots and start going to AA without working with this program without getting in contact with that power, I won't thrive and grow so when that tree, you see, is bought at the garden centre and sown in good soil, the roots will grow and it'll be a great tree » (3.818-825)

Further, considering the forceful pull of the self-will complex during Steve's first period in AA, the following quote reinforces the above statement and demonstrates a shift of perspective and the quality of the transformed will while in contact with a Higher Power:

«I got into a great many situations where it was all those emotional things that made me be mentally obsessed with the thought that I had to get away! ...then all those suicidal thoughts stopped when I met resistance ... because then I had that power ...» (3.372-381)

The following statement by Tom picks up the thread about the importance of trust for recovery. Trusting a higher power and subsequent benevolent will, he has found a solid foundation:

«p: yes, one,... you can ... I feel that I have meaning ... that my life has meaning, I didn't feel that before.» (6.217-218)

A different entrance to find meaning is through trusting one's own power to be good. In her account, Dorthe recognises how skilfully she used her power destructively, and how important the daily work of prayer and affirmations was for her to start trusting her power and will to be a good force under the influence of a higher power:

«... how much power there is in what I actually managed to work out then. And when I dare to see it and where I am now, it's just as if I can source the good in that power and for me it's like ... I... I use a lot of my affirmations in prayer and things, that I also have the courage to be that energy and that will that is me, but by virtue of something greater than myself, as the consequences are much more positive then.» (5.365-370)

George gives a description of his experience of emotional pain changing as he changed, and how his perspective turned into a constructive concept of making meaning of pain:

«p: today it's ... it's not the pressure of course with pain like that it's ... it's ... it's not the same ... a lot of it is ... I don't know if you understood, but I don't think of it as pain any more, I just see it as states that contain the possibility of me moving on ...» (7.771-7.775)

Rita's description exemplifies the transformed Core will in action. She experienced doing her daily rituals as essential in helping her to have a firm grip on her life, performing self-inventory, expressing gratitude and asking her Higher Power for forgiveness:

«I know that when I take all those things seriously, and maybe go through that soul-searching every evening ... and go through your day and say: 'now, how has your day been, Rita, are you happy with it, have good things happened? Is there anything you ... perhaps are a bit ashamed of ... and is there anything you would have done differently ..., is there anything you are particularly grateful for?' and if you do that soul-searching, and if things have happened that you are perhaps not very proud of, that you can ask for forgiveness and put it behind you, and ... then... then I at least feel that I get a better grip on my life, if I take those things seriously, so I'm the one who gets a lot back by doing those things ...» (8.586-594)

Bernhard describes the Core will in his process of learning as a profound form of relearning:

«this was a period when I very much had to learn everything from scratch again. I remember thinking many a time that in a way, everything I used to do automatically, had to ... I have to relearn in a way. I had a strong feeling of being reborn...» (2.188-190).

Maya brings in an example of her willingness to accept, connecting acceptance to a central spiritual principle as part of her development:

«I mean...humility is accepting that life for me began maybe 10 years later than for many other people. eh.. and then accept that it has been part of history» (4.177-178) and she goes on to describe how she strived to wanted and use the infused Core will to practice humility relationally:

«...humility is being part of humanity and being the same as everyone else, I think, no better, no worse, eh... and treating other people eh... the same as ... with dignity I mean, that you don't look down on people or ... and then there's the relationship with God, that God decides in my life, decides the big issues I mean ...» (4.190-193)

The drive and direction in all the above experiences demonstrates an intent cultivated through personal investment in the 12 steps as a route to recovery. The quality of the intent is distinctly different from the quality of intent demonstrated in the actively substance-dependent person, and the intent holds more spiritual clarity and focused direction toward spiritual means than prior to conversion.

3.5 The Higher Will – Reciprocal Intent

This final superordinate theme encompasses the participants lived experiences of a perceived Higher Power. Firstly, the accounts are their subjective and intimate experiences of a Higher Power, secondly the accounts relay the participants' intent towards the Higher Power of their experience and understanding, and finally the experienced intent of the Higher Power.

3.5.1 The Core Will 's Intent towards a Higher Power

In this subordinate theme, of the Core Will describe what became each individual's highest intent as a consequence of the trail of experiences that led up to their conversion experiences and the maturation of the Core Will. The personal constructive intent is partly directed towards the will to cultivate the connected to a higher power and partly towards the desire, out of gratitude and the experience of meaning, to give something back in return and to be of service to the Higher Power.

Steve's gratitude towards AA and a Higher Power takes on a central role in his life, prompting a desire to give something back:

«when you're doing so well, you become curious about what AA is, and you want to develop and ... learn about the whole ... how it's built up ... and you want to give something back, right, it's natural. Because you feel so great in yourself and with God and AA and all that, there's nothing more important» (3.810-813)

For Bernhard, it is essential to his life to cultivate his contact with the higher power and the resource it represents to him in building his life around 'God's will';

"P: in a way the central goal of my life afterwards has been to maintain this ... mmm... and... mmm... and... keep that resource. Because it's not always ... because I'm .. I don't always go around thinking very consciously about it, it needs sort of a bit of maintenance and a certain kind of practice to keep it, I mean I've spent a lot of time and energy having to organise my life in a way I think is consistent with the ... with God's will, if that's the way to put it (laughs)" (2.125-132)

For Maya, the responsibility of leading a sober life 'one day at a time' includes remaining part of the Fellowship, but it also includes a decision to trust in and receive help from a higher power:

«so it's kind of my responsibility to do the right thing from day to day, go to meetings and then maybe help someone else, do the best I can, try and stay in contact with God and that God will tackle what happens in 5 years or 10 years so that fear of the future doesn't take over completely and I can get ... still get ... 'God, am I going to ... am I going to be sober for another 20 years' ... that's a huge thought to think I'm going to do that on my own but ...

you aren't going to do it on your own, we're going to do it together, we have the community and we have help from God. (yes) so... I'm very aware that you have to take it one day at a time, that it's ... that entity, in a way, that I will be responsible for and not much more than that ... and eh... yes, trust in God as well, trust.» (4.118-126)

George translates his gratitude for his inner freedom, experienced as received from a Higher Power, into the intent to use his freedom in the service of the Higher Power:

«this is about being set free ... become aware of being set free, and then placing this problem in God's hands

... so the most important thing is to use these free hands for something useful ...» (7.241-

243). George built trust in God, in that whatever he encountered would be the will of God to look to and work with:

«strength to go through with whatever happens ... I think that the strength I need comes to me through doing things as they come ... that I ... I ... I... since I've asked for this, the things that happen are the ones God wants me to focus on ...» (7.305-308)

Rita has a clear intent to stay in dialogue with her higher power on a daily basis:

«I have to have a dialogue with my higher power every day, and I know that if I move away from the spiritual, as I do sometimes, it's not good for me, so my ... all my experiences tell me that having a spiritual connection and having a connection to God is right for me» (8.98-

102). The meaning that her relation to a Higher Power has brought her is mirrored in her

experience of sponsoring other women and supporting them in their recovery: «and there's another woman I've accompanied who has 1 year's sobriety ... and it's all great, makes me happy ... and then I think that makes it all worth it ...

i: It's worth everything ...

p: yes, it is! Just save one human being ...» (8.384-388)

Victoria places total trust in God, her higher power, and holds the intent that she will follow God's will. Her experiences have shown her that following a higher power makes life better and even good:

«now that I'm experiencing these changes, it's very easy to go to God, I want very much for God's will to be done. My idea of God's will is that things will work out, it won't necessarily be what I want, but I know it'll be .. God's will, that things will work out then.» (1.855-859)

Dorthe describes her belief in a plan for her life that will be fulfilled if she is able to surrender to it:

«I think of it this way eh... that is... there is sort of a plan for me and if I don't resist, what was meant to come will come, in a way» (5.272-273), and finds that she can open up to this process through prayer and meditation:

«so... in a way I choose the life flow, but that it opens up even more when I sort of turn to it in prayer and meditation » (5.277-278)

Tom is also clear in his intent: *«for me, the result is decided by God, and I do my bit...» (6.91-92)* He understands 'doing his bit' as utilising the gift he has been given through sobriety: *«accompany ... try to accompany someone as best I can ... I mean, I have been given a very special gift, which is that I can help other alcoholics, and there's enough meaning in that for me» (6.234-236)*

The Core will can here be understood as purely personal, but it can also be seen that the Core will is influenced or infused by a Higher Will or even, in some examples, to a degree fused with the participant's perceived intent of a Higher Will.

3.5.2 The Experience of a Higher Power and a Higher Will

Through the accounts of the eight participant, they describe what they experienced the higher power to be and what they experienced that the higher power does. Through their accounts, aspects of the possible intent of a higher power can be discerned.

Victoria experienced that the higher power is broad and encompasses powerful encounters for her:

«I sort of imagine praying to something, to be concrete, I see it as a man, a father I think, eh... eh.... First and foremost a place to turn to and get a feeling of being seen eh... being

heard and thinking that there's something sort of looking after me.. eh... I suppose that may be the strongest thing about God and then trust that ... eh.... that I am seen and that I am loved for who I am», (1.346-351)

Steve was convinced that his higher power has a will that is benevolent:

“but I'm convinced there's a Higher power that's there for me, who has my best interests at heart when I seek him, or it, or whatever it is.” (3.546-3.553)

George was preoccupied with the experience of the function of a higher power and the variety of functions paralleled to the experience of continuous care:

«And I see that it works ... it works on a lot of things, and it works in the same way with the people I'm allowed to be with

i: yes

p: and it doesn't seem to have ... necessarily produce the same manifestations, outwardly I mean..., but it produces something of the same core, the security, the conviction, certainty... that you are cared for ...there... there... there's no better word for it, for me than that ...

i: that's good

p: I also try I don't try in any way to find ... sort of find out more about what God is or those things because I ... I... I just know that God is...» (7.800-809)

Bernhard and Maya, who had an experience of a rapid conversion, were exposed to a physical as well as a spiritual phenomenon in their encounter with a perceived higher power and its effects. Bernhard recounts:

«sort of.. I really felt that what I had in a way not had any relationship to before then that was God, was in a way in me and everywhere, a great sort of warmth and ... Yes, a kind of fundamental feeling of security» (2.68-70)

Maya describes her meeting with a higher power in the following excerpt:

«but what I felt then was that it was a light, not a sun , so I should really call it a light or something like that, eh... no, the way I see it is that God is a source everyone comes from

and that it's not.. that it's good there ... or not... there... there's no there, it's here really ... it's more a kind of parallel world, I think ...» (4.206-210)

Dorthe describes several occasions when she experienced the presence of a higher power and the effect it had on her:

«sometimes I sort of see a great light, and often what's called a God figure, but it ... it shifts in a way... you see ...because sometimes it comes to me like this, other times it's when something good happens in the room with other people that I just have such a feeling of well-being that just washes through me ... , that's right, and sometimes it helps me to, from being very stuck in my head to sort of just feel that it sort of lets go completely» (5.214-220)

Tom had a distinct experience of the order of events being arranged for his benefit in his sobriety and describes how he relates this to a higher will:

«what I meant was that the right things happen without me trying to ... without me planning that those exact things would happen then, if you see what I mean, that I meet people, that I get ... that I get that exact job just then and ... things, everything works out very well anyway.

i: do you see a higher will in this?

p: I think of this as a ... eh... yes, that there's a higher will... a higher will, yes I do » (6.267-274)

Rita left no doubt that without a higher power none of what she had achieved through sobriety would have been possible and that a power and higher will make it possible to exist for her:

«none of this could have been possible without God and I understand that, and if God hadn't been present in my life I wouldn't be alive today, after all the things I've been through, that wouldn't have been possible» (8.110-112)

To sum up, these participants lived experiences of a higher power and the direct and indirect intent of a higher will, and the growth facilitated by the effect of these experiences, are unanimously experienced as positive, constructive and ripe with descriptions of love

and consideration. A higher will is experienced as a saving, loving, protecting force, readily available when sought.

Chapter 4 Discussion

4.1 Introduction

The focus of this study was born out of frustration with the current public health care services and treatment providers in the field of addiction treatment nationally. The general national inability to help individuals with SUD to stay in recovery and to remain in a healing trajectory has made it difficult to convert treatment efforts into permanent rehabilitation and, in time, enable the individual to return to a more fulfilling and meaningful way of being and living.

Before I begin my discussion, I would like to mention that the focus on the will and discussion around the findings of the will's dynamics is only partial and does not do justice to an understanding of the dynamics of the personal will as a phenomenon in its totality. Nor does this study do justice to a full understanding of the intricacies of other attributes of our personality, which the dynamics of the will influence, complex and diverse beings as we are.

However, the study does point to dynamic changes in the central and directive element of the medium and agency of the subjective will, in a destructive pursuit as seen in active addiction or in recovering from SUD within the paradigm of Alcoholics Anonymous, which is the focus of this investigation. More importantly, the study points to an earlier undifferentiated complexity of the will in SUD and an ability of the subjective will to execute change and transformation.

The purpose of the study is thus to explore the dynamic of the subjective will and the experience of individuals as they enter recovery and through early into late recovery. Being a transpersonal psychotherapist, a natural choice was to narrow my focus to a transpersonal treatment approach to substance dependence: the treatment paradigm of Alcoholics Anonymous. The approach of AA is essentially a spiritual program and is one of the programs and treatment approaches with the highest success rates in the western world (Project MATCH Research Group, 1997).

By studying the lived experience of members active in AA with a minimum of 2 years of sobriety ranging up to 17 years of sobriety, I was able to investigate the lived experience

of the dynamics of the subjective will prior to initiating recovery. Further, I was able to accompany the participants through their descriptions of their experiences prior to recovery, of initiating recovery, and through their recovery up until the point in time when the semi structured interview took place. A central part of this exploration was the investigation of the dynamics of the subjective will prior to recovery and compared with the dynamics of the subjective will versus a perceived Higher Power during early recovery and into late recovery. These two phases of their individual trajectories constitute the processes from which the data are drawn and the basis of my analysis.

The aim of the study is partly to shed light upon and expand our knowledge of an under-researched area of addiction treatment, i.e. individuals in recovery with several years of sobriety who have succeeded in sustaining sobriety and have found a new way of being and living a normal life. The aim is also to spur interest in increasing our understanding about the will complex in substance dependence, the underlying forces, conscious and unconscious, that are at play in Substance Use Disorder and treatment in this context. Specifically regarding the phenomenon of the will, my aim has been to supplement existing views on treatment and offer perspectives and new knowledge that can generate therapeutic interventions enhancing the treatment of SUD in general and in the psychotherapeutic field in particular.

This research project is concerned with the activity of eight active members in the AA fellowship, affiliated to different groups, in Norway. In the sample, three of these participants had never previously entered formal treatment, public or private, and found sobriety solely through the program in the AA fellowship, whilst five of the participants had been treated at public or private treatment facilities one or multiple times before contacting AA.

The following discussion will seek to connect the findings and my interpretation of the findings through double hermeneutics with existing relevant literature. I will expand on each superordinate theme and on the subordinate themes when the findings represent new knowledge or information relevant to the will's dynamic in the recovery process as a whole. In the course of this discussion, words like 'God' and 'conversion' will be used, and in this connection they do not primarily have religious connotations, but refer to a spiritual understanding of the words as specified in the literature review.

The succession of superordinate themes can be seen as a developmental or processual time line, a continuum. The first superordinate theme, 1. The Will Complex in SUD, describes the lived experience of the will dynamic while in active addiction to alcohol. The second superordinate theme, 2. The Awakening Core Will, represents the first turning point and the potential start of sobriety. The third superordinate theme, 3. The Will Dynamics in Change, concerns the complex influences, processes and actions integral to the transformational change of the will dynamics. Superordinate themes four and five, 4. The Matured Core Will, and 5. The Higher Will, are differentiations of the transformed will and will dynamic related to a higher power and consequently a new belief system and intent.

4.2 The Will Complex in Substance Use Disorder

4.2.1 The First Layer – Destructive Intent of Escapism

A major portion of the total data from the eight participants' lived experience of their will dynamic concerned their will prior to initiating recovery. In analysing these data, a pattern of parallel intents emerged through the participants' descriptions of what they, at the time of the interview, understood as different sides to living an alcoholic life, and how they understood the dynamic of their will related to these different sides of being actively alcohol addicted.

The descriptions demonstrate how these parallel layers of intent are qualitatively different from each other. The data demonstrated how the intents came into existence at different intervals of the substance addiction and have individual life cycles. Each layer is tied to underlying beliefs pertaining to the connected intent. These three parallel layers of intent are identified as: the first layer - The Destructive Intent of Escapism, the second layer - The Omnipotent Destructive Intent, and the third layer – The Impotent Constructive Intent.

In studying the data further, the description of each of these layers reflects several beliefs akin to separate belief systems. Each set of beliefs generates specific needs and subsequent intent to satisfy those needs, mentalities within which the respective set of beliefs are held.

This phenomenon was described by Assagioli. He saw the connection between needs and drives and elaborated on the differentiation between conscious and unconscious needs and corresponding drives: *"The drives concerning the basic elementary need are more or less blind, instinctive, and unconscious. But for the more personal needs the drives gradually lead to conscious, volitional acts, aiming at their satisfaction. Therefore every need arouses, sooner or later, a corresponding will (Assagioli, 1974: 111)"*.

The components of each layer comprise more than qualities directly connected to the execution of will power, such as power, energy, dynamism, focus or action (Assagioli, 1974) generated by a need. With each layer of intent and concomitant beliefs, the abilities of deliberation, planning, choice and decisions are described and resemble parallel and adjacent units of separate mentalities with parallel selves.

The phenomenon of multiple selves was identified by James more than a century ago (1902). James maintained that in addition to our rational consciousness *"parted from it by the filmiest of screens, there lie potential forms of consciousness entirely different"* (p.388). More than merely existing in potentiality, James explains that these forms of consciousness are *"definite types of mentality which probably somewhere have their application, and adaption."* (p.388). Even more explicit was Binet's elaboration on the multiplicity of selves in his 1892 statement that *"In a large number of people.....the normal unity of consciousness is disintegrated. Several distinct consciousnesses arise, each of which may have perceptions, a memory, and even a moral character, of its own"* (p. 243).

Entering the stage of transpersonal psychology a few years later in 1910, Assagioli, (1974) was yet another of several transpersonal scholars who describe these *"types of mentality"*, naming them *"subpersonalities"* (p.58). He wrote that *"All the various functions, and their manifold combinations in complexes and subpersonalities, adopt means of achieving their aims without our awareness, and independently of, and even against our conscious will"* (p.58). Ellenberger, attributing subpersonalities to the

unconscious realm of our being, saw “a cluster of subpersonalities underlying the conscious personality” (1970: 111).

In discussing the findings, in particular the first layer 1.1, the second layer 1.2 and the third layer 1.3, and their individual expressions as an integral part of what I have called the Will Complex of Substance Dependence (WCSD), the intents described can be understood as embedded in three different mentalities, subpersonalities, or sub-selves. (Assagioli, 1965, 1974; Markus & Nurius, 1987; Firman & Gila, 1997, 2010; Schaub & Schaub, 1997, 2013; Rowan, 2010).

The first layers, called the Destructive Intent of Escapism, essentially describe the experience of victimhood in two different aspects. One aspect is the experience of having been a victim, related to childhood experiences and the experience of being a helpless victim to distorted relationships with primary care persons. They describe dysfunctional family dynamics inflicting experiences of trauma and suffering, resulting in a described fragile sense of self. The participants’ experiences of childhood victimization and insecure attachment is further described as a consequence of growing up in an environment of unpredictability, parental absence, child neglect, parents’ mental illness, domestic violence or domestic drug use. This was the case for Victoria: “*That deep-down feeling of helplessness, that nothing will ever change, that it’s going to be like this for ever*” (1.670-672) combined with the experienced absence of love, safety and care, all serving as a backdrop to starting to drink alcohol.

The role of insecure attachment has been the subject of a number of studies (DeRick & Vanheule, 2007, Fonagy et al., 1996), including Wedekind et al. (2013), who see it as playing an important role in “*the manifestation in alcoholism*” (p. 1). Insecure attachment is expressed partly through patterns of hampered coping with stress and anxiety, leading to strategies of escape, for example into stimuli such as alcohol. Further, according to Douglas et al. (2010), adverse traumatic childhood experiences, such as sexual abuse, bereavement, parental divorce, or the death of a parent, impact on the later onset of addictive behaviour. Experiencing two or more of these events is found to increase the risk of substance dependence significantly (Pilowsky, Keyes & Hasin, 2009).

Coming from a different perspective, Firman and Gila, (1997) see objectification as the underlying reason why victimization develops into the above plurality of mentalities as driving forces in general, but also in substance addiction. They hold that *“we are wrenched away from experiencing ourselves as feeling, thinking subjects and thrust towards experiencing ourselves as soulless objects”* (p. 1-2). They continue: *“our connection to our deeper Self is wounded”* (p.2) and lost, causing the formation of *“compulsive false selves”* (p.3). This idea is supported by Winnicott’s (1987) described fear of *“annihilation”* and Kohut’s (1977) *“disintegration anxiety”*. Childhood traumas are thus inflicted through objectification, causing the child to be victimized.

The second aspect of the participants’ experienced victimhood concerns being victims to the drug itself. Participants describe the experience that there was no choice as to whether to drink or not, or how often and how much to drink. The intent behind drinking was experienced as out of their control.

The experience of powerlessness in relation to the substance generated feelings and added to the experience of helplessness, meaninglessness, anxiety, inferiority, guilt. In several cases, this developed into depression, generating suicidal thought and attempts, as in George’s statement: *“the problem for me earlier on was that I realized I hated myself ...”* (7.336), with shame underpinning his self-hatred. Maya echoes the pervasiveness of shame as a consequence of her lifestyle: *“when shame is sort of just a big part of me, that I’m ashamed of who I am”* (4.568-69).

An intent to want to escape these uncomfortable and painful feelings through drinking is thus formed. Dorthie describes her experience of surrendering to the shame itself as an alcoholic: *“I think I just sort of automatically gave in to shame ...”* (5.569-570) and *“it was just another one of my shameful failures”* (5.573-574). This authentic shame (Firman & Gila, 1997), arising from the discrepancy between how they perceive themselves and how they want to be perceived, adds to the first aspect of the victimization in the Destructive Intent of Escapism, building the momentum of the need to escape.

According to data, the victim aspect of the Destructive Intent of Escapism is described with an experienced powerlessness and will-lessness related to the ability to choose not to use alcohol. However, the victim aspect is paradoxically not described as powerless when it comes to the will and intent to escape the discomfort. One example is the

power of desperation behind the escapism, as described by Bernhard: *“there was just a lot of pain whichever way I turned. That made me really desperate”* (2.509-511).

The often unconscious need to escape desperation and pain is partly described in Connors et al. (2010), expressed as avoidance in the pre-contemplation phase, in the form of resignation and passivity towards treatment and avoiding change, which is interpreted by Connors et al. as denial and resistance.

4.2.2 The Second Layer - The Omnipotent Destructive Intent

This leads us to the second layer of the will complex, the Omnipotent Destructive Intent. The intent to escape pain destructively perpetuates a vicious circle and is an integral part with the two other layers of the will complex in substance dependence driving the addiction behaviour. The Omnipotent Destructive Intent aspect of the will dynamic is described as the part that acts, administers the logistics connected to the addictive behaviour and acts out. This second layer is fully capable of taking responsibility for the planning, organizing and execution needed to drink, and the majority of the participants in this sample display the various skills needed to cover up the addiction - in some cases for decades. The cunning conduct includes the manipulative abilities needed to keep practising the addictive life, as related by Rita: *“you know, we can manipulate a whole world”* (8.488). Accordingly, this will aspect is mainly described as holding the qualities of being strategically powerful, fearless, merciless, manipulative, self-centred and destructive.

Beliefs underpinning this intent, exemplified by Steve *“I’m my own god”* (3.174-178), I understand to be the mental obsession and illusion sustaining the drive, also described by Nakken as *“I want what I want and I want it now”* (Nakken, 1988: 9), the morals of which Rita describes in her experience of this aspect: *“all the boundaries, all the ethical and moral boundaries, they were ... they were all gone”* (8.175). Rita’s statement ties in with Nakken’s view that, for an active alcoholic, *“the object comes first, people second”* (1988: 13). The self-centredness of the Omnipotent Destructive Intent is evident in

Steve's experience: *"but I was deceitful so that I could get what I wanted because then I knew I'd be OK. Wasn't honest. Incredibly dishonest, really"* (3.644-6459) This is consistently described by these participants with a lack of empathy. Even if lack of empathy was not a character trait prior to becoming alcoholic, anti-social traits progressively emerge in the course of an alcoholic life.

The participants' interpretation of the dynamics of the first and the second layer is that the intent of escapism serves as fuel for the engine behind the Omnipotent Destructive Intent. The second layer of the will aspect is experienced as impulse-driven, spurred by the first layer of the Destructive Intent of Escapism. Further descriptions reflect its short-sightedness in the need for instant gratification, which then progressively violates the participant's own moral boundaries. Dorthé's account illustrates just how destructive the Omnipotent Destructive Intent can be when it is fuelled by the Destructive Intent of Escapism:

"...I just wanted to get away, I just wanted to keep thinking that life was impossible eh... it's just ... sort of ... for me there's only one way and that's down, you see, and then finally, ... you feel that I just want to live very fast and be done with it and die ... ", (5.461-5.463).

In lacking the capacity to turn its gaze inwards, the Omnipotent Destructive Intent also lacks the ability to take responsibility for destructive consequences for oneself and others. Reinert et al. (1994), investigating AA attendance in the context of narcissistic pathology, held that *"narcissism is likely the final common pathway for the personality changes in alcoholism"* (p. 56). Personality traits akin to the descriptions in this findings in the second layer are described by Gori et al. (2014) as antisocial traits that include *"Machiavellian egocentricity, rebellious nonconformity, blame externalization, carefree nonplanfulness, fearlessness, coldheartedness"* (p. 1581). This is consistent with the participants' descriptions of the Omnipotent Destructive Intent.

An early voice in the field of alcohol treatment, with knowledge of AA and seeking to see behind the destructive pattern of alcoholism, was Tiebout (1964). He recognized the *"unconquerable ego"* and immature elements in the psyche *"of the original nature of the child"* (p.3). One aspect that he refers to is Freud's term *'His Majesty the Baby'*, incapable of tolerating discomfort, who *"functions at a tempo allegretto with a good*

deal of staccato and vivace thrown in” (p. 3). Tiebout went on to describe the omnipotent belief working in the background in the unconscious of the alcoholic, “as he wills, so will he do” (p. 5). This perspective supports Nakken’s view of the addict personality making themselves objects and treating others as objects: “addicts subject their emotions, mind, spirit, and body to many different dangers, including high levels of stress. As they continue to treat themselves as objects, they are often led to some form of breakdown” (p.12).

4.2.3 The Third Layer - The Impotent Constructive Intent

At some point along the timeline of their addict career, the participants all describe how living as an alcoholic created more pain and increased suffering to the degree that a new intent, the third layer, emerged - the Impotent Constructive Intent. This intent is described as seeking to find ways to control drinking to improve life through external problem solving. *There was never a question of stopping drinking, but learning to control drinking.* Here the findings reflect an urge to attempt to help oneself, to make changes in the outer environment in order to alleviate the devastation they experienced. In this sample, the attempts to control drinking by making external changes included changing jobs, changing studies, moving to a different country, having multiple jobs leaving no time for drinking, or finding the love of one’s life. All the participants described how they had tried everything, but that it had all failed. Steve’s short statement communicates exactly this: *“I’d tried absolutely everything” (3.10).*

In describing the different stages of change (Connors, DiClemente, Velasquez & Donovan, 2013), the first stage, called the pre-contemplation stage, refers to a state where the substance-addicted individual is either in denial of any problem or is aware but unwilling or unable to do anything about it. The Impotent Constructive Intent resembles Connors et al.’s description of being ‘aware but unable’ (p.17) to do anything about it. This stage is in this aspect consonant with how the participants describe their addicted lives: they knew there was a problem with alcohol and were attempting to control their drinking, but were unable.

None of their attempts to control drinking by altering external conditions was described as a success. This finding comes with information: that this third layer of intent is built on delusions and inability. The delusion is that something external can solve their problem and help control their use of alcohol. The concomitant inability is the non-existence of the option of turning one's awareness and perspective inwards and reflecting upon whether to change beliefs or choices. Maya pinpoints the dynamic in her description: *"I had the will, but I didn't have a choice in whether to drink or not, but I used my willpower and will to try and change how I drank and tried to change things in my life"* (4.281-283).

This feature of the inability to look inwards is described and clearly illustrated in Maya's underlying delusion: *"if I could change external things then something would change with me and with alcohol and that I would suddenly be normal then"* (4.89-91). The consciousness of the participants' choice to consider their own person and personality traits is merely described as absent at the time of active addiction – across cases.

This blind spot constitutes a central handicap inherent in the Impotent Constructive Intent. This intent is essentially constructive in intending to control drinking to improve life, but what makes the constructive intent impotent is exactly this, the inability to generate the simple thought that *'I need to change'*, change my beliefs, and that it is not something out there that needs to change. Because of this inability, all eight participants sought to solve their problem externally. In this sample, the Impotent Constructive Intent is portrayed as immensely powerful in its pursuit to seek the external solution and could drive an individual, as it did for seven out of eight people in this sample, for decades, continuously trying to find ways to help themselves and alleviate their suffering by making changes in the external world.

The blindness is thus total when it comes to turning the perspective around and looking inwards to change as a person. Will and will power is not absent in this aspect of the will complex as will is very much present, but it is misdirected. The list of failures from the impotent and futile attempts to control drinking builds a portfolio of evidence to confirm and add to their experience of inadequacy and failure, giving momentum to the victim aspect of the Destructive Intent of Escapism and perpetuating the vicious circle and downward spiral.

Brown (1985) supports the view that in the course of an addiction career the focus is not on the “*expansion of self-knowledge*” (p.75), but that the total intent is concerned with the denial of loss of control and construed towards sustaining drinking behaviour. This corresponds only partially with the Impotent Constructive Intent, in that the intent to seek external solutions upholds the recognition that ‘I have a problem’, and is thus not in denial of a drinking problem, but also reflects a beliefs that ‘I must find a way to control drinking’, although simultaneously believing that the solution will be found through making external changes.

4.2.4 The Absence of Spiritual Principles

The Underlying Will Complex in Substance Dependence and existence as substance-addicted is described as a coexisting emptiness, a void signifying the absence of higher values or spiritual principles. Six out of the eight participants describe varying degree of absence of a spiritual focus or values. Three of the participants expressed contempt and shame when they entered the fellowship and discovered the spiritual focus, and were initially provoked by this component of the 12-step program. One of these three participants felt ashamed of herself and did not feel good enough for God. For three other participants, the belief in something, anything, was merely absent. There was an attitude of either knowing about the existence of religion, but that it had no content for them, or that it felt foreign to them, even repulsive. Existence was seen as meaningless without any plan in the world, or life was just plainly impossible to relate to. Dorthe describes this openly: *“the pain was so great then, so much had happened in my life that there was no room for any more ... so there was no room for belief in anything like that either”* (5.30-31).

For the two remaining participants, one had no conscious relationship to spirituality, but described an openness in relation to ‘God’, and would visit churches when travelling just to feel the peace there. The last participant, Bernhard, was not interested in thoughts and values with spiritual content, but could recognize the consequence of abandoning his childhood faith:

"I sort of thought 'screw this', I mean let's pretend it's not like that (mhm) eh ... and ... I think that's in a way how the snowball started rolling, eh ... but it kind of creates a sort of vacuum ... and I didn't realise that then ... " (2.500-504).

Discovering the absence of spiritual values may represent an underlying void relevant to the governing attitudes of the will complex in substance disorder through an absence of meaning and purpose. The absence of spiritual principles is also striking in light of the contrast it represents to the belief system and intent that each participant describes after the will complex in substance disorder had been transformed.

Alexander (2008) argues that dislocation, meaning psychosocial disintegration, is the main cause of addiction, be it substance addiction or other types of addiction, and calls it a **"poverty of the spirit"**, which only psychosocial integration can mend. The WCSD's inherent intents and internal dynamic constitute what can be understood as a loss of control to alcohol, which then became a negative higher power, as related by Rita: *" I've had a higher power in my life before, and that was alcohol, and it took complete control of me, deciding absolutely everything, and it was a ... eh ... a negative power"* (8.298-300). This quote captures and mirrors the negative higher power of alcohol through the WCSD and the implicit pre-existing poverty of spirit. This psychosocial disintegration, described by Alexander, can be seen as a consequence of having been objectified and thus suffered a trauma, as described by Firman and Gila (1997).

Summing up the beliefs that the three layers of the WCSD rest upon, they present a system of beliefs that interlock with each other, where the first layer holds that 'I am in pain, I need to escape the pain'. The second layer, spurred by the first layer and, coloured by an increasingly narcissistic mentality with consonant attitudes of entitlement holds that 'it's all about me and my needs, my will, my way!' The third layer is occupied with the realization that there is a drinking problem: 'I need to find a way to control drinking, by changing something out there'.

These parallel and contradictory states, at first sight seemingly illogical, are described by Assagioli (1974) as an existing inner dynamic: *"Because of the multiplicity of human nature, of the existence in us of various and often conflicting subpersonalities, joy at some level can coexist with suffering at other levels"* (p.201), this quote point to the possibility of coexisting feelings even when contradictory, and thus support the view of

parallel intents in multiplicity. Still, Firman and Gila, (1997) hold that the underlying reasoning related to addictions generally and drug use in particular is an attempt to escape the underlying “*threat of non-being*” (p.15) that sets the chain of events of WCSD in motion.

4.3 The Awakening Core Will

4.3.1 Hitting Bottom

The first turning point described in the dynamic of the will for all eight participants is their experience of ‘hitting rock bottom’, or of waking up from the delusions of WCSD. Departing from the pervasive dynamic of the WCSD, the participants describe how they reach a personal limit, they ‘hit bottom’ and at the same time experience a new awareness breaking through into consciousness. This awakening is caused for three participants by what was experienced as an impending life threat: Bernhard realized: “*then you realise that this is going to kill me ...*” (2.645), and Dorthé similarly realized the urgency as “*a very strong voice inside me said: if you keep going now, you’ll die*” (5.238-239).

Two participants described having humiliated themselves in front of witnesses to a degree that was too grave to be denied, as Rita describes: “*I had gone to such an extreme, I couldn’t go any further*” (8.258). For two other participants, pure fear was the agent behind their awakening, as Maya describes “*I couldn’t believe I drank so much*” and consequently “*I didn’t really dare do anything else*” (4.457, 4.459). They both then contacted AA.

For George, the turning-point came when he saw that “*life had no meaning any more ... it... it was ... it was a surrender ... that’s what it was ... not a surrender, more a kind of giving up ...*” (line 7.49-7.51), and he felt something needed to change.

Almost 70 years ago, Tiebout (1949) called the phenomenon appearing in the unconscious while ‘hitting bottom’ a mystery, but reasoned that it “*produce[s] a result, which is surrender*”, and goes on to link surrender to the capacity for acceptance. The

phenomenon of 'hitting bottom' or experiencing utter defeat is not just a mystery, but can be seen as an occurrence that can be induced clinically (Jellinek, 1952). By creating "emotional arousal about one's current behaviour", for example emotions of "fear, inspiration, guilt and hope", a 'dramatic relief' can be experienced by the alcoholic (Connor, Longshore, Anglin, 2009: 151). This dramatic relief then has the function of moving the individuals recovery process forward, according to the Transtheoretical Model of Change (Connors et al., 2013), from pre-contemplation to contemplation, or from denial into contemplating receiving treatment. A striking difference here between AA and the cognitive behaviour therapy that Connors et al. represent is that Connors et al. hold that an induced volitional shift can come about gradually, indicating that 'hitting bottom' does not need to happen abruptly as is the pattern in the sample of this study. Rego supports the above shift engendered by 'hitting bottom' and also supports the above change in that this phenomenon can be explained by a psychological mechanism of solidification: "Rather than ultimately splitting off parts of the self, most psychiatric therapies foster a new relationship with them; one of self-as-object from which self-governance solidifies identity. Others have described this as a 'volitional shift' when alcoholics finally decide to become sober (Talmadge, 2005)" (Rego, 2006: 225).

4.3.2 The Core Will

In terms of the will dynamic in this sample, at this stage of the recovery process, together with the experience of 'hitting bottom', participants describe the emergence of a new will aspect unknown up until the point of 'hitting bottom'. This new aspect, which I have termed the Potent Constructive Intent of the Core Will, emerges with an intent that is different from the three we have previously seen in the WCSD and that displays distinctly different characteristics from the Destructive Intent of Escapism, the Omnipotent Destructive Intent and the Impotent Constructive Intent. The common denominator of the three layers of WCSD is that they perpetuate each other destructively to induce the individual to continue drinking. This new Potent Constructive Intent of the core will is experienced as exactly that, new and inherently

constructive. The experienced constructiveness is connected in particular to the two qualities of openness and willingness, as described by Bernhard:

“: ... there’s such a degree of wholeheartedness .. I mean ...

I: devotion ..

B: yes, actually, yes, that I think is important and I thought that some of it or at least what’s related to it is in a way the willingness to look at everything ... ”

(2.266-270)

The emergence of the Core Will can be related to Grof’s (1985) Birth Perinatal Matrix model, which consists of contraction, fixation, psychological death and rebirth (and bliss). These metaphorical concepts are easily transferred to the process of the alcoholic in his/her process towards their personal limit. The participants’ descriptions convey how life imposes contractions leading to fixation and the psychological death of WCSD as the Core Will is born.

The notion of the personal identity consisting of an authentic self or ‘I’, in many cases substituted by compensatory sub-selves as delineated earlier, becomes more meaningful with an elaboration of authentic self-identification. Assagioli (1965) held that to reach a self-identification, a therapeutic work of dis-identification from sub-selves was necessary. In the study current, the findings suggest a spontaneous dis-identification from the sub-selves of the WCSD and their intents. When dis-identified from sub-selves, the self, (‘I’) “develops an increasing self-awareness which is the chief characteristic of the personal self or I” (1965: 69).

The openness of the new core intent is described as including the openness to learn, to work the steps, change one’s ways and take advice, from for example more experienced AA members. This openness paired with willingness are the two assets that, as described in all eight cases, were prerequisites for development and change. Victoria’s statement of willingness mirrors the other participants’ descriptions: *“I think I was quite willing when I joined AA”* (1.180), and Tom describes his willingness to act: *“I did everything they said I should”* (6.67). Tom’s statement, also representing the other participants,

displays a relational feature of the core intent, the ability to trust another person without being in control oneself, whereas need for control was a central feature of the Omnipotent Destructive Intent.

The authentic self or 'I', as described by Assagioli, is intimately connected to the Core Will. The realization of the existence of the authentic self and immanent Core Will can be experienced as an 'awakening', of an ability to choose and to relate (1974: 9).

The qualities of the Core Will are also indirectly described through the changes that present themselves after 'hitting bottom'. Traits previously displayed fall away and become absent, for example the previous impulse to escape discomfort. Now, the participants rather describe an ability to endure discomfort without attempting to escape. On the contrary, as both Dorthe and Bernhard are examples of, in their ability to endure the discomfort of not escaping into drinking for months and years on their own, after their experience of 'hitting bottom' before contacting AA and before surrendering to a Higher Power.

One of the explicit qualities of the core will is strength, as in the strength to endure hardship as described above. However, strength was also implicit in the WCSD, but in the service of different intent:, the strength of will can be *"ineffectual or harmful to oneself and other people"* (Assagioli, 1974: 15). The main difference between the WCSD and the Core Will is the goal and direction of the new intent.

The ability to endure the discomfort of painful emotions and the sudden maturity of perspective are both radical changes. Another major change is seen in contrast to the earlier descriptions of the layers of the WCSD, where the attitude of objectification is consistent, whereas the core intent displays the ability to relate to oneself as a subject.

The experience of the self is that of pure self-awareness and consciousness of the self, but *"the need to protect, cultivate and strengthen the initial attainment becomes evident, in order to make it a constant possession and utilize its great potentials"* (Assagioli, 1974: 10). The ability of the authentic self or 'I' to relate empathically is supported by Firman and Gila, who elaborate on the 'I' as a reflection of the Self or soul, which is *"capable of profound and meaningful empathic relationship with the individual person"* (1997: 43).

What are the general effects of the emergence of the Core Will? The answer to this question becomes clearer if the question is turned around to focus on status while there was no experienced existence of the Core Will - applicable to the descriptions prior to initiating recovery. This perspective implies that the ground on which sobriety is built, in this context, would be difficult to sustain without the existence of the Core Will. This then points to an interpretation of this finding that lasting sobriety may be built upon the intent that the Core Will represents and the concomitant authentic self.

Several consequences of the existence of the Core Will and new intent are described. The shift from WCSD as such, and in particular from the Omnipotent Destructive Intent to the Potent Constructive Intent, is significant. Traits from the first and second layer externalize blame; the Intent of Escapism and the Omnipotent Destructive Intent which are described as receding and being replaced by the core intent initially. As if the Core Will taking place behind the steering wheel becomes the governing principle of the person. With the birth of the Core Will, the blindness of the Impotent Constructive Intent falls away, and the individual, through the inherent qualities of the authentic core self, is capable of being open to change and willing to take action in the direction of the Potent Constructive Intent.

The authentic self and implicit core will have “a *directive and regulatory function*”, akin to “*the helmsman of a ship*” (Assagioli, 1974: 10) who knows the course and directs the ship through currents and wind by the hands’ movement of the helm.

4.4 The Will Dynamic in Change

4.4.1 The Fellowship

The participants in this study had both the capacity and resources to let the AA fellowship become a significant container for them and to use the new environment to serve their new intent and the core will. The narrative of this superordinate theme is partly about the role of the fellowship, where the fellowship is described as a cocoon, where nurture, guidance and support took place through the experience of being part of

a fellowship, and via AA senior members' advice and having a personal sponsor who held the torch and showed the way.

The mental and relational space that AA represents influenced relational patterns and facilitated development of the participants' relational skills as they learned to trust, through being seen as worthy and being treated with dignity and love. The fellowship also gave an experience of inclusion, in contrast to the previous experience of isolation. Carrico, Gifford and Moos (2007) found that to the degree a person is receptive of a spiritual context, he was found to be more "*acceptance-based responding*" (p.406).

The fellowship constituted a new way of thinking, being and behaving for the participants, spurring an intense personal development process, loco-motived forward by their new personal willingness and openness, combined with the mentality and intent of the AA collective consciousness.

The findings demarcate a phase of growth initiated when the participants joined AA, when the new Core Will was cultivated through meetings, sharing, rituals for prayer and meditation, step work and guidance – in short, the philosophy of AA. New concepts were assimilated and gradual insight into the consequences of their own previous conduct was achieved. The sum of the components of AA and the program is described as facilitating the cultivation of the new asset, the Potent Constructive Intent - the Core Will.

Several studies have focused on the active ingredient in the self-help group of the AA fellowship (Humphreys et al., 1999, Magura et al., 2003) and suggest that attendance in the fellowship benefits the individual through learning new skills and attitudes, sharing information and having role models in a mutual learning situation.

In this sample, as we have seen, all participants share rich descriptions of the personal growth they went through post hitting bottom, a development that gained momentum after entering the AA fellowship. However, this development was conditioned by a concomitant responsibility taken on by the individual. The participants descriptions of how they took action and responsibility for their sobriety, is conveyed in several aspects. The responsibility is described as willingness to act upon advice (pray, mediation, step-work) and the responsibility to be willing to receive (forgiveness, love, help) and take

responsibility for the intent to continuously seek contact with a perceived higher power. Underlying the mentioned areas of responsibility is the responsibility to stay sober, and to reach out for help if the urge to drink became overwhelming.

4.4.2 Conversion

From the analysis, two patterns of personal development became apparent after the participant became a member of AA. Both patterns led to an experience of surrender to a higher power, but with distinctly different trajectories. Returning to the time line continuum, one path was significantly shorter and one was significantly longer. Both paths were characterized by an accompanying openness and willingness, but the longer path included more of a struggle prior to the conversion, as the Destructive Intent of Escapism and the Omnipotent Destructive Intent were described to resurface and take turns in creating obstacles of fear and doubt. Willingness has an important place in aiding the individual to engage with new challenges: *“willingness implies a surrendering of one’s self-separateness, an entering into, an immersion in the deepest process of life itself”* (May, 1982: 6).

4.4.3 Longer path

Six of the participants described their recovery and personal development after entering AA as a slow conversion. The slow conversion put more strain on the individual in that the first and second layer of the WCSD resurfaced, making the journey of recovery more of an internal battle than for the participants who experienced a short path toward conversion. For Dorthe to combat self-will meant that *“it made me almost desperate to feel how much fear I actually had, but I just had to have the courage to want to stay there”* (5.453-456) and she added *“the greater the fear, the more self-will you generate”* (5.459). Her description puts the will aspects and powers at play in perspective and underscores the power and qualities of the core will.

The descriptions of the longer path demonstrated the existence of the qualities of the core intent, of strength and persistence despite the numerous obstacles and emotional

strain. These descriptions portray a strength that could withstand desperation and the courage to sustain recovery by battling upsurges of the escapism and the Omnipotent Destructive Intent. The participants describe an ability to hold enough trust to hand over and surrender their difficulties to 'something', even though they had yet defined a higher power to themselves, and trusted the gradual change and improvement they experienced.

The qualities of the core will are in this phase also described as the capability for commitment, investment and the capability to give priority to that which is suggested that they do. For George this included an effort to "*understand what self-will is*" (7.691) as he engaged in self-monitoring to increase his awareness of himself.

Using the University of Rhode Island Change Assessment Scale (URICA), Connors et al. (2010) measure motivation for change related to recovery from SUD. Their five emerging patterns are "pre-contemplation", "ambivalent", "participation", "uninvolved" and "contemplation". The "ambivalent" group scored high on not being motivated, but also scored high on motivation and action, indicating the existence of opposing co-occurring intents as described above.

4.4.4 Slow Conversion

A recurrent theme in the descriptions of slow conversion is the gradual influence of a power thought to be a higher power. The pace and degree to which this experience is described to have taken place is relative to the individual ability of the core will or core self to open up, surrender, capitulate and understand, find courage and have trust. In Victoria's case, there was a will to trust which gave results, "*I suddenly understood*" (1.517) that she was loved, while George felt touched by God, which gave him hope that "*something else can take over*" (7.56). In Dorthe's experience, having found courage was crucial for her surrender, in her words "*the courage to sort of take a standpoint, I can trust in something greater than me*" (5.136-137). This influence from the conceived higher power conveys a variety of transpersonal qualities, amongst them hope, love, safety and relief from fear, guilt and shame.

The individual surrender to a higher power engendered a major influence in the direction of the ensuing choices the individual made. However, in this sample, surrendering to a higher power does not seem to be a solitary event. Surrender to a perceived higher power is portrayed as one of a chain of surrender events and the surrender experiences constituting the conversion is conditioned by the prior acts of surrender, whether moving along the shorter or the longer path.

The first and crucial surrender is the surrender inherent in hitting bottom, accepting that a personal limit has been reached. The next surrender along the continuum is the surrender to the fact that 'I need help'. Then comes the surrender to the idea that they cannot drink alcohol, and next acceptance and surrender to the fact that 'I will not find the solution out there' and 'because I am an alcoholic, I will not be able to control drinking, ever'.

4.4.5 Shorter Path and Rapid Conversion

The development manifested in a particularly condensed way for the two participants who experienced the shorter path towards Conversion. The dynamic of their will in the phase after joining AA was characterized by firm openness to take advice and a devoted willingness to act upon advice. Their high degree of willingness is described through their willingness to act without knowing and not being in control of what it would lead to or if it would lead to an improvement for them.

In these two cases, the experience of a higher power took them by surprise and the effect was totally unexpected and new. It was described as an unfamiliar experience of immensely positive character, with a lasting effect. The first obvious consequence for both of them was the experience that, as Maya relates, "*the basis for drinking was gone*" (4.63), duplicating Bernhard's description "*it was just sort of sucked out of me and disappeared*" (2.72). These experiences and description more than imply the experience of a power or will of unknown origin and capabilities and are strongly influenced by the Core Will. As Assagioli said, commenting on research on transpersonal experiences, the evidence is found in its effect (1965). In these two cases, there was an experienced and observed effect for these participants as a result of their experience of a higher power.

As we learned in the literature chapter, James (1902) recognized the dramatic and rapid conversion and how belief systems change and are permanently replaced by a spiritual belief system.

Washburn held that *“behind the surface of the ego identity the center of the repressed depths of the soul there lies a redeemable core, a higher self – of spontaneity and generosity, outgoingness and outreachingness”* (Washburn, 1994: 258). Further, Washburn’s term “transegoic” or higher self experience refers to the *“consequence of the change in the ego’s attitude towards the nonegoic, which has always contained both preegoic and transegoic potentials”* (Daniels, 2002: 25, italics in original).

The fact that there is a longer path and a shorter path in recovery, described in this sample and within the context of AA, may indicate multiple potential paths of the development of will in a different context. Moze (2009) finds in her research on the phenomenon of surrender that ego defences collaborate, in that *“Surrender is not defeat; it is concluded to be a transformative psychological phenomenon that is oriented toward learning, works in service of the innate desire to grow, is motivated by curiosity, and is a distinct alternative to defenses as a response to anxiety and conflict. It was determined that surrender and defenses work in dynamic synergy in the process of sociocultural and psychological development (p. iv).”* It is tempting to speculate on what engenders this dynamic synergy and what aspects of the will are at work, and I would suggest based on my findings that it may be the combined Potent Constructive Intent and a higher will interplaying. These two participants were the only two in the sample who did express an openness towards spirituality at the time of becoming a member of AA.

4.4.6 Will Complex in Substance Dependence post surrender

What is the dynamic of the WCSD following the experience of having surrendered to a higher power? The participants unanimously describe an awareness of *the Omnipotent Destructive Intent as continuously existing in the background*; Maya likened it to a hibernating bear. Collectively, they give a clear impression that the Omnipotent Destructive Intent can be awakened at any time. Rita, with many years of sobriety,

testified with certainty to the result of drinking again if that should happen, *"I'd be there straight away"* (8.322) and Steve continues that he would *"start doing egoistic and selfish things and... and... sort of ... so.. so... so it's dangerous for me you see"* (3.533-34).

The subtitle of Gorski's book of 1989, *Passages through Recovery is An Action Plan for Preventing Relapse*. This subtitle indicates in itself the strength of the intent towards escapism, and supports the above experiences of the potential for relapse, even in 'late maintenance' often characterized by typical patterns of denial and evasion of problems, with stress and compulsion tendencies that may arise.

Vaillant (1995b, 1998), 'contemporary defense theorist', holds the existence of *"involuntary, unconscious methods of managing stress and anxiety, which he calls defenses"* (p.90), parallel to our conscious awareness. The extensive elaboration by Moze (2009) on *"understanding psychological surrender with comparison to ego defense"* offers several points that are directly relevant to the described phenomenon.

Further, the participants gave convincing accounts of the need to be in preparedness and attentiveness to monitor 'self-will', the AA concept of the WCSD, (ref section on AA), here predominantly the Omnipotent Destructive Intent and the Destructive Intent of Escapism. They agree upon the importance of humility, it being a warning signal when humility vanishes, as the participants associate the self-will with selfishness and egotism, the opposite of humility.

In describing lived experiences of spirituality in AA, Connors et al. (2008) present those experienced by many: *"humility, serenity, gratitude, hope and forgiveness"* (p. 217). Referring to the focus and experiences of the present participants, humility stood out as a central tool to avoid relapse and is referred to as a foundation principle for sobriety and of having profound importance in combating selfishness. Seen as one of the major obstacles to the cultivation of core will, according to Assagioli (1974), is selfishness, as he sees this quality as purely using the environment for its own sake.

4.5 The Matured Core Will

The superordinate theme describing the matured core will comprises the subordinate themes New Belief System and Spiritual Growth. These two findings overlap in that the new belief system is described to facilitate spiritual growth. The new belief system, resulting from the existence of the core will combined with the perceived influence of a higher power, generates new and different intents than while under the influence of the WCSD. What exactly are the beliefs that constitute the potentially fertile soil of AA?

According to the philosophy of the AA fellowship, the spiritual ground is the mental space that each participant enters and through which they are influenced. The adoption of all new beliefs rests upon one important new belief held in the 1st step, i.e. accepting the belief and identification of being an alcoholic. Active addiction would activate the WCSD and sabotage the anchorage in and presence of the core will. In the perspective of a timeline, the spectrum of new beliefs becomes more nuanced at the far end of the continuum than to begin with.

Initial new beliefs are described as *"I am not alone any longer"*, *"I am included, I can belong"*, *"these people are like me"*. New beliefs are seen to be adopted and integrated along a continuum of time, and a continuum of sophistication and depth. The participants also describe this core will aspect embedded in the core self as a self that become increasingly more mature. The participants describe the core will at this stage of recovery not as static or rigid, but flexible and plastic as it gained momentum.

The descriptions of the changing beliefs from early sobriety into late sobriety convey an underlying principle or intent towards expansion and growth for the good of the individual, manifesting as increasingly complex. The process of development and maturation of the core will is described to have facilitated personal and spiritual growth, not just in one or two aspects of the person, but for the whole being.

The participants' beliefs post conversion are concerned with what is experienced and seen as meaningful in their new situation, reflecting a road of continued development and spiritual growth. The transition from an old belief system to a new belief system, in this context, within the spiritual frame of AA and the 12-step program, is implicitly described as a process of spiritual growth.

Bernhard provides a good example, which can also serve to represent the other participants, when he says:

".. what never fails even if other things do is eh ... in a way to submit to other people and be open and giving so that other people get a chance to have the same chance I was given when I came [to AA]. (mhm) so the absolutely most important thing, if you see what I mean, in my, in my new life is being a sponsor and trying to bring other people who are interested into it." (2.136-140)

All the while the individual takes part in the AA Fellowship and has a sponsor to guide and support the process of finding a way to sober living, autonomy is an accompanying agent of the individual, from the point of stepping into the AA fellowship and throughout their process of recovery. All the participants also lived autonomous lives prior to recovery, but with a completely different goal and intent.

The autonomy displayed after initiating membership in AA offers insight into the growth that took place from acting on the first advice, to growing into responsibly conducting a sober life. As membership is voluntary, and the step work is voluntary and self-paced, autonomy merely changes character with the growth and maturing of the core will. Whether the individual is autonomous or semi-autonomous under the influence and guidance of a perceived higher power is an open question.

Voluntary and wanted activities for the participants, especially after their surrender to a higher power, include meditation and prayer, reading, conducting daily self-reflections and service. Their described actions mirror the beliefs held as important for their continued sobriety. Contemplating the perspective that this life-changing and volitional process takes place while the person is at the same time managing other parts of their lives and related challenges, without drinking, is impressive.

Post surrender to a higher power, the new spiritual beliefs are described more explicitly. Again the beliefs are individualized, integrated and prioritized individually, but the pull is in all cases an underlying belief in the existence of a higher power and of the experience of close vicinity to the higher power. These individualized beliefs are expressed through Maya's belief in her contract with her higher power, in Tom's conviction that prayer is his priority, and in Victoria's belief in the presence of God in the ordinary moments of

daily life. George believes in the golden rule: “treat others as you would like them to treat you”, Bernhard believes in a good subjective will having a place in spiritual life, and Steve believes in the importance of accepting help and acting on the help offered. Rita believes that God is always there for her, and Dorthie believes in the love of life and that her life has a purpose.

Post surrender, growth continues to deepen spiritually, and terms become more nuanced. One example is the concept of trust. The participants’ initial beliefs change from the need to learn to trust into trusting the advice received, that people can be trusted and that life will continue to improve, and indeed that they can trust the perceived higher power for help and guidance. Belief and trust in a higher power that is good begins to emerge, with expectations of good, and the importance of being under the influence and care of something good. Additionally, participants build new trust and a belief in their own judgement and power through building a sober history of good experiences.

The eight participants describe the belief in the importance of nurturing one’s connection with the higher power so as to benefit from it as a resource and be able to have a good life. Their spiritual growth includes the belief in humility and gratitude in daily spiritual practice, as a means to mend their own character deficiencies. They described the belief in the value of ordinariness, which I interpret as an antidote to the narcissistic liability of alcoholism mirrored in the Omnipotent Destructive Intent. Another of the beliefs central to the participants is the importance given to their experience of the higher power as forgiving, a significant belief to be able to rise from shame.

In support of the above, Tonigan et al. (1999) found that the AA philosophy holds five predominant beliefs, and amongst them is the belief in a higher power and an indisputable need for an alcoholic to nurture his or her connection to the higher power. What their or other research has not looked at is the relationship between beliefs and belief systems pre and post hitting bottom and before surrender to a higher power.

In an attempt to define spirituality, Cook (2004) conducted a meta study of 265 sources on spirituality and addiction and was able to outline a definition of spirituality as something that could be experienced as a *“relationship with that which is intimately*

'inner', immanent and personal, within self and others, and /or as relationship with that which is wholly 'other', transcendent and beyond the self." (p. 548-549). This definition mirrors the descriptions the participants give of what they, through the intent of the core self, came to believe. However, again the research is vague in linking these findings to the intent that creates this belief system. Cook did extract 13 components from his review of how spirituality can be perceived, and amongst them was one component "*a person's inner core, force or soul*" (p. 543), indicating the presence of a core will and intent.

In research on AA, the willing actions that initially point most strongly to the core intent are the spiritual practices of members. Meditation and prayer are the most frequent practices, but surrender, disclosure of misdeeds to make amends and taking regular self-inventory are amongst their spiritual practices (Brown and Peterson, 1991), as are the cultivation of "*humility, serenity, gratitude, hope, and forgiveness*" (Connors, Walitzer & Tonigang, 2008). These practices, mirroring to a high degree the participants' experiences, indirectly point to the existence of an underlying constructive intent and a commitment to these willing acts.

Ultimately, the pattern in these findings suggest that the participants grow into more mature spiritual beliefs, the overarching belief being that the higher power is loving and accepting, and that the higher power has a will for them. These are new beliefs to the participants and were completely absent prior to recovery. A deeply held belief that they describe is the value given to doing service to the higher power through helping other alcoholics, as outlined in the 12th Step: "*...we tried to carry this message to alcoholics and to practice these principles in all our affairs.*" (AA, 1939: 59). This leads us to the final section - the experiences of a higher will.

4.6 Experience a of a higher will

What does the experience of a higher power tell us about the dynamics of will at this stage of the participants' recovery? The continuous and varied experiences of a higher power influenced the formation and integration of the new belief systems. We have discussed the core will, but what are the ultimate consequences of the core intent with

regards to the intent of seeking a higher power in this context? Is the core will in this context governed by a higher power or is the core will creating a cycle of a self-fulfilling prophesy through the seeking of a perceived higher power? The answer to this question may partly be found by turning to the findings describing the core will's intent to make contact and stay in contact with a higher power, and participants' perceived intent of the higher power towards themselves.

It is difficult to separate and distinguish between the core will's intent towards the perceived higher power and how the participants perceive the will of the higher power towards them, as these two loci of intent are described as reciprocal post conversion. One could say that these two findings present, as mutually reinforcing experiences, the core intent through calling forth experiences of a perceived higher power and what the experience of a higher power is understood as, in terms of the intent or will of the perceived higher power.

Having an intent to get in contact with a higher power and then experience a higher power, the data points to the experienced higher power as causal. The experienced intent of the higher power causes the individual to want to commit and to choose to commit to spiritual beliefs. It causes the individual to seek to increase spiritual awareness, to use the core will to self-monitor selfishness, impatience, intolerance and other unwanted character traits, and to seek to practise gratitude. Further, it causes the individual to want to learn and relearn spiritual principles, the most frequently described are the principles of humility, gratitude, forgiveness, trust, honesty and dignity.

The experiences of the intent of a higher power towards oneself is described as an all-encompassing loving intent, described both as an external force and an internal impact. The qualities described are experiences of having received care, comfort, fundamental security, healing, warmth, forgiveness and help - all aspects of altruistic love.

The nature of the perceived higher power has not been discussed, but in considering the findings, at least three suggestions can be made. One suggestion is that the perceived higher power is partly or fully (rapid conversion) a contact with one's Higher Self. Another suggestion is that the perceived higher power is an experienced contact with a Universal Self, the third suggestion is that it is a combination of the two.

The Higher Self was describe by Maslow (Battista, 1996) as being of a *“positive, biologically based, instinctive nature (p.53)”*, and Scotton (1996) held that the Self is our essence, found in every individual as a matrix of wholeness.

In comparing theories on the Transpersonal Self or Higher Self, Daniels (2002) finds that there are features in common. These are described as development beyond the authentic self, with spiritual functions of being *“compassionate, loving, wise, receptive, allowing, unlimited, intuitive, spontaneous, creative, inspired, peaceful, awake, open and connected”* (Vaughan, 1985: 28).

On the possibility of reaching beyond ordinary consciousness, Assagioli held that *“This is possible because individuality and universality are not mutually exclusive; they can be united in a blissful synthetic realization”* (Assagioli, 1974: 113). In Assagioli’s view, the nature of the Higher Self versus a Universal Self includes the implicit Transpersonal Will and the Universal Will. He saw the transpersonal will as *“the need for understanding the meaning of life”* (p. 109) becoming a result of *“willed endeavour”* (p. 112), or *“will to transcend personality limitations through union with someone or something greater and higher”* (p. 116). The universal will is understood as a holistic will to altruistic love, *“a universal principle of LOVE”* (p. 129) in the ultimate reality of the Universal Self.

Washburn (1994) held that the “ego” had an innate ability through spiritual practice to transcend negative experiences and *“achieve integration”* (p.27). This integration then gives an experience of *“blessedness, mature contemplation and the physical embodiment of spiritual qualities”* (Daniels, 2002: 25). Further, Daniels related that Washburn’s transegoic state is, as mentioned, merely a consequence of *“the change in the ego’s attitude towards the nonegoic”* (Daniels, 2002: 27), a phenomenon we have also seen in this study. But theoretically, the Higher Self and a Universal Self are often seen as interwoven, maybe akin to the parable of a drop in the ocean.

4.7 Summing up

This study has shown that the will, and the 'willer', are not static measures but organic existences that can change, be shifted, develop and transform. This study has also shown that the will is not necessarily a singular entity in the active addict but can be experienced as multiple and diverging. It has also been demonstrated that the will is capable of being transformed. The study has shown that the belief system of an individual is decisive for the direction of his or her intents and the expression and conduct of the will through the minor and major choices made. Finally, this study has shown that under certain circumstances, like the context of an AA Fellowship, a spiritual power can be experienced and that this experience can be formative of deeper values and beliefs that influence the will dynamic to gravitate towards an altruistic expression, held in a more holistic world view than prior to recovery.

This study has been occupied with the dynamics of the will, the aspects, shifts and changes. Simultaneously the data can be understood from a reverse point of view. The analysis points to a paradox pertaining to the dynamics of the will, which concerns the power of the intents. At no point have the participants' descriptions of the will demonstrated complete powerlessness, rather a constancy of will power. This is played out in the WCSD: while the victimized subpersonality experiences powerlessness, the willpower to escape is intact and co-operates with the Omnipotent Destructive Intent. Even at the point of hitting bottom, or "surrendering our will and our lives to a higher power" (step 3), where participants describe giving up their way and their will, another or empowered aspect of will arose. This paradox is in itself worthy of being pursued in future research.

The chain of events described in this chapter took place within the paradigm of the Alcoholics Anonymous program, under the wings of the AA philosophy. The author assumes a direct link between the descriptions of personal development and lasting sobriety after they made contact with AA and their connection to AA.

This research has demonstrated that surrender takes place at several intervals on the journey of recovery and can be perceived as multiple events on a continuum. The study

has also shown that even if the different levels of surrender can be valued hierarchically, they all seem to represent an equally important incident in a chain of events.

From their experience of being sponsors for newer members of AA, the participants find that their experiences are not unique with regard to the function of the underlying and higher intent of the 12 steps, that the function of the 12 steps is replicable.

In the context of the study, the participants enter the fellowship in search of help, guided by the newly emerged core will. The core will – a mystery at its inception, conceived by a crisis, and described as capable of constructive change and development. In this context, with these participants, a rapid development and transformation took place over a few months or a few years. The timespan of the transformation of the will is described as relatively short in all cases, and much shorter relative to the timespan of actively being alcohol addicted. This development caused the core will to deepen, widen and mature in its expression.

Assagioli (1974: 112) sums up the fundamental underlying dynamics in his statement: *“As a result of dissatisfaction with what is experienced as the meaninglessness of the present way of living – both personal and social – many feel a strong urge to evade it”, and he adds that we attempt to elevate ourselves, “attain these states through harmful, even destructive means”* (p. 112). This statement directly pertains to the Intent of Escapism and our human attempts to distract ourselves to the degree of becoming substance addicted, thereby losing ourselves in *“regression”* (p.113, italics in original), whereas the transpersonal will or higher will pushes towards transcendence.

The above discussion of the research findings may be a start in addressing questions. One question in particular has remained unanswered: where does the intent come from that initiates recovery through ‘hitting bottom’? Connors et al. (2008) admitted that they were unclear as to whether spirituality brings about recovery or vice versa, *“or if they operate in concert with each other”* (p.224), and express encouragement for future research *“to establish a precise causal relationship between spirituality, AA involvement and recovery* (p.224).” My suggestion is that there is a reciprocal dynamic between the individual and a higher power. It is my hope that the above discussion can contribute to the store of knowledge on this issue.

Chapter 5 Final Products

Upon completing my data analysis, I arranged for a pilot project in order to test some of my findings in a 12-step treatment facility with substance-dependent individuals. I wanted to work with a group over a period of 12 weeks continuously to see if the concept of the first and second layer and the core will made sense to substance-addicted individuals in recovery, and whether it had a therapeutic value enhancing their process of recovery. I wanted to see whether the concept of having different aspects of will within oneself— aspects that are wanting different things and having different agendas—would make sense to a group of individuals recovering from SUD.

I was given the opportunity to work with a group of substance-dependent young men aged 17 to 27, two times per week and two hours each time. My intention was to create a context where the concepts of the victim, the self-will, and the core will were conceptualized in a format possible to digest related to their situation. My hope was that the findings that described the intent of escapism, the omnipotent destructive intent, and the potent constructive intent could help the participants give meaning to their lived experience. I hoped the findings could enhance their understanding of their inner dynamic influencing their choices – to use or not to use. The intent of escapism was named the ‘victim’, the omnipotent destructive intent, in AA’s terminology, was the ‘self-will,’ and the potent constructive intent was named ‘core will.’

The group participants were all sober, ranging from days to months of sobriety, but none had had the experience of ‘hitting bottom.’ Some of the participants were admitted to the 12-step facility as part of their prison atonement, which was reflected in their varying motivation for group-therapy participation. The 12-step facility practiced continuous intake and so the number of participants fluctuated from 5 to 12 and the level of trust and safety in the group varied from occasion to occasion. The therapy was always witnessed by one or two domestic co-therapists. In the group there were two persons with double diagnoses. A variety of teaching pedagogy was used, including lecturing, using the board, asking questions and inviting contributions, guided visualization exercises, dis-identification exercises, sharing rounds, and open discussions.

After the three-month period and the total duration of the pilot project, I had an evaluation conversation with each group participant and each co-therapist. The evaluation included

individual conversations with nine of the group participants and individual conversations with five co-therapists. I asked them what was good and what was bad about my project, and what I should have done differently. I made a thematic analysis of their replies grouped into client and co-therapist responses. The responses on what I should have done differently concerned my teaching style; respondents suggested that I used too much lecturing, which was difficult for participants who have trouble with concentration.

Despite the less than optimal conditions for group therapy, the results from the feedback were still surprising. Most importantly, the themes that appeared most frequently in the comments were ‘new consciousness’ and ‘more awareness.’ These themes indicate that the participants did experience a benefit from learning the concepts. Further the participants relayed the experience of having a clearer choice, of being able to observe which part of their will was on stage, and that the new knowledge made it harder to not take responsibility for one’s choices. The aspect of the ‘victim’ seemed to be premature for the participants with a shorter sobriety, but was meaningful for the participants with the longest sobriety, who were able to relate to the concept of not staying a victim of the self-will.

Participant feedback:

Main themes	Good	Difficult	More of
Core will	Recognize difference between core will and self-will	To act on core will	How to hold on to core will
	New consciousness about the core will	To visualize	Visualizations
	Having a choice	Difficult words	More on self-will
	Use it all the time now	Difficult to concentrate	More drawings on the board
	Recognize it inside myself	Less teaching	More information about self-will
Self-will	More aware about it	Talk about self-will like another person	
	Conscious of observing it	Less repetition	
	Difficult to not take responsibility now		
	Harder to not give a damn		
Victim	Good to know, to not be a victim to the self-will		

Table 6: Pilot project - participant feedback

The feedback from the co-therapists was surprising in the way it displayed their personal interest in the concepts and expressed their hunger for more. Two of the co-therapists

were recovered substance users and three were non-addicts. They relayed how they experienced the concepts as meaningful to themselves as therapists. They also observed how the group participants referred to the concepts in my absence. Further, the therapists indicated that they used the concepts in conversations with the participants on a daily basis. Their main criticism was directed at my teaching form, indicating that too much lecturing was not compatible with the participants who had difficulty with concentration.

Co-therapist feedback:

Effect	Personal Use	Form
Recognition, easy concepts to follow	Useful concepts personally	Less lecture
Usable terms, self-will elaboration good	Can use it in teaching	More visualizations
Terms great for reference in conversations	Recognize concepts, familiar	Less theory
Terms usable and referred to	Wish more theoretical background, curious	Use practical examples
Nuanced their emotions	Enriching, sharing it with staff	Repetitions important and good
The guys use the terms	Would like to know more, personal level	More on how to act on new knowledge
Good concepts	Would like to know more, curious	Visualizations helpful
Useful, the guys referred to the concepts	Would have liked the whole package	Less lecturing
Self-will and core will concepts genius		Activate the guys more
Good concepts they can relate to		Visualizations genius

Table 7: Pilot project – feedback from co-therapists

This pilot project in the above context was designed to test out three of the concepts in the findings. The conclusion of this experience is that the concepts are meaningful and therapeutic, and have value as a conceptual tool to build consciousness and awareness for substance-addicted individuals in relation to their inner will dynamic and subsequent choices.

In terms of influencing future development, this pilot project serves as a platform for the development of an enhanced treatment approach with new interventions in transpersonal

addiction treatment facilities so that users can profit from this work while in recovery. The pilot project has given valuable information as to the age- and gender-specific needs that must be considered in developing the treatment approach, as well as the pedagogical profile considering the level of learning (dis)abilities among the participants in question.

The pilot project was also a valuable compass related to the potential needs of 12-step therapists in finding constructive tools and concepts to use. The feedback clearly indicated a hunger and need for more information, as well as the need for understanding the theoretical background of the findings and the concepts, which the co-therapists learned and later made practical use of in their treatment facility.

In September 2015 I held a two-day Continuous Professional Development course for psychosynthesis therapists in Stockholm. The course was entitled "Introductory course in psychosynthesis therapy from a 12-step perspective in the treatment of substance addiction.". Scheduled to be introduced in the spring of 2016, an extended one-year education program will focus on substance dependence with the combined perspectives of the transpersonal tradition of psychosynthesis and the 12-step program.

In addition to the educational program, I am looking into publishing possibilities. The Danish publisher Kentaur Forlag has made me an offer to publish a book written on the background of the current research. I also plan to develop articles for publication. Having participated in a seminar on publishing academic articles with Michael Gossop, and having received encouragement in personal communications with Jorge Ferrer, I plan to formulate a draft built on my doctoral findings during the spring of 2016.

Chapter 6 Conclusion

6.1 Summary

The analyses and findings of this study demonstrate that IPA was a thorough and refined way of exploring the lived experience of the dynamics of the subjective will versus a higher power in substance dependence in the context of the AA 12-step program. Theory from transpersonal psychology was used in the interpretation with emphasis on psychosynthesis theory.

The findings of this study partly support research evidence on the dynamics of the subjective will in recovery from substance dependence, but at the same time challenge current perspectives on the dynamics of the subjective will in substance abuse disorder. The findings shed light on layers of the subjective will that may not earlier have been connected to the will dynamic of active substance dependence.

In the experience of the participants in this study in the context of recovery in the AA fellowship, the dynamics of the will proved to be complex in their capacity to change, develop and mature. The superordinate themes resulting from the use of IPA, being a method generating insight and depth, are Will Complex in Substance Dependence (WCSD), Awakening Core Will, Will Dynamic in Change, Core Will Matured, and Experience of Higher Will.

The superordinate themes point to three distinct phases and conditions of the subjective will in substance abuse disorder. The first phase prior to entering into recovery is the most complex, as it constitutes parallel intents operating in self-perpetuating destructive cycles, and has not earlier been presented as a complex. The second phase demonstrates a radical shift where new and undiscovered qualities of the subjective will emerge, initiating a constructive spiral of a demanding and challenging development and a change of belief systems. The third phase includes the experiences of and acceptance of a higher power, as well as the acceptance that the will and intent of a higher power are purposefully present in the recovery and influencing the direction of the personal intents.

The paths of recovery generously described by the participants in this study underscore the needed personal investment in having the courage to let go of what was, and having the

trust to endure the liminal existence of not knowing what will become prior to the experience of surrender to a higher power.

Before and after surrender, the findings indicate a strong influence on the will dynamic from a perceived higher power; the findings suggest that the higher power, when sought, is seen as being central for sustained long-term recovery. These findings support existing evidence for the connection between spiritual experiences and health benefits and point to a potential resource that is cost-effective and currently under-prioritized in our society.

Participants in this project had the opportunity to express themselves in their own languages. In a treatment setting, it is important to be able to use one's native language. This allows participants to be understood and to feel a sense of inclusion and belonging. This in turn can be a decisive factor for a successful recovery trajectory.

A preconception often heard is that alcoholics are powerless in relation to their addiction. This study has brought some nuance to that notion. Findings point to substance-dependent individuals as powerless in relation to the WCSD and willful while in active addiction. The findings further suggest that in active addiction the subjective intents are willful but that the will complex and corresponding intents are misdirected.

The privilege of studying AA through the experiences of the participants has allowed me to gain further insight into the workings of AA, and has resulted in my deepest respect for the organization. I admire the far-reaching impact that this free-of-charge voluntary program has had for substance-addicted individuals and their relations. The AA fellowship is an impressive and sophisticated concept and program.

6.2 Significance

This study places the dynamic of the will in substance dependence on the map of new contributions for professionals working in the field of substance addiction. It offers a therapeutic tool to understand and discuss the dynamic of the will.

Further the study gives validity to the transformational nature of the 12-step program, and points to potentially positive effects on the will dynamic in attending AA fellowship. The

current study adds perspective to the long-term effect of AA attendance by pointing to the long-term dynamics of the subjective will.

The findings challenge the idea that there is one subjective will and question the constancy of that singular monolithic will. Rather than one subjective will, the findings elucidate three parallel intents prior to awakening, and then the emergence of a 'new' will constituting a fourth aspect.

AA has been successfully self-sufficient since 1939, but may still benefit from being informed by the distinctions held in the Will Complex in Substance Dependence. The findings may provide a map for members or sponsors of AA, guiding them in understanding the development of the will process and helping to identify the possible obstacles to development. The findings may also shed light on the struggle that substance-addicted individuals live with, and the paradox of being unconsciously driven by the intents of a compensatory complex of sub-selves, without positing the awareness of a potential authentic self and an immanent core will.

The Will Complex in Substance Dependence as described in this study are concepts that may be helpful in understanding the central AA term of 'self-will,' which is undifferentiated in the AA literature. Understanding the nuances of the Will Complex in Substance Dependence and the core will may benefit a number of people, including substance-addicted individuals who have become members of an AA fellowship, entered a 12-step facilitation, or who have entered psychotherapy who have or have not reached their 'personal bottom.'

The pilot project demonstrated the value of distinguishing the WCSD from the core will to substance-addicted individuals in recovery who may not have reached their personal bottom. A new terminology may include the different layers of intent of WCSD, the concept of the core will, and the implicit assets of this aspect the will. The findings may also contribute to demystifying the concept of 'surrender' and a 'higher power' to treatment providers or therapists with little knowledge of the AA 12-step program.

Using IPA was a gratifying way to extract nuanced information pertaining to the research question. IPA also provided supplementary knowledge that indirectly complemented the findings and offered a better understanding of certain areas of the program. For example in

relation to the third step: “Made a decision to turn our will and our lives over to the care of God *as we understood Him* (AA, 1939, p.59),” one may question who or what part of a person makes the decision to surrender. Again, what part of our will is meant to surrender? This is a paradoxical question, because even post-surrender, the experienced self continues to decide where to go and what to do, which suggests that the entire will has not been surrendered. This study’s new knowledge of the layers of the subjective will suggests answers and clarification to these questions, and may contribute to new perspectives on this powerful step in the program.

The eight participants in the study have highly individual backgrounds, alcoholic histories, and ways into and through sobriety. The AA fellowship and model offer a context where individuality is cultivated and the development of the will occurs individually. The transcripts gave insight into the flexibility of the program in relation to individual timing and pacing of the development of the will, having found a constructive formula of combining structure with flexibility.

A parallel axis to the structure versus flexibility in AA was that the data underlined the collective mentality that AA provides in welcoming anyone who wants to become sober. This intentional inclusiveness in AA is an exemplification of one of the qualities and intents of the mental home of AA and the role of AA for building a safe enough container to heal within.

The study will serve to nuance the understanding of the dynamics of the subjective will in conjunction with ‘a higher power’ in the context of the AA 12-step program and treatment. The findings may be of use to any private or public interest, individual, or institution. It will also serve to support current findings related to existing theory on the phenomenon of ‘surrender’ and add depth to the knowledge about the lived experience of surrender and the will dynamics involved. The study will be of interest to transpersonal therapist working in the field of substance dependence, and in particular to psychosynthesis therapists.

Spiritual experiences are found to improve physical health (Koenig 2015, Koszyki et al. 2014, Pearce & Koenig 2013, Hodge 2006, Hook et al. 2010, McCullough 1999, Pargament 2007, Smith, Bartz & Richards 2007). I believe the findings in this study will add to this mass of evidence and contribute to bringing awareness of the huge potential health benefits implied and the implicit psychosocial cost savings.

Health personnel nationally have been shown to have little depth knowledge and awareness of AA and workings of the 12-step program, and suffer under a long-held prejudice (Vederhus, 2012) against their spiritual anchorage, which is often mistaken for religiousness. The study may contribute to clarifying the nature of AA and its benefits.

In the course of concluding this Final Project, I tested the findings through a pilot project with substance-addicted young men and co-therapists during a 3 month group therapy (described in Final Products), and in a Continual Professional Development weekend course for transpersonal psychotherapists. The findings were also audited by two supervisors. The reactions thus far from this audience were enthusiastic. I am hopeful that the findings may also generate interest in the wider substance addiction treatment area and in the field of mainstream psychology.

6.3 Strengths and limitations

The semi-structured interviews provided rich descriptions of the participants' understanding of will dynamics and how they made sense of their experiences. This provided a good foundation for the hermeneutic circle of the researcher giving meaning to how the participants gave meaning to the phenomenon in question. Drawing from the expert knowledge of the participants, this provided good insight grounded in their lived experiences.

The methodological design gave depth to the analysis, but did not provide sufficient breadth. All of the participants were 'success stories,' and as a result, the analysis was lacking the lived experience of the will dynamics of those who did not succeed and a discussion of why they did not succeed. In this regard, the breadth of the findings is clearly a limitation.

A classic limitation of qualitative research is that the small sample size does not make the findings generalizable and thereby the study cannot make general claims; this is true of the current study. That being said, the findings are distinct and will serve as a good foundation for further studies on a broader population, but also add to the existing body of qualitative

studies on substance-dependent individuals' experiences of having achieved long-term recovery.

In considering what I could have done differently, I could have used a combined method of quantitative and qualitative measures to be able to generalize my findings, but that may have jeopardized the quality of depth of the scientific findings given the time and word limitations of this study.

The sample was purposively selected to provide rich descriptions of a particular lived phenomenon. The sample represented adult individuals from similar social and economic layers, which provided the study with a homogenous sample, equal in the number of men and women. The sample was culturally limited to white, adult, ethnic Norwegian individuals, situated within a small geographic radius from Oslo. Choosing a homogenous sample excluded the possibility of gathering knowledge relating to minority groups, cultural inequalities, double diagnosed clients, adolescents, or retired individuals.

A disadvantage to using IPA is that portions of information become redundant or extraneous. Much of this information cannot be compiled to the degree that it can be defined as findings, and much of it is not directly relevant to the question of will dynamics. Despite this issue, the information does indirectly impact the total picture.

In retrospect I could have given more attention to gender-specific differences, given that the sample had homogeneity in the number of participating women and men. However, in focusing on the experiences of the participants' will dynamics, no clear patterns of divergence between women and men emerged.

Trained as a transpersonal psychotherapist, I may have been drawn to the transpersonal aspects of the data, as a consequence of my training and conditioning, making me blind to other layers. To minimize this influence, I have aimed to continuously maintain an awareness of my combined stance as a researcher and therapist throughout the study.

Another limitation of the study is that I have not explicitly used an imported theoretical standpoint in addition to the perspective of transpersonal psychology in the discussion to critique my hermeneutics of empathy. However, I was able to address this potential reflexive pitfall in two ways: first, through the process of immersion and deepening my knowledge of phenomenological research as described in the methodology chapter, and

second, through the inclusion of research from the broader psychotherapeutic field (beyond transpersonal psychotherapy) in the literature review chapter.

Being a psychotherapist trained in the tradition of psychosynthesis, using the interpretative lens of transpersonal psychology with an emphasis on psychosynthesis theory may be a limitation. With a broader use of transpersonal references, the interpretation of the findings may have given additional perspectives to the findings. However, the researchers in depth knowledge of psychosynthesis served as frame of reference from 20 years of lived therapeutic experience of applied psychosynthesis theory. The theory of psychosynthesis have been applied by psychiatrists, (particularly in Italy), since it's conception in 1910, adding weight to it's validity as therapeutically reliable.

In the method of IPA there is room for interpretation, and it is even encouraged (Smith et al., 2009). At the stage of working with the data, extracting themes, and clustering themes, I determined that self-monitoring was important in order to have an open and discovering mindset, to be aware of assumptions, and to minimize this risk of imposing assumptions. My intention has been to offer enough transparency for the reader to make personal evaluations, and so draw his or her own conclusions.

6.4 Reflexivity

In investigating the 'what' of phenomenology, and investigating the will dynamics in substance dependence, my fear of not being able to elicit enough depth and nuance turned out to be unfounded, as the opposite proved to be the situation.

My expectations of the data's content were mainly concerned with the dynamic of subjective will versus a higher power, but the data also offered rich and in-depth descriptions of the substance-addicted individuals' existences prior to initiation of recovery and the implicit will dynamic. This resulted in the first superordinate theme, which was an unexpected and fascinating surprise.

Quite early in analyzing the data, patterns emerged relating to the WCSD. It felt important to stay aware of the fine line between not letting my pre-conceived theories on will be limiting to the discovery of what was in the data, and at the same time letting my prior

knowledge inform possible links between themes. The attained knowledge on theories of reflexivity was important throughout the research project, in particular in the phase of working on the analysis.

During this project, I was aware of my bias towards wanting to help substance-dependent individuals to recover, but it was important that this desire did not get in the way of seeing clearly and making valid choices while researching. I knew that with personal engagement in the outcome, I could risk over-interpreting the data and looking too hard for patterns in the data, so I needed to set aside my desire to help. I found the best way to do this was to let the data analysis rest from time to time in order to distance myself. Later I could return to the data with fresh eyes.

The narrative presented through the findings is not a fixed narrative and would probably look slightly different with a different sample. In a culturally different context, or through the eyes of a different researcher with another epistemology, the narrative would have been influenced differently. However, this sample does offer a valuable contribution through this present narrative, which may be complemented with future studies.

6.5 Validity

The section on validity under the methodology chapter contains a fuller elaboration of validity in the context of this study, but I would like to add a few comments for the purposes of the concluding chapter.

Included is a table of the total of superordinate themes across cases, and one table showing the superordinate themes and subordinate themes of one of the participants.

With the intention of staying congruent with scientific rigor, and considering the potential blur between my therapeutic mentality and identity as a researcher, I have deliberately stayed close to the excerpts of the participants and at each stage of this Final Project related back to the interviews to keep validity central to the work.

Having exposed my research idea and findings to senior researchers in the field both nationally and abroad, I see that my research idea generates interest, which confirms the

validity of the research project and has strengthened my confidence to complete the project.

6.6 Future Research

Considering the small sample, a study with a higher number of participants and a quantitative approach is needed for the findings to be investigated further, and in turn, when confirmed, to become generalizable. In studying further will dynamics within the 12-step paradigm, different cultural contexts and differentiated views of the target group would be important to include to generate nuanced knowledge of the will dynamics with respect to age, gender, minority background, and cultural taboos, and in particular, in relation to spiritual beliefs.

An important area of research would be why some individuals reach a personal limit ('hitting bottom') which can help to turn their course in a positive direction, while so many others do not experience this limit, and as a result can face devastating situations and premature deaths.

The current finding on the experience of surrender points to two distinct paths. The shorter path is defined by a rapid conversion, which strongly influences the continuation of recovery and the transformation of the will dynamics and belief system. What causes this rapid conversion experience? Is it a miracle or can it be predicted and even generated? What the individuals who have an experience of rapid conversion have in common would be another research topic.

Future research should also focus on the Will Complex in Substance Dependence to develop further the initial findings that describe the parallel intents. With more knowledge, therapeutic interventions can become more sophisticated, and the knowledge will inform the substance-addicted person and invite a deeper understanding of the will dynamic for the substance-addicted individual and therapist alike.

In addition, the phenomenon of the core will as a central agent of the transformation of the will dynamics should be researched further on a larger scale. Further research could

elaborate on this asset of the personality and delve deeper into its inherent qualities and resources.

The cost savings of programs such as AA and Narcotics Anonymous should be researched in general, but with particular interest in substance-dependent persons who find sobriety solely through AA without any public or private inpatient or outpatient treatment. The socioeconomic implications should be of interest to health authorities and society at large.

6.7 Clinical Implications

The study indicates that the subjective will in substance dependence is complex and multilayered. It exists partly as compensatory inauthentic sub-selves with subsequent intents towards substance abuse, but also involves the human capacity to discover and cultivate an authentic self with corresponding constructive intents to live sober. The study also points to and describes the transformation made possible with the cultivation of the core will inherent in the authentic self. Additionally the study found spiritual experience to be a strong catalyzer for the transformation of the individual belief system, spiritual growth, and subsequent intents.

The study was inspired by the findings from my MA research, indicating that the lived experience of two therapeutic traditions—the AA 12-step program and transpersonal psychotherapy, with particular emphasis on psychosynthesis therapy—are mutually enhancing. This mutual benefit points to the compatibility of the 12-step program with transpersonal psychotherapy, particularly with regard to the findings on developmental paths that involve a relationship to a higher power. These findings will be useful for transpersonal therapists who already relate to the concept of a higher self.

From a clinical standpoint, therapists can use the findings of this study to aid substance-dependent individuals in understanding and identifying the core will. With support in this manner, the clients can become able to cultivate and enhance this asset and begin moving towards life-sustaining patterns of behavior and achieve sustained recovery. For treatment providers, individual therapists, and group therapists, the findings may lead to practical

therapeutic interventions and a shared language around will dynamics in substance dependence.

Development of a treatment approach integrating the theoretical and clinical aspects of the AA 12-step program and of psychosynthesis can become a future resource for both clients and addiction therapists by including a map of parallel intents, the core will, and the higher power and higher self.

The finding named the Impotent Constructive Intent may be clinically significant for addictions in general, because it aids in conceptualizing the projective psychological mechanism of denial. It may be a helpful concept that gives a name to the denial of needing to change as a person in order for life to improve. This knowledge, can for the user, add a new perspective to the meaning of reflecting on internal dynamics. With this knowledge, clients can be guided to become more conscious of unconscious motives and underlying beliefs of the Will Complex in Substance Disorder.

The findings will inform and educate psychotherapists working with the dynamics of the will with substance-addicted individuals in individual and group therapy. The new knowledge and new concepts presented in the findings may serve as a guide for new terminology that is usable for both the trained professional and the newly sober substance dependent in recovery, as observed in the pilot project described in Final Products. In concluding this section, I believe it is realistic to state that the findings hold the potential for clinical impact for professionals and users.

Word count: 68.243

References

- Ainslie, G. (2001). *Breakdown of Will*. New York: Cambridge University Press
- Alcoholic Anonymous, (1976). *Alcoholic Anonymous* (3rd ed.). New York: Alcoholics Anonymous World Services
- Alcoholic Anonymous, (1981). *Twelve Steps and Twelve Traditions*. New York: Alcoholics Anonymous World Services
- Alcoholic Anonymous. (2015). *The AA Fact File*. Alcoholics Anonymous World Services. Available from: <http://www.aa.org/lang/en/catalog.cfm?origpage=282&product=92>.
- Alcoholics Anonymous World Wide Services, (2005). *The A.A. Group where it all begins*. New York: A.A. Grapevine Inc
- Alcoholics Anonymous. (1953). *Twelve Steps and twelve traditions*. New York: Alcoholics Anonymous World Services
- Alcoholics Anonymous. (2001). *Alcoholics Anonymous: The story of how thousands of men and women have recovered from alcoholism*. New York: Alcoholics Anonymous World Services
- Alexander, B.(2008). *The Globalisation of Addiction: A study of poverty of the spirit*. Oxford, UK: Oxford University Press
- Almaas, A. H. (1988). *The pearl beyond price. Integration of Personality Into Being: An object relations approach*. Berkeley, CA: Diamond Books.
- Almaas, A. H. (1996). *The Point of Existence: Transformations of narcissism in self-realization*. Berkeley, CA: Diamond Books.
- American Society of Addiction Medicine and the Research Society on Alcoholism. (2008). *Recent Developments in Alcoholism; Research on Alcoholics Anonymous and Spirituality in Addiction Recovery*. US: Springer.
- Anda, R. F., Whitfield, C. L., Felitti, V. J., Chapman, D. P., Edwards, V. J., Dube, S. R., et al. (2002). Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression. *Psychiatric Services*, 53(8), 1001–1009. doi:10.1176/appi.ps.53.8.1001.
- Anderson, G. B. (1996). *Learning Contracts; A practical guide*. London: Kogan Page Limited.
- Assagioli, R. (1965). *Psychosynthesis*. UK: Creative Print & Design.
- Assagioli, R. (1974). *The Act of Will*. UK: David Platts Publishing Company.
- Bateson, G. (1972a). 'The Cybernetics of 'Self': a theory of Alcoholism'. in Steps to An Ecology of Mind: Collected Essays in anthropology. *Psychiatry, evolution and epistemology*. San Francisco: Chandler, p309-337.

- Battista, J.R., (1996). *Abraham Maslow and Roberto Assagioli: Pioneers of transpersonal psychology*. In Textbook of Transpersonal Psychiatry and Psychology. NY: Basic Books
- Baumeister, R. E. (1999). Virtue, personality, and social relations: self control as the moral muscle. *Journal of Personality*, 67, 1165-1194.
- Baumeister, R. F. & Vonasch, A. J., (2013). Uses of self-regulation to facilitate and restrain addictive behavior. *Addictive Behaviors*, 44, (2015) 3-8
<http://dx.doi.org/10.1016/j.addbeh.2014.09.011>.
- Baumeister, R., Exline, J., (2002). Mystical self loss: a challenge for psychological theory. *The International Journal for the Psychology of Religion*, 12 (1), 15-20
- Berenson, D. (1987). From surrender to transformation. *Family Therapy Networker*, 24-31.
- Berridge, K. C. (2004). Motivation concepts in behavioral neuroscience. *Physiological Behavior* 81, 179– 209. doi: 10.1016/j.physbeh.2004. 02.004
- Bevacqua, T., Hoffman, E., (2010). William James’ “Sick-Minded Soul” and the AA recovery paradigm: Time for a Reappraisal. *Journal of Humanistic Psychology*, 50, (4), 440-458.
- Bhati, K.S., Hoyt, W.T., Huffman, K.L., (2014). ‘Integration or Assimilation? Locating Qualitative Research in Psychology’, *Qualitative Research in Psychology*, 11: 98-114
- Binet, A., (1892). *Les alterations de la personnalité*, Paris: Alcan.
- Bjørnå, S. (2009). An exploration of recovering alcoholics lived experience of residential AA-step treatment and program in conjunction with psychosynthesis in after care in a group setting. MA Thesis, Oslo.
- Boucoulalas, M. (1999). Following the movement: From transpersonal psychology to a multi-disciplinary transpersonal orientation. *The Journal of Transpersonal Psychology*, 31(1), 27–39.
- Brocki, J. & Wearden, A. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology’. *Psychology and Health*. Feb, 21(1), pp.87-108
- Brooks, F. A.-D. (2013). A narrative synthesis of addictions, surrender and relapse: confirmation and application. *Alcoholism Treatment Quarterly* (3), pp. 375-398.
- Brown, H.P. Jr. & Peterson, J.H. Jr. (1991). Assessing spirituality in addiction treatment and follow up: Development of the Brown-Peterson Recovery Progress Inventory (B-PRPI). *Alcoholism Treatment Quarterly*, 8, 21-50.
- Brown, H.P.Jr., & Peterson, J.H. (1990). Values and recovery from alcoholism through Alcoholics Anonymous. *Counseling and Values*, 35, pp 63-69.
- Brown, S. (1985). *Treating the Alcoholic; A developmental Model of Recovery*. USA: John Wiley & Sons, Inc.

- Bugenschütz, M. & Tonigan, J.S. (2007), *Counseling, A.A., and Medical Treatment in Problem Drinkers*. San Jose, CA: American Association of Addiction Psychiatry
- C'de Baca, J. & Wilbourne, P. (2004). Quantum Change: Ten Years Later. *JPLC/In Session*, Vol. 60 (5), 531-541.
- Cadore, R.J., Troughton, E., O'Gorman T.W., (1986), et al. An adoption study of genetic and environmental factors in drug abuse. *Arch Gen Psychiatry* 1986;43:1131-6. 18.
- Campbell, W. G. (2003). Addiction: A disease of volition caused by a cognitive impairment. *The Canadian Journal of Psychiatry*, 48(10), 669-674.
- Carrico, A.W., Gifford, E.V., Moos, R., (2007). Spirituality/Religiosity promotes acceptance-based responding and twelve-step involvement. *Drug and Alcohol Dependence*, 89, 66-73.
- Chinen, A.B., (1996). *The Emergency of Transpersonal Psychiatry*. In Scotton, B.W., Chinen, A.B. & Battista, J.R., (1996). *Textbook of Transpersonal Psychiatry and Psychology*. Basic Books, New York.
- Clarke, C. (2009). The reinvention of religion. [Review of *The participatory turn: Spirituality, mysticism, religious studies*, edited by J. N. Ferrer and J. H. Sherman]. *Network Review: Journal of the Scientific and Medical Network*, 100, 55–57.
- Cloninger, C.R., (1987). Neurogenetic adaptive mechanisms in alcoholism. *Science*, 236, 310-416
- Cohen, D.J., Crabtree, B.F. (2008). Evaluative Criteria for Qualitative Research in Health Care: Controversies and Recommendations. *Annals of Family Medicine*, pp. 331-339.
- Connors, G.J., DiClemente, C.C., Velasquez, M.M. & Donovan, D.M. (2013). *Substance Abuse Treatment, and The Stages of Change*. US: The Guilford Press
- Connors, G.J., Tonigan, J.S., Miller, W.R., (2001). A longitudinal model of AA affiliation, participation, and outcome: Retrospective study of the project MATCH outpatient and aftercare samples. *Journal of Studies on Alcohol*, 62, 817-825.
- Cook, C.C.H., (2004). Addiction and Spirituality. *Addiction*, 99, p. 539-551.
- Cortright, B., Washburn, M.(ed), (1997). *Psychotherapy and Spirit, Theory and Practice in Transpersonal Psychotherapy*. NY: State University of New York Press.
- Dalhberg, K., Dalhberg, H. & Nyström, M. (2008). *Reflective lifeworld research* (2nd edition). Lund, Sweden: Studentlitteratur.
- Daniels, M. (2005). *Shadow, Self, Spirit: Essays in transpersonal psychology*. Charlottesville, VA: Imprint Academic.
- Daniels, M. (2009). Perspectives and vectors in transpersonal development. *Transpersonal Psychology Review*, 13(1), 87–99.

- Daughters, S. B., Richards, J. M., Gorka, S. M., & Sinha, R. (2009). HPA axis response to psychological stress and treatment retention in residential substance abuse treatment: A prospective study. *Drug and Alcohol Dependence*, 105(3), 202-208.
- Denzin, N. (2009). The elephant in the living room: or extending the conversation about the politics of evidence. *Qualitative Research*, pp. 139-160.
doi:10.1177/1468794108098034
- DeRick, A. & Vanheule, S., (2007). Attachment styles in alcoholic patients. *European Addiction Research*, 13, pp. 101-108.
- Donovan, D.M. & Floyd, A.S., (2008), *Facilitating Involvement in Twelve-Step Programs, in Recent Developments in Alcoholism*. UK: Springer.
- Douglas, K.R., Chan, G., Gelernter, J., Arias, A.J., Anton, R.F., Weiss, R.D., Brady, K., Poling, J., Farrer, L. & Kranzler, H.R., (2010). Adverse childhood events as risk factors for substance dependence: Partial mediation by mood and anxiety disorder. *Addictive Behaviors* 35, p. 7-13.
- Dowling, M., 2007. From Husserl to van Manen. A review of different phenomenological approaches. *International Journal of Nursing Studies*, 44, 131-142
- Doyle, B. (2010). Jamesian free will – the two stage model of William James, Philosophy, Harvard University. Available from: <https://www.youtube.com/watch?v=rPWg6tfSx2k>
- Du Plock, S. & Fisher, J. (2005). 'An Existential Perspective on Addiction'. in E. Van Deurzen and C. Arnold-baker (eds). *Existential Perspectives on Human Issues*, p 67-77
- Du Plock, S. (2002) 'Some Reflections on an Existential-Phenomenological Approach to Working with Addiction'. *Existential Analysis*. 13.1: January.
- Du Plock, S. (2014). Doing your literature review. In Bager-Charleson, S., (2014). *Doing Practice-base Research in Therapy, A reflexive approach*. London: SAGE
- Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The adverse childhood experiences study. *Pediatrics*, 111(3), 564–572.
- Dube, S. R., Miller, J. W., Brown, D. W., Giles, W. H., Felitti, V. J., Dong, M., & Anda, R. F. (2006). Adverse childhood experiences and the association with ever using alcohol and initiating alcohol use during adolescence. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 38(4), 444.e1–444.e10.
doi:10.1016/j.jadohealth.2005.06.006.
- Dyslin, C. (2008). The Power of Powerlessness: The Role of Spiritual Surrender and Interpersonal Confession in the Treatment of Addictions. *Journal of Psychology and Christianity* (1), pp. 41-55.
- Edward, K. L., & Warelou, P. (2005). Resilience: When coping is emotionally intelligent. *Journal of the American Nursing Association*, 11(2), 101-102.

- Ellenberger, H., (1970). *The Discovery of The Unconscious*, New York, Basic Books.
- Ellinson, C.G., George, L.K., (1994). Religious movement, social ties, and social support in a southeastern community. *Journal for the scientific study of religion*, 33, 46-61.
- Elliot, R, Fischer, C.T., Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, pp. 215-229.
- Ellis, A., (1980). Psychotherapy and aesthetic values: a response to A.E.Bergin's "Psychotherapy and human values". *Journal of Consulting and Clinical Psychology*, 48, 635-639.
- Emerick, C.D., Tonigan, J.S., Montgomery, H.A., Little, L., (1993). *Alcoholics Anonymous: What is currently known?* In McCrady, B.S. & Miller, W.R., (Eds.) *Research on Alcoholics Anonymous: Opportunities and alternatives* (pp. 41-76). New Brunswick, N.J: Rutgers Center on Alcohol Studies.
- Emmons, R.A. & Paloutzian, R.F. (2003). The psychology of religion. *Annual Review of Psychology*, 54:377-402
- Englander, M., (2012). The interview: Data collection in descriptive phenomenological human scientific research. *Journal of Phenomenological Psychology*, 43, 13-35.
- Erickson, C. K., (2007). *The Science of Addiction: From neurobiology to treatment*. New York, NY: W. W. Norton.
- Erickson, C. K., 2011. *Addiction Essentials: The go to guide for clinicians and patients*. New York, NY: W. W. Norton.
- Etherington, K. (2004). *Becoming a Reflexive Researcher, Using our Selves in research*. London: Jessica Kingsley Publishers
- European Association for Psychotherapy, (2010). *Statement of Ethical Principles of the European Association for Psychotherapy*. Retrieved 2013. Available from: <http://www.europsyche.org/cms-tag/150/regulations>
- Faith, E. (2007). Reading, dialogue, healing, a path of growth beyond past, present. *AAP News: The Newsletter of the Association for the Advancement of Psychosynthesis*. (August), 4.
- Ferrer, J. N. (2002). *Revisioning Transpersonal Theory: A participatory vision of human spirituality*. Albany, NY: SUNY Press.
- Ferrer, J.N. & Sherman, J.H. (2008b). Introduction: The participatory turn in spirituality, mysticism, and religious studies. In J. N. Ferrer & J. H. Sherman (Eds.), *The participatory turn: Spirituality, mysticism, religious studies* (pp. 1-78). Albany, NY: SUNY Press.
- Ferrer, J.N., (2001). New Horizons in Contemporary Spirituality, *ReVision*, Vol.24, No.2, 1-4

- Ferrer, J.N., (2010). The plurality of religions and the spirit of pluralism: A participatory vision of the future of religion. *International Journal of Transpersonal Studies*, 28, 139–51.
- Ferrer, J.N., (2014). Transpersonal psychology, science, and the supernatural. *Journal of Transpersonal Psychology*, Vol 46, no.2, 152-186
- Ferrucci, P.R. (2014). *Your Inner Will, Finding inner strength in critical times*. New York: Jeremy P. Tarcher
- Finlay L (2008) A dance between the reduction and reflexivity: explicating the 'phenomenological psychological attitude'. *Journal of Phenomenological Psychology*. 39, 1, 1-32.
- Fiorentine, R., Hillhouse, M.P., (2000). Drug treatment and 12-step program participation: The additive effects of integrated recovery activities. *Journal of Substance Abuse Treatment*, 18, 65-74.
- Fiorentine, R., Hillhouse, M.P., 2000. Drug treatment and 12-step program participation: The additive effects of integrated recovery activities. *Journal of Substance Abuse Treatment*, 18, 65-74.
- Firman, J., Gila, A. (1997). *The Primal Wound, a transpersonal view of trauma, addiction, and growth*. State University of New York Press, New York.
- Fletcher, K., Nutton, J., Brend, D., (2014). Attachment, A Matter of Substance: The Potential of Attachment Theory in the Treatment of Addictions. *Clinical Social Work J* (43) p. 109-117. DOI 10.1007/s10615-014-0502-5
- Foddy, B. & Savulescu, J. (2010), "A Liberal Account of Addiction", *The Johns Hopkins University Press*, Vol. 17, No.1
- Fonagy, P., Leigh, T., Steele, M., Kennedy, R., Mattoon, G., et al., (1996). The relation of attachment status, psychiatric classification, and response to psychotherapy. *J Consult Clinical Psychology*. 64(1): 22-31.
- Forcehimes, A. (n.d.). (2004). De Profundis: Spiritual Transformations in Alcoholics Anonymous. *Wiley Periodicals*, pp. 503-517.
- Friedman, H.L. & Hartelius, G., (2013). *The Wiley-Blackwell Handbook of Transpersonal Psychology*. Jon Wiley & Son Ltd, UK.
- Frost, N. (2011). *Qualitative Research Methods in Psychology: Combining core approaches*. Berkshire, England: Open University Press.
- Fuller, A. R., 1994. *Psychology and Religion: Eight points of view*. USA: Rowan and Littlefield Publishers
- Gadamer, H. G. (1975). *Truth and method*. London: Continuum. (2004)
- Giorgi, A. (2009). *The Descriptive Phenomenological Method in Psychology: A modified Husserlian approach*. Pittsburgh, PA: Duquesne University Press.

- Giorgi, A. (2010). Phenomenology and the practice of science. *Existential Analysis*, 21, 3-22.
- Giorgi, A. (2011). IPA and science: A response to Jonathan Smith. *Journal of Phenomenological Psychology*, 42, 195-216.
- Goddard, G. (2005). Counterpoints in transpersonal theory: Toward an astro-logical resolution. *ReVision. A Journal of Consciousness and Transformation*, 27(3), 9–19.
- Goddard, G. (2009). *Transpersonal Theory and The Astrological Mandala: An evolutionary model*. Victoria, BC, Canada: Trafford Publishing.
- Gorski, T. M. (1986). *Staying Sober: A guide for relapse prevention*. MO: Herald House/Independence.
- Gorski, T. M. (1989). *Passages Through Recovery; An action plan for preventing relapse*. Hazelden, Center City Minnesota.
- Gorsuch, R.L. & Hao, J.Y., (1993). Forgiveness: an explanatory factor analysis and its relationship to religious variables. *Review of Religious Research*, 34, 333-347.
- Gossop, M. (2002). Randomized and controlled, but relevant? *Drug and Dependence*, pp. 10-13.
- Grof, S., (1985). *Beyond the Brain*. Albany, State University of New York Press.
- Grof, S., (1987). *The Adventure of Self-Discovery*. Albany, State University of New York Press.
- Grof, S., Grof, C., (1989). *Spiritual Emergency, When Personal Transformation Becomes a Crisis*. NY: Jeremy P. Tarcher/Putnam.
- Haggard, P. (2008). Human volition: towards a neuroscience of will. *Nat. Rev. Neuroscience*. 9, 934–946. doi: 10.1038/nrn2497
- Hanna, P., 2014, Foucauldian Discourse Analysis in Psychology: Reflecting on a Hybrid Reading of Foucault When Researching “Ethical Subjects”. *Qualitative Research in Psychology*, 11:142-159, 2014
- Harre, R. & Van Langenhove, L., 1999, *Positioning Theory*. Blackwell, Oxford.
- Hart, T. (2000). Transformation as process and paradox. *The Journal of Transpersonal Psychology*, pp. 157-164.
- Hazelden Betty Ford Foundation, (2015). Hazelden History. Available from: http://www.hazelden.org/web/public/hazelden_history.page
- Heatherton, T.F., Wagner, D.D., (2011). Cognitive neuroscience of self-regulation failure. *Trends in Cognitive Sciences*, 2011, Vol. 15, No.3
- Heidegger, M. (1962/1927). *Being and Time*. Oxford: Blackwell.
- Heron, J. (1998). *Sacred Science: Person-centered inquiry into the spiritual and the subtle*. Ross-on-Wye, UK: PCCS Books.

- Heron, J. (2001). Spiritual inquiry as divine becoming. *ReVision: A Journal of Consciousness and Transformation*, 24(2), 32–41.
- Heron, J. (2007). Participatory fruits of spiritual inquiry. *ReVision: A Journal of Consciousness and Transformation*, 29(3), 7–17.
- Heyman, G.M. (2009). *Addiction: A disorder of choice*. USA: Harvard University Press.
- Hidas, A. M. (1981). Psychotherapy and Surrender: A psychospiritual perspective. *The journal of transpersonal psychology*(1), pp. 27-32.
- Hill, P.C., .I. Pargament, 2003. Advances in the Conceptualization and Measurement of Religion and Spirituality, *American Psychologist*, Vol 58, No.1, 64-74.
- Hill, P.C., Pargament, I. (2003). Advances in the Conceptualization and Measurement of Religion and Spirituality, *American Psychologist*, Vol 58, No.1, 64-74.
- Hodge, D. R. (2006). Spiritually modified cognitive therapy: A review of the literature. *Social Work*, 51, 157–166.
- Hook, J. N., Worthington, E. L., Davis, D. E., Jennings, D. J. II, Gartner, A. L., & Hook, J. P. (2010). Empirically supported religious and spiritual therapies. *Journal of Clinical Psychology*, 66, 46–72.
- Humphrey, K. & Moos, R. (1996). Reduced substance abuse-related health care costs among voluntary participants in Alcoholic Anonymous. *Psychiatric Services*, pp. 709-713.
- Humphrey, K. & Moos, R. (2007). Encouraging post-treatment self-help group involvement to reduce demand for continuing care services: Two-year clinical and utilization outcomes. *Alcoholism: Clinical and Experimental Research*(1), pp. 64-68.
- Humphreys, K., Mankowski, E., Moos, R. & Finney, J., (1999). Enhanced friendship network and active coping mediate the effect of self-help groups on substance abuse. *Annals of Behavioral Medicine*, 21, p. 54-60.
- Ironson, G., Solomon, G.F., Balbin, E.G., O’Cleirigh, C., George, A., Kumar, M., Larson, D. & Woods, T.E., (2002). The Ironson-Woods spirituality/religiousness index is associated with long survival, health behaviors, less distress and low cortisol in people with HIV/AIDS. *Annals of Behavioral Medicine*, 24, 34-48.
- Jaenke, K. (2004). The participatory turn. [Review of the book *Revising transpersonal theory: A participatory vision of human spirituality*, by J. N. Ferrer]. *ReVision: A Journal of Consciousness and Transformation*, 26(4), 8–14.
- James, W. (1890), *Principles of Psychology*, online version, York University, Toronto, Ontario, <http://psychclassics.yorku.ca/James/Principles/prin26.htm>
- James, W. (1890). *The principles of psychology*. New York: Holt. Retrieved (2015) from <http://www.archive.org/details/theprinciplesofp01jameuoft>

- James, W. (1890/1952). *The Principles of Psychology* (Great books of the Western World, Vol. 53). Chicago: Encyclopedia Britannica
- James, W. (1902/2003). *The Varieties of Religious Experience*. London: Routledge.
- James, W. (1992). *Talks to Teachers on Psychology. William James writings 1878–1899*. Cambridge, MA: Harvard University Press. (Original work published 1899)
- James, W. (1992). *The Will to Believe. William James Writings 1878–1899*. Cambridge, MA: Harvard University Press. (Original work published 1897)
- James, W. (1902). *The varieties of religious experience*. Cambridge, MA: Harvard University Press.
- Jellinek, E. M. (1952). Phases of Alcohol Addiction. *Quarterly Journal of Studies on Alcohol*, pp. 673-684.
- Johnson, B., (2013). Addiction and Will, *Frontiers in Human Neuroscience*, vol 7, Article 545, pp. 1- 11
- Jung, C.G., (1923). *Psychological Types, Or the psychology of individuation*. Oxford, England: Harcourt
- Kalivas, P. W. & Volkow, N. D. (2005). The neural basis of addiction: a pathology of motivation and choice. *Journal of American Psychiatric Association*. 162, 1403–1413.
- Kass, J.D., Friedman, R., Lesserman, J., Zuttermeister, P. & Benson, H., (1991). Health outcomes and a new index of spiritual experience. *Journal for the Scientific Study of Religion*, 30, 203-211.
- Kelly, J.F., Magill, M. & Stout, R.L.. (2009). How do people recover from alcohol dependence? A systematic review of the research on mechanisms of behaviour change in Alcoholics Anonymous. *Addiction Research and Theory* (3), pp. 236-259.
- Kendler K.S., Sundquist K., Ohlsson H., et al. (2012). Genetic and familial environmental influences on the risk of drug abuse: a national Swedish adoption study. *Arch Gen Psychiatry* 2012;69:690-7.
- Kendler, K.S., Karkowski, L.M., Neale, M.C., & Prescott, C.A., (2000). Illicit psychoactive substance use, heavy use, abuse and dependence in a US population-based sample of male twins. *Archives of General Psychiatry*, 57, 261-269.
- Kirkpatrick LA. (1997). A longitudinal study of changes in religious belief and behavior as a function of individual differences in adult attachment style. *Journal of Scientific Studies of Religion* 36:207– 17
- Kirkpatrick LA. (1998). God as a substitute attachment figure: a longitudinal study of adult attachment style and religious change in college students. *Journal of Personality and Social Psychology*. 24:961–73
- Kohut, H., (1977). *The Restoration of the Self*. Madison, Connecticut: International University Press

- Koob, G.F., (2008). Neurobiological substrates for the dark side of compulsivity in action. *Neuropharmacology*, 56, 18-31
- Köpetz, C.A., Lejuez, C.W., Wiers, R.W., Kruglanski, A.W., (2013). Motivation and Self-Regulation in Addiction: A Call for Convergence. *Perspectives on Psychological Science*, 8 (1), 3-24. SAGE
- Koszycki, D., Bilodeau, C., Raab-Mayo, K., & Bradwejn, J. (2014). A multi-faith spiritually based intervention versus supportive therapy for generalized anxiety disorder: A pilot randomized controlled trial. *Journal of Clinical Psychology*, 70, 489–509. doi:10.1002/jclp.22052
- Kripal, J. J. (2003). In the spirit of Hermes: Reflections on the work of Jorge N. Ferrer. *Tikkun: A Bimonthly Jewish Critique of Politics, Culture & Society*, 18(2), 67–70.
- Kurtz, E., (1975). Not-God: A history of Alcoholics Anonymous. Center City, MI: Hazelden Educational Services.
- Kurtz, E., (2002). Alcoholics Anonymous and the Disease Concept of Alcoholism. *Alcoholism Treatment Quarterly*, 2002; 20:5 –40. 11.
- Kvale, S. (1996b). An Introduction to Qualitative Research Interviewing. In *An Introduction to Qualitative Research Interviewing; InterViews*. London: Sage.
- Lahood, G. (2007b). The participatory turn and the transpersonal movement: A brief introduction. *ReVision: A Journal of Consciousness and Transformation*, 29(3), 2–6.
- Langdrige, D. (2007). *Phenomenological Psychology: Theory, Research and Method*. Harlow: Pearson.
- Larkin, M., Eatough, V. Osborn, M., (2011). Interpretative phenomenological analysis and embodied, active, situated cognition. *Theory & Psychology*, SAGE, www.sagepublications.com
- Larkin, M., Watts, S. and Clifton, E. (2006). ‘Giving voice and making sense in interpretative phenomenological analysis’. *Qualitative Research in Psychology*. 3, p103-120.
- Leigh, J., Bowen, S. & Marlatt, G.A. (2005). Spirituality, mindfulness and substance abuse. *Addictive Behaviors*, pp. 1335-1341.
- Leshner, A. (1997). Addiction is a brain disease, and it matters. *Science*, 278, (5335), 45-7
- Leshner, A. (1999). Science-based views of drug addiction and its treatment. *JAMA*, 282, (14), 1314-6
- Leyton, M., (2013), Are addictions diseases or choices? *Journal of Psychiatry Neuroscience*, 38 (4), pp. 219-21
- Madill, A., Jordan, A., & Shirley, C. (2000) ‘Objectivity and reliability in qualitative analysis: realist, contextualist and radical constructionist epistemologies’. *British Journal of Psychology*. 91, p.1-6.

- Magura, S., Laudet, A.B., Mahmood, D., Rosenblum, A., Vogel, H.S., Knight, E.L., (2003). Role of self-help processes in achieving abstinence among dually diagnosed persons. *Addictive Behaviors*, 28, 399-413.
- Marcus, H., Nurius, P., (1987). "Possible selves: The interface between motivation and the self concept", in Yardley, K. & Honess, T. (eds) *Self and Identity: Psychosocial Perspectives*, Chichester, UK, John Wiley
- Maslow, A. H. (1968). *Toward a Psychology of Being*. New York: Van Nostrand
- Maslow, A. H. (1970a) (ed.). *New Knowledge in Human Values*. Chicago: Regnery,
- Maslow, A. H. (1970b). *Religions, Values, and Peak-Experiences*. New York: Viking, Press
- Maslow, A. H. (1971). *The Farther Reaches of Human Nature*. New York: Viking Press
- May, G. (1982). *Will and spirit*. New York: Harper & Row Publishers, Inc.
- May, R., (1969). *Love and Will*. New York: W.W.Norton & Company
- McConnell-Henry T., Chapman Y., Francis K. (2009) Husserl and Heidegger: exploring the disparity. *International Journal of Nursing Practice*. 15, 1, 7-15.
- McCullough, M., (2001). Forgiveness: Who does it and how do they do it? *Current Directions in Psychological Science*, 10 (6), 194-197.
- McIntosh, D.N., Cohen Sliver, R., Wortman, C.B., (1993). Religion's role in adjustment to a negative life event: coping with the loss of a child. *Journal of Personality and Social Psychology*, 65, 812-821.
- McIntyre, A., (2002). *Dependent rational animals*. Chicago: Open Court.
- McKeller, J., Stewart, E., Humphreys, K., (2003). Alcoholics Anonymous involvement and positive alcohol-related outcomes: Cause, consequence, or just a correlate? A prospective 2-year study of 2.319 alcohol-dependent men. *Journal of Consulting and Clinical Psychology*, 71 (2), 302-308.
- McLeod, J. (2001). *Qualitative research in counselling and psychotherapy*. London: Sage Publications Ltd.
- McLeod, J. (2003). (Ed. 2) *Doing Counselling Research*. London: Sage Publications
- McPeake, J.D. (2012) *William D. Silkworth, M.D., and the origin and development of Alcoholics Anonymous (A.A.)*. Dublin NH, 03444: The Dublin Group, Inc., www.dubgrp.com
- Medina, M. (2012), *The Paradox of Self Surrender and Self Empowerment: An Interpretative Phenomenological Investigation of the Individual's Understanding of the Higher Power in Alcoholics Anonymous*. London: Middlesex University Research Repository: <http://eprints.mdx.ac.uk>
- Meriam-Webster, 2015. Available from: <http://www.merriamwebster.com/dictionary/epistemology>

- Merleau-Ponty, M. (1945/1962). *Phenomenology of Perception*. C. Smith (trans). London: Routledge.
- Milam, J. R., & Ketcham, K. (1983). *Under the Influence: A guide to the myths and realities of alcoholism*. New York: Bantam Books.
- Miller, W. R. (1999). *Integrating Spirituality into Treatment*. Washington: American Psychological Association.
- Miller, W. S. (2006). Disseminating evidence-based practices in substance abuse treatment: A review with suggestions. *Journal of Substance Abuse Treatment*, pp. 25-39.
- Moos, R. H., & Moos, B. S. (2007). Rates and predictors of relapse after natural and treated remission from alcohol use disorders. *Addiction*, 101(2), 212-222.
- Moos, R.H., Moos, B.S., (2006). Participation in treatment and Alcoholics Anonymous: A 16-year follow-up of initially untreated individuals. *Journal of Clinical Psychology*, 62, 735-750.
- Morrow, S. L. (2005). Quality and Trustworthiness in Qualitative Research in Counselling Psychology. *Journal of Counselling Psychology*(2), pp. 250-260.
- Moustakas, C. (1994). *Phenomenological Research Methods*, London: Sage.
- Nakken, C. 1988. *The Addictive Personality*. USA: Hazelden Publication
- National Institute of Drug Abuse, (2015), USA . Available from: <http://www.drugabuse.gov/publications/media-guide/science-drug-abuse-addiction-basics>, (2015)
- Nicola, J. & Joel, H. (2015). The psychosocial experience of role reversal for paraprofessionals providing substance misuse and offender treatment: an interpretative phenomenological analysis. *Journal of Forensic Practice*, 02, Volume 17, Issue 1
- Nordenfelt, L., 2010. On concepts and theories of addiction, PPP/Vol. 17, No.1/March. The Johns Hopkins University Press
- O'Brien, (2014), DSM-5 – Substance Related and Addictive Disorders, APA, Webinar. Available from: <http://www.psychiatry.org/practice/professional-interests/addiction-psychiatry/dsm-5---substance-related-and-addictive-disorders->
- O'Brien, 2014, DSM-5 – Substance Related and Addictive Disorders, APA, Webinar. Available from: <http://www.psychiatry.org/practice/professional-interests/addiction-psychiatry/dsm-5---substance-related-and-addictive-disorders->
- Olson, J.M., Vernon, P.A., Harris, J.A. & Lang, K.L., (2001). The heritability of attitudes: A study of twins. *Journal of Personality and Social Psychology*, 80, 845-860.

- Palmer, H., & Hubbard, P. (2009). A contextual introduction to psychosynthesis. *Journal of Transpersonal Research*, 1, 29–33.
- Paloutzian, R.F., Richardson, J.T., Rambo, L.R., (1999). Religious conversion and personality change. *Journal of Personality*, 67, 1047-1079.
- Panksepp, J. (1981). "Brain opioids: a neurochemical substrate for narcotic and social dependence," in *Progress in Theory in Psychopharmacology*, ed. S. Cooper. *Academic Press*, 149–175.
- Panksepp, J., and Watt, D. (2011). Why does depression hurt? Ancestral primary-process separation distress (PANIC/GRIEF) and diminished brain reward (SEEKING) processes in the genesis of depressive affect. *Psychiatry* 74, 5–21.
- Pardini, D.A., Plante, T.G., Sherman, A. & Stump, J.E. (2000). Religious faith and spirituality in substance abuse recovery: Determining the mental health benefits. *Journal of Substance Abuse Treatment*, 19, (4), 347-354.
- Pargament, K. I. (2007). *Spiritually Integrated Psychotherapy: Understanding and addressing the sacred*. New York, NY: Guilford Press.
- Pearce, M. J., & Koenig, H. K. (2013). Cognitive behavioral therapy for the treatment of depression in Christian patients with medical illness. *Mental Health, Religion, and Culture*, 16, 730–740.
- Piedmont, R. (2004, Vol. 18 No. 3). Spiritual Transcendence as a Predictor of Psychosocial Outcome From an Outpatient Substance Abuse Program. *Psychology of Addictive Behaviours*, pp. 213-222.
- Piedmont, R. L. (1999). Does spirituality represent the sixth factor of personality? Spiritual transcendence and the five factor model. *Journal of Personality*, pp. 985-1013.
- Pilowsky, D.J., Keyes, K.M., Hasin, D.S., 2009. Adverse childhood event and lifetime alcohol dependence. *American Journal of Public Health*, vol. 99 (2). (pp. 252-263).
- Polcin, D.L., Borkman, T. (2008). The Impact of AA on non-professional substance abuse recovery programs and sober living houses. *Recent Developments in Alcoholism*, 18, 91-108
- Prochaska & DiClemente. (1984). *The Transtheoretical Approach; Crossing Traditional Boundaries of Therapy*. Homewood, Illinois: Dow Jones-Irwin.
- Prochaska, J.O., DiClemente, C.C. & Norcross, J.C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47(9), 1102-1114
- Project MATCH Research Group, (1997a). Matching alcoholism treatments to client heterogeneity: Project MATCH Post treatment drinking outcomes. *Journal of Studies on Alcohol*, 58 (1), 7-29.
- Project MATCH Research Group, (1997b). Project Match secondary a priori hypotheses. *Addiction*, 92 (12), 1671-1698.

- Rambo, L. (1993). *Understanding Religious Conversion*. New Haven and London : Yale University Press.
- Redish, A.D., Jensen, S., & Johnson, A. (2008). A unified framework for addiction: Vulnerabilities in the decision process. *Behavioral and Brain Sciences*, 31, 415-437.
- Reinarman, C. (2005). Between genes and addiction: a critique of genetic determinism. *Drugs and Alcohol Today*, Vol 5, Issue 4, p. 32-33
- Reinert, D. (1997). The Surrender Scale, Reliability Factor Structure and Validity. *Alcoholism Treatment Quarterly*(Issue 3), pp. 15-32.
- Reinert, D.E., Estadt, Fenzel, Allen, Gilroy. (1995). Relationship of Surrender and Narcissism to Involvement in Alcohol Recovery. *Alcoholism Treatment Quarterly*, pp. 49-58.
- Ricoeur, P. (1970). *Freud and Philosophy: An Essay on Interpretation*. New Haven: Yale University Press.
- Rodriguez, L., Smith, J.A., (2014). 'Finding Your Own Place': An Interpretative Phenomenological Analysis of Young Men's Experience of Early Recovery from Addiction, *International Journal of Mental Health and Addiction*, 08, Volume 12, Issue 4
- Rodriguez, L., Smith, J.A., (2014). 'Finding Your Own Place': An Interpretative Phenomenological Analysis of Young Men's Experience of Early Recovery from Addiction, *International Journal of Mental Health and Addiction*, 08, Vol 12, Issue 4
- Rokeach, M. (1973). *The Nature of Human Values*. New York: Free Press.
- Rokeach, M. (1983). *Rokeach Value Survey*. Palo Alto, CA: Consulting Psychologists Press.
- Rutherford, J., McGuffin, P., Katz, R.J., (1993). Genetic influences on eating attitudes in a normal female twin population. *Psychological Medicine*, 23, 425-436
- Ryan, M.B., (2008). The Transpersonal William James. *The Journal of Transpersonal Psychology*, Vol.40, No.1, p.23-40
- Sartre, J. P. (1948). *Existentialism and Humanism*. P. Mairet (trans). London: Methuen.
- Schaler, J. (2002). *Addiction Is a Choice*. Chicago, IL: Open Court.
- Schaub, B. & Schaub R. (1997). *Healing Addictions; The vulnerability model of recovery*. New York: Delmar Publishers.
- Scotton, B.W., Chinen, A.B. & Battista, J.R., (1996). *Textbook of Transpersonal Psychiatry and Psychology*. Basic Books, New York.
- Shinebourne, P. (2011). 'The Theoretical Underpinnings of Interpretative Phenomenological Analysis'. *Existential Analysis*. 22, (1), p16-31.
- ®Smart-Search ©(2015). web-store.net 18542, http://www.serenityclub.info/cgi-bin/big_book/smart_search.cgi.

- Smith, J. A. (1996). 'Beyond the divided between cognition and discourse: Using interpretative phenomenological analysis in health psychology'. *Psychology and Health*, 11, (2), p261-271.
- Smith, J. A. (2010). Interpretative phenomenological analysis: A reply to Amedeo Giorgi. *Existential Analysis*, 21(2), 186-192.
- Smith, J. A., & Osborn, M. (2008). Interpretative Phenomenological Analysis. In J. A. Smith, *Qualitative psychology - a practical guide to research methods* (p. 53 to 80). London: Sage.
- Smith, J. A., Flowers, P. and Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.
- Smith, J. O. (2003). *Qualitative Psychology: A practical guide to methods*. London: Sage.
- Smith, T. B., Bartz, J., & Richards, P. S. (2007). Outcomes of religious and spiritual adaptations in psychotherapy: A meta-analytic review. *Psychotherapy Research*, 17, 643-655.
- Snow, D.A., Machalec, R., 1984. The sociology of conversion. *Annual Review of Sociology*, 10, 167-190.
- Snyder, C.R., 1994. *The Psychology of Hope*. NY: The Free Press
- Speer, R. R. (1998). Surrender and Recovery. *Alcoholism Treatment Quarterly* (4), pp. 21-29.
- Starbuck ED. (1899). *Psychology of Religion*. London: Walter Scott
- Stiles, W. B. (1993). Quality Control in Qualitative Research. *Clinical Psychology Review*, pp. 593-618.
- Tarnas, R. (2006). *Cosmos and Psyche: Intimations of a new world view*. New York, NY: Viking.
- Taylor, E. (1996). William James and Transpersonal Psychiatry. In Scotton, B.W., Chinen, A.B. & Battista, J.R., (1996). *Textbook of Transpersonal Psychiatry and Psychology*. Basic Books, New York.
- Tiebout, H. (1949). The act of surrender in the therapeutic process with special reference to alcoholism. *Quarterly Journal of Studies on Alcohol*, pp. 48-58.
- Tiebout, H. (1952). Surrender versus compliance in therapy with special reference to alcoholism. *Quarterly Journal of Studies on Alcohol*, pp. 58-68.
- Tiebout, H. (1953). The Act of Surrender in the Therapeutic Process. *Quarterly Journal of Studies on Alcohol*, pp. 58-68.
- Timko, C., Moos, R.H., Finney, J.W. & Connell E.G., (2002). Gender differences in help-utilization and 8-year course of alcohol abuse. *Addiction*, 97, 877-889

- Timko, C., Sempel, J.M., (2004). Intensity of acute services, self-help attendance and one-year outcomes among dual diagnosis patients. *Journal of Studies on Alcohol*, 65, 274-282.
- Tonigan, J. S. (2003). Spirituality and Alcoholics Anonymous practices three and ten years after project MATCH. *Alcoholism: Clinical and Experimental Research*(5), p. 660A.
- Tsuang MT, Lyons MJ, Eisen SA, et al. (1996). Genetic influences on DSMIII-R drug abuse and dependence: a study of 3,372 twin pairs. *Am J Med Genet*;67:473-7.
- Van Manen, M. (1990) *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*. The State University of New York Press: Canada
- Vanier, J., (1989). *Community and Growth*. New York: Paulist Press
- Vederhus, J.K., Laudet, A., Kristensen, Ø. & Clausen, T. (2010). Obstacles to 12-step group participation as seen by addiction professionals: Comparing Norway to the United States. *Journal of Substance Abuse Treatment*, 39, 210-217
- Vohs. K.D., Baumeister, R.F, Ramanthan, S., Mead, N.L., Schmeichel, B.J., Hofman, W. (2014). Depletion enhances urges and feelings. (Unpublished Manuscript), University of Minnesota, Minneapolis, MN
- Volpp, K.G., Troxel, A.B., Pauly, M.V., Glick, H.A., Puig, A., Asch, D.A, et al (2009). A randomized, controlled trial of financial incentives for smoking cessation. *New England journal of Medicine*, 360, 699-709.
- Walsch, R.N. & Vaughan, F., (1994). The World View of Ken Wilber. *Journal of Humanistic Psychology*, 34 (2), 6-21.
- Walsh, R. N., & Vaughan, F. (1993). On transpersonal definitions. *The Journal of Transpersonal Psychology*, 25(2), 199–207.
- Walsh, R.N. & Vaughan. F. (1993). *Paths Beyond Ego: The transpersonal vision*. New York. Tarcher/Putnam.
- Washburn, M. (1995). *The ego and the dynamic ground: A transpersonal theory of human development* (2nd ed.). Albany, NY: SUNY Press.
- Washburn, M., (1994). *Transpersonal Psychology in psychoanalytic perspective*. Albany, NY: State University of New York Press.
- Wedekind, D., Bandelow, B., Heitman, S., Havemann-Reinecke, U., Engel, K. R., Huether, G.,(2013). Attachment style, anxiety coping, and personality-styles in withdrawn alcohol addicted inpatients. *Substance Abuse Treatment, Prevention, and Policy*. 8 (1), p. 1-7.
- Weiss, R.D., Griffin, M.L., Gallop, R.J., Najavits, L.M., Frank, A., Crits-Christoph, P., et al., (2005). The effect of 12-step self-help group attendance and participation on drug use outcomes among cocaine-dependent patients. *Drug and Alcohol Dependence*, 77, 177-184.

- Wilber, K. (1977). *The Spectrum of Consciousness*. Wheaton, Ill.: Quest.
- Wilber, K. (1986a). The spectrum of development. In K. Wilber, J. Engler, & D. Brown (Eds.), *Transformations of Consciousness* (pp. 65-105). Boston: Shambhala.
- Wilber, K. (1986b). The spectrum of psychopathology. In K. Wilber, J. Engler, & D. Brown (Eds.), *Transformations of consciousness* (pp. 107-126). Boston: Shambhala.
- Wilber, K. (1986c). Treatment modalities. In K. Wilber, J. Engler, & D. Brown (Eds.), *Transformations of consciousness* (pp. 127-159). Boston: Shambhala.
- Wilber, K. (1990). *Eye to eye: The quest for the new paradigm*. (rev. ed.). Boston: Shambhala.
- Wilber, K. (1995). *Sex, ecology, and spirituality: The spirit of evolution*. Boston: Shambhala.
- Wilber, K. (1997). *The eye of spirit: An integral version for a world gone slightly mad*. Boston: Shambhala.
- Wilber, K. (1999). *The collected works of Ken Wilber (Vols. 1–4)*. Boston: Shambhala.
- Wilber, K. (2000). *The collected works of Ken Wilber (Vols. 5–8)*. Boston: Shambhala.
- Wilber, K., (2000), *Integral Psychology, Consciousness, Spirit, Psychology, Therapy*. Boston: Shambhala Publications, Inc.
- Wilber, K., (2012). In defense of integral theory, a response to Critical Realism. *Journal of Integral Theory and Practice*, 7 (4), pp. 43-52
- Willig, C. (2001). *Introducing Qualitative Research in Psychology; adventures in theory and method* (4th ed. ed.). Open University Press.
- Willig, C., Stainton-Rogers, W., (2008), *Foucauldian Qualitative Research In Psychology*. London, UK: SAGE Publications
- Winnicott, D.W., 1987. *The Maturation Process and the Facilitating Environment*. London: The Hogarth Press and the Institute of Psycho-Analysis
- World Health Organization. (2015). *Programmes and projects; Facts & figures*. http://www.who.int/substance_abuse/facts/alcohol/en/index.html: World Health Organization.
- Yahne, C.E., Miller, W.R, (1999). Evoking hope. In W.R. Miller (Ed.), *Integrating Spirituality into Treatment: Resources for Practitioners* (p. 217-233). Washington, DC: American Psychological Association
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*. 15, p215-228.
- Yensen, R., Dryer, D., (1996). The Consciousness Research of Stanislav Grof. In Scotton, B.W., Chinen, A.B. & Battista, J.R., (1996). *Textbook of Transpersonal Psychiatry and Psychology*. Basic Books, New York.
- Zhu, J. (2003). Locating volition. *Consciousness & Cognition*. 13, 302–322.

Zinnbauer, B.J., Pargament, K.I. (1998). Spiritual conversion: a study of religious change among college students. *Journal of Scientific Studies of Religion*, 37:161–80

Appendix 1 – Ethical Approval

26th November 2013

Saphira Bjorna Wahl
Fareggen 28
N-2015 Leirsund
Norway

c.c. Dr Nigel Copsey



13 North Common Road
Ealing, London W5 2QB
Telephone 020 8579 2505
Facsimile 020 8832 3070
www.metanoia.ac.uk

Dear Saphira

Thank you for presenting your Learning Agreement to the Programme Approval Panel on 22nd November 2013 for formative assessment.

Panel Feedback: Conditions

1. Clarify your choice of method so as to elicit the best possible material.
2. Read more extensively on IPA.
3. Broaden your philosophical base from psychosynthesis to transpersonal.
4. Integrate reflexivity in research your design.

Research Ethical Approval

The Departmental Research Ethics Committee have approved your Learning Agreement.

It is expected that your final version will be, in consultation with your adviser, an amended version of your draft to which you will add and/or delete parts of the existing draft to make your final version. Such changes will need to be incorporated into the document and appropriately highlighted. You will need to submit 1 hard copy and an electronic copy via email to mandy.kersey@metanoia.ac.uk of your Final Learning Agreement to the Academic Coordinator, Mandy Kersey. The email copy needs to be sent by 22nd February 2014. You may submit earlier than this date if you wish.

With kind regards

Yours sincerely

Professor Simon du Plock FRSM, AFPsS
Head of Post Qualification Doctorates Department

Registered in England at the
above address No. 2918520
Registered Charity No. 1050175

Appendix 2 – Risk Assessment

INDEPENDENT FIELD/LOCATION WORK RISK ASSESSMENT

FIELD WORK DETAILS

Name of the person carrying out fieldwork (usually the candidate).....Saphira Bjørnå.....

Name of research supervisor.....Nigel Copsey.....

Telephone numbers and name of next of kin who may be contacted in the event of an accident	FIELDWORK NEXT OF KIN Name: Anne Britt Wahl Phone: +47 91531116
--	---

Physical or psychological limitations to carrying out the proposed fieldwork	No.....
--	---------

Any health problems (full details) which may be relevant to proposed fieldwork activity in case of emergencies.	No.....
---	---------

Locality (Country or Region)	Norway, Oslo area.....
------------------------------	------------------------

Travel arrangements	By private car, duly insured.....
---------------------	-----------------------------------

Travel and Health Insurance The researcher is covered by private insurances.

Dates of travel and fieldwork January/February 2014 dependent on the time of approval from Programme Approval Panel

1.LOCALITY/ROUTE 2. POTENTIAL HAZARDS

N/A

NONE

3. PRECAUTIONS/CONTROL MEASURES 4. RISK ASSESSMENT 5.SAFETY/EQUIPMENT

N/A LOW

Hazard Identification and Risk Assessment

Having read the Hazard Identification and Risk Assessment, (Metanoia, p.154), the risks related to the above research projects are minimal and potential hazards are not considered to be more or other than those accepted in everyday life. The interviews will take place in official rented premises in a quiet and remote area to safeguard anonymity and a safe space for the participant.

DECLARATION: The undersigned have assessed the activity and the associated risks and declare that there is no significant risk or that the risk will be controlled by the method(s) listed above/over. (Those participating in the work have read the assessment and will put in place precautions/control measures identified.)

Signature of

Fieldworker.....Date.....

(Candidate/Staff)

Signature of candidate's

Research Supervisor.....Date.....

APPROVAL:

Signature of Research

Coordinator or

Programme Leader.....Date.....

Appendix 3 – Participant Information

Saphira Bjørnå

Doctorate in Psychotherapy by Professional Studies

Metanoia Institute and Middlesex University, London, UK

Study title:

“An investigation of the dynamics of the personal will versus a Higher Power in Alcoholics Anonymous 12-step treatment of Substance Use Disorder” meaning: “An exploration of what it is like to experience to turn one’s personal will over to a Higher Power for an addicted person”

Invitation

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

The Purpose of the Study

The purpose is to learn more about what it is like for a user to turn his/her personal will over to a Higher Power in a 12-step program. I would like to understand more about what happens to a person’s will when he/she decides to turn their will and life over to a Higher Power.

You have been chosen because you are a member of a 12-step community and because you have your own experience related to surrendering that I would like to hear about. You have also been invited because of the length of your period of abstinence.

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw up until one month after the interview without giving a reason.

What will happen to me if I take part?

The research project will be completed during the spring of 2015 and your active participation will include one interview of about 60-90 minutes depending on how much you would like to share about your experience. I will ask a few questions which you will receive well in advance to give you time to reflect on the questions before the actual interview. Your responsibility is to come to the interview and to talk about your experiences related to turning your personal will over to a Higher Power.

Interviews

8 participants – duration of interview 60-90 minutes.

After the interview, you will have time to talk about any reactions that may have come up during the interview.

Side effects or disadvantages

There are no side effects involved in participating in this research. If you feel the need to talk to someone about your reactions to being interviewed and the topics you touched upon, details about where you can find support will be provided.

Benefits

We hope that participating in the study will help you. However, this cannot be guaranteed. The information we get from this study may help us to provide better treatment to future participants with an addiction problem.

Confidentiality

All information that is collected about you during the course of the research will be kept strictly confidential. Any information about you that is used will have your name removed so that you cannot be recognized from it. Anonymity will be safeguarded at all times. All data will be stored, analyzed and reported in compliance with the data protection legislation of Norway. The data will be stored for 12 months after the end of the study.

Appendix 4 – Consent Form

CONSENT FORM

Participant Identification Number:

Title of Project:

“An investigation of the dynamics of the personal will versus a Higher Power in Alcoholics Anonymous 12-step treatment of Substance Use Disorder”

Name of Researcher:
Saphira Bjørnå

1. I confirm that I have read and understood the information sheet dated 6th October 2013 for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw up until one month after the interview, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided.
3. -----
4. I understand that my interview will be taped and subsequently transcribed.
5. I agree to take part in the above study.
6. I agree that this form that bears my name and signature may be seen by a designated auditor.

Name of participant Date Signature

Name of person taking consent Date Signature

Researcher Date Signature

1 copy for participant; 1 copy for researcher

Appendix 5 – Preparatory interview schedule

The following questions were preparatory questions for the participants and served as a means to evoke a process of reflection. The interviews remained flexible.

1. What was meaningful and important when you were using actively? Why?
2. How did you experience your personal will when you were using actively?
3. What did you want – day by day? Why?
4. What did you want for yourself?
5. Looking back what influenced the choices you made from day to day?
6. What did you think or feel about wanting to continue using or wanting to stop using?
7. What was the driving engine behind the decisions you made in any direction?
8. What happened that made you choose to stop using?
9. What was the incident, thought, feeling that made you decide to stop using.
10. What was the experience of the 1st step like for you?
11. What was the experience of the 2nd step like for you?
12. What was the experience of the 3rd step like for you?
13. How did you react when you in the 3rd step were asked to hand your will and life over to a Higher Power?
14. If you have had experiences of ‘surrendering your will and life to a Higher Power’, can you describe them? (‘Them’ is in plural as research show that surrendering for many is a continuous process).
15. What happened to your will in that process?
16. What happened to your personal will when presented with the idea of a Higher Power?
17. How did you experience your life situation at this point?
18. How do you understand the term ‘a Higher Power’? What does it mean to you?
19. Have you had an experience of a Higher Power in any way? Can you describe your experience?
20. Have you considered the possibility of a higher will connected to a Higher Power?
21. Have you had a sense or experience of a higher will connected to a Higher Power?

22. Some people experience an inner struggle connected to treatment and stopping using. What has it been like for you?
23. Did you have a sense of what different sides of you wanted? Can you describe?
24. How do you experience your personal will today? E.g. your will for yourself, your future and for your life?
25. What has been most important for your recovery?
26. What influences your choices from day to day?
27. What does a higher power mean to you? Has it changed over time? In what ways?
28. Did you ever feel that surrendering to the higher power was an act of will? If so, in what way? If not, why not?
29. Was surrendering to a Higher Power at any point connected to what felt meaningful to you? How?
30. In what way has your recovery been influenced by your will to be in control or letting go of control?
31. What else would you like to say about your experience of your personal will related to a higher power?

Appendix 7 – Regional Ethics Committee, Norway

Region: REK sør-øst	Sakbehandler: Vivi Opdal	Telefon: 22845526	Vår dato: 23.05.2014	Vår referanse: 2014/652/REK sør-øst A
			Deres dato: 08.04.2014	Deres referanse:

Vår referanse må oppgis ved alle henvendelser

Saphira Bjørnå

2014/652 Den personlige viljes dynamikk versus en Høyere Makt i Anonyme Alkoholikeres 12-trinns program

Forskningsansvarlig: Saphira Bjørnå, Middlesex University / Metanoia Institute

Prosjektleder: Saphira Bjørnå

Vi viser til søknad om forhåndsgodkjenning av ovennevnte forskningsprosjekt. Søknaden ble behandlet av Regional komité for medisinsk og helsefaglig forskningsetikk (REK sør-øst) i møtet den 08.05.2014. Vurderingen er gjort med hjemmel i helseforskningsloven § 10, jf. forskningsetikklovens § 4.

Prosjektbeskrivelse (revidert av REK)

Formålet med prosjektet er å undersøke den personlige viljes dynamikk i relasjon til en Høyere Makt i Anonyme Alkoholikeres 12-trinns program og paradigme. I prosjektet planlegges det å gjennomføre individuelle dybdeintervjuer av åtte alkoholikere som i dag lever uten bruk av alkohol. I de kvalitative intervjuene skal det forsøkes kartlagt hva som skjer med en persons vilje når han/hun bestemmer seg for å overgi sin vilje og sitt liv til en Høyere Makt. Intervjuene skal analyseres fenomenologisk. Effektmålet er en større forståelse av viljens dynamikk i rusbehandling og til behandlingsutvikling for 12-trinnsbaserte behandlingstilbud, samt overføringsverdien av funnene til andre typer avhengighet.

Komiteens vurdering

Prosjektet, slik det er beskrevet, dreier seg om vurdering av et kjent behandlingsprogram. Det er deltakernes opplevelser og erfaringer med sentrale elementer i programmet som undersøkes. Prosjektet har etter REKs vurdering ikke som formål å skaffe til veie ny kunnskap om helse og sykdom.

Etter REKs vurdering faller dermed prosjektet, slik det er beskrevet, utenfor virkeområdet til helseforskningsloven. Helseforskningsloven gjelder for medisinsk og helsefaglig forskning på norsk territorium eller når forskningen skjer i regi av en forsknings-ansvarlig som er etablert i Norge.

Medisinsk og helsefaglig forskning er forskning på mennesker, humant biologisk materiale og helseopplysninger, som har som formål å frambringe ny kunnskap om helse og sykdom, jf. helseforskningsloven §§ 2 og 4a. Formålet er avgjørende, ikke om forskningen utføres av helsepersonell, på pasienter eller benytter helseopplysninger.

Vedtak

Prosjektet faller utenfor helseforskningslovens virkeområde, jf. § 2, og kan derfor gjennomføres uten godkjenning av REK. Det er institusjonens ansvar på å sørge for at prosjektet gjennomføres på en forsvarlig måte med hensyn til for eksempel regler for taushetsplikt og personvern.

Komiteens vedtak kan påklages til Den nasjonale forskningsetiske komité for medisin og helsefag, jf. helseforskningsloven § 10, 3 ledd og forvaltningsloven § 28. En eventuell klage sendes til REK Sørøst A. Klagefristen er tre uker fra mottak av dette brevet, jf. forvaltningsloven § 29.

Med vennlig hilsen

Knut Engedal
Professor dr. med.
Leder

Vivi Opdal
seniorrådgiver

Kopi til: simon.duplock@metanoia.ac.uk

Appendix 8 – Superordinate themes – all participants

Appendix 8 Superordinate themes - all participants

Participant	1 'Victoria'	2 'Bernhard'	3 'Steve'	4 'Maya'	5 'Dorte'	6 'Tom'	7 'George'	8 'Rita'
Super ordinate themes	Powerlessness	Absence of God	My will or no will	The struggle and powerlessness, 85,	Alcoholic behaviour as a child	Downward spiral	Heredit y v environment	Heredit y v environment
	God repulsive	Loss of perspective	Hitting bottom 1. and 2 – hope - powerlessness	Hitting bottom Turning point	The Pain n absence of higher power	No God, no meaning	Alcoholic reality I am God	The disease
	Hope	Powerlessness	Origin of suffering	Alcohol obstacle, not my life	Beliefs and consequences	Character defects	Denial & Suffering	Downwards spiral
	Doubtful and halfhearted	About life or death – Hitting bottom	Prejudiced abt God – h.p.	Experience of self will	Logic of Self Will	Hitting Bottom	Hitting Bottom	Resources of self will
	Self will – hit bottom	Willingness	Became willing – turning point	Insights, personal dysfunction	Hitting Bottom	Surrender	Touched by God	Resistance against God
	Inner work and pain - surrender	Hope – AA	Agents for change	Change of beliefs n willingness	Process of Surrender	The Work	Self will n character faults	Hitting bottom
	Insight and change	Surrender (3rd step)	The change experienced	Experience of a higher power	Meeting herself – fear and shame	Fellowship and self recognition	Pain n obstacles	AA – and the work
	Gods love	Devoted to God	God's love and love for God	Effect of the experience of a higher power	Insight and learning	Self will	Change and self will	Surrender, forgiveness and believing
	AA philosophy of consequences	Will complex	Quitting no option	The function of prayer	Vulnerability	The Spiritual disease	Insight n new knowledge	God and gratitude
	Psychiatric disorder and AA	New perspectives	Gratitude and meaning	Importance of humility	Wise will	Mechanisms of change	Process towards forgiveness	Change and daily maintenance
	Sober n depressed	AA – shadow side		The function of gratitude	Sources of help and support	The changes	alignment with Will of God	Being an Instrument
	Jesus, shame n loneliness			Positive fellowship	New beliefs	God – a Higher Power	God the solution	
	Loss of God - new found materialism				Higher Power	Trust (n Gratitude)	climics ridicule of God concept	
	New transition, finding God again							

Appendix 9 – Participant 2 Interview Transcript

(Omitted to secure participant anonymity)

Appendix 10 – Subordinate themes – from one participant

Participant 2 – Superordinate themes with subordinate themes

Super-ordinate themes	Absence of God	Loss of Perspective	Powerlessness	About life n death – Hitting Bottom	Willingness	Hope - AA	God-Surrender n 3 rd step	Devoted to God	Will complex	New Perspectives	AA - shadow side
Subordinate themes	God no point of contention	lost a perspective	tried to quit drinking	it was serious	realize this is unacceptable	contacted AA	Struck by God	as a child had a relation to God	learn about self will to let go of self will	own perspectives muddle contact with God	goal not to brush up ego
	dropped God	tried to do good but failed	had no resource against drinking	did not know if God was there	desperation make you willing	worked the steps	all pain was sucked out	his spirituality constantly present	it's central that self will is not central	non self centeredness important	internal resistance talking about God
	pretended God did not exist	fear of not being good enough	no control	everything fell at 24	willing to look at everything	arranged a sponsor	relieved from alcohol from that day	worked to find his way of practicing his spirituality	Subjectivity not at the cost of spirituality	more or less spiritual not important	AA groups are different
	lost his road by dropping God	previous rigid beliefs taken for granted	hoped seeing the problem would help	all he did was unwanted	must be willing to believe	read the Big Book	it's over, all is okay	separate good from bad to refine contact	no longer self will	had to meet the things he had gone through	members not practicing 12 th step
	scaring that he just forgot about God	becoming drunk is a consequence of having lost God	like getting lost	was at 'wit's end'	admitted	fundamental information in Big Book	misconceptions melted away	went to AA meetings around the world	not a self dependent entity now	grateful to sponsor	AA used as anabolic steroids for the self
	absence of God created void	had fundamentally misunderstood	hard to understand own behaviour	am I crazy	wholehearted	read 3 rd step prayer	pain inside dissolved	grateful for fundamental values	end mean more important than the dichotomy of the will	academic reasoning not helpful	is not called treatment
	Was not religious	thought his plan would save the world		created desperation	did not want to fear life	acted on becoming a sponsor etc	turning point	God's authenticity gives worth	easy to judge self will	spirituality cannot be transferred verbally	stopped going to meetings in Oslo
				marked by defeat	if it take God, so it is	read Big Book in original language	a fundamental experience	a real will to listen	self will and h.p will are not in opposition	life as an recovering alcoholic worth living	few interested in spirituality
		realize that this would kill him		God saved me from fate	God saved me from fate	no coincidence to have found his sponsor	extreme happiness	rid himself of old beliefs	self will became complicated	ups and downs equally spiritual	lonely in AA
		alcoholics need a miracle		a glimpse of God			God inside and everywhere	God is constant	room to have needs in a spiritual life	sponsor a spiritual ideal	did not get his perspectives through
		feared life and alcohol		was asked to surrender to the care of God			tingling sensation	own attitude central	the will and strain the same before and now but final goal different	fundamental idea that God is in all	measure progress with how one feels
		it is over if you are an alcoholic					God makes own perspectives complete	new way to become effective	self will like intestines of things...?	trust the truth in oneself	
		it's about life					fundamental safety	requires focus on the new	self will not monolithic	continuously increasing awareness	

Super ordinate themes	Absence of God	Loss of Perspective	Powerlessness	About life n death – Hitting Bottom	Willingness	Hope - AA	God, Surrender n 3 rd step	Devoted to God	Will complex	New Perspectives	AA - shadow side
				fate had decided that life would fail			new level of consciousness	arrange life according to will of God		yesterday's triumphs belongs to yesterday	
				desperate situation			learn anew	requires practice and maintenance		aware of his attitude to the environment	
				stood on the verge of hope			attitudes melt away	stopped meetings and found own way to God		observe himself bifocally	
							thin skin	say no to rituals that do not work		to find a meaning one must want to have meaning	
							reborn	trust the process		new way to relate to oneself	
								created right circumstances for refined contact w God		reacts differently today	
								wanted answers from God		imperative to practice spirituality in a meaningful way	
								Need to learn from Big Book		you can be rehabilitated even if you feel sad	
								AA before anything		can feel his feelings without being afraid of getting drunk	
								stick to God and give his own way value		thought uncomfortable feelings were unnecessary – they are necessary	
								share the message in all actions		the work is to always be mentally prepared	
								sincere experimentation		spirituality is relating to mood swings in a good way	
								personal growth is meaningful		new rules in his new life	
										Big Book mirrors the essence of what he experienced	

Appendix 11 – Excerpts all Participants

Excerpts – Superordinate and Subordinate themes

3.1 The Will Complex in Substance Dependence

3.1.1 The First Layer - The Destructive Intent of Escapism

PARTICIPANT 1

« everything was fractured, I didn't have anything to look forward to, I never went on holiday, right, so it was ... life was quite stripped of things, it was pared down to ... eh... but maybe I had hope somewhere I don't know, but ... eh..., no, I suppose I thought about suicide a lot (mhm) and I had quite a few suicide attempts then too ...» (1.647-651)

«It was like there wasn't much normality left. ...and ...and I, it's difficult for me to find that engine at all, I grew up in an alcoholic home too ... started drinking at an early age, so I suppose I .. I suppose I felt this was just a continuation of something I've felt all the time ... so depressions have of course been a large part of me. That deep-down feeling that nothing helps, nothing's going to change, this is going to go on forever ... that's how it's always been, this kind of feeling of fatigue.» (1.667-674)

"for me this would never last. My experience with good things was that they never lasted. (1.57 to 58)

"To fight with the feelings of powerlessness where you imagine that you can try it your way, and then that doesn't work, so you try something else. ..." (1.163-164)

"The final 5 years that I lived with drugs I was also living in a very destructive relationship. And I believe that it in some way is the survival instinct that takes over"(1.642 644)

PARTICIPANT 2

"my biggest concern was that I was 24 when I arrived, and that from when I left home until I arrived when I was 20 in a way everything had just collapsed" (2.18-19)

«the idea that everything I touched would sort of go wrong. A feeling that everything I did was sort of unwanted.

I: by others...?

P: yes, or that I was on some way fated to mess up. And that made me feel very down»
(2.111-114)

"P: yes, and that is perhaps what I think is most terrifying with that period, that I just forgot about it. "(2.536-537)

"it has been sort of a 'pride' thing for me that I somehow was willing to take the heavy road for some reason (yes) but ... it became a (laughter) very heavy road. No, I mean ... it was not that ... that there was a road at all just disappeared (ah) eventually ... (yes) there was just so much pain no matter where I turned. It created such a desperation that I think that ... the desperation "(2.507-511)

PARTICIPANT 3

"pushed away everything I believed... I mean I've lied to myself so much, right, that I ... that I ... that even I believed it. (mhm) so I can see the kind of madness I was living in more much clearly now than when I joined AA when I was a wreck, so it's clear to me now that it was much worse than it seemed to me then ... (3.168-172)

'how ... how ... hopeless it has been for me up here ... (pointing to the head) especially because I've had such low self-esteem, very low self-esteem ... '(3.230-231)

"AA meeting at (...) church, and then I just stood there physically and mentally broken and believed that ... in those periods I thought that I was totally insane, that I was all alone with the problem I had "(3.53 to 55)

« I could sort of see the connection, with my whole life in a way, with ... with my parents and my father that I was never good enough and it's no wonder you'll never be anything, you know, and all those connections, and my mother saying never mind it's only words, I've never done anything wrong, have I» (3.284-288)

"So I was probably ... but that was due to my poor self-image that I really wasn't good enough, I was going to prove that I was good enough, use that will/determination on 'I am good enough', I'll fucking show them, and then what I really felt was ... just by them saying

Steve out in the corridor, I would believe they were talking shit about me. I mean, that's absolutely sick. "(3.658-662)

"But before I would be sensitive to everything, even if they just mentioned my name in the corridor, now they have noticed how hopeless I am and how I'm just good for nothing" (3.688-690)

PARTICIPANT 4

"eh ... I never really chose to stop drinking (no) just like I never chose to drink because for me alcohol has never been a choice, rather it has had the power over me ever since I was 16, and I began to drink for the first time so I have never had any choice"(4.24 to 26)

"p: mmm... I felt I was living a life where I had no control over my drinking but that it controlled me, and it decided that I would have a drink when I didn't want to have a drink, and drink quantities I didn't want to drink and do things I didn't want to do ... or that I couldn't answer for but that I did anyway» (4.6-10)

"by that time I had been drinking for a very long time ... or at least for a few years, and I drank a lot, and ... not like every day, but enough for me to suffer terribly from my own abuse and I wasn't able to work as well and uh ... I was always sick... either hungover or ridden with anxiety, or just drunk ... it was always something to do with alcohol all the time"(4.42 to 45)

"p: yes ... it became ... yes, it became a kind of prison ... uh ... that I wasn't able to get out of" (4.320)

"I think that's right because my drinking has been the reason why I never managed to achieve what many ... or what I wanted ... for example a relationship or close friendships ... I threw away all my friends because they couldn't bear it ... I really wasn't very nice when I was drunk, and ... yes ... so the alcohol did destroy a lot ... "(4.343-346)

"I have been ashamed a lot ... I think that shame is a little strange because you know when one is ashamed of something concrete ... and when the shame is such a big part of me somehow, that I am ashamed of who I am ... that is different from being ashamed of having stolen gum or, uh ... yes, I have felt like I don't deserve anyone either or ... yes, I've had very, very low self-esteem. "(4.566-571)

«but I remember that I thought my parents or that my Mum didn't really love me, not really ..., that I might be sent to a children's home or something if I made a mistake, which I hadn't, but that was what I thought, that I thought ..., that love is conditional ... eh... so that clings to ... that's clung to me all my life, in a way ...» (4.575-579)

PARTICIPANT 5

«in a way was so desperate and tired, and I knew that my, as I call it, alcoholic behaviour had started long before I started drinking, in fact right from childhood ... I used sugar and food as an escape then, so those traits were in place quite early» (5.57-60)

«...I just wanted to get away, I just wanted to keep thinking that life was impossible eh... it's just ... sort of ... for me there's only one way and that's down, you see, and then finally, ... you feel that I just want to live very fast and be done with it and die ... because you can't take a place in life in the flow of life if you live as if you're going to die, you don't live until you die.» line 5.461-5.465

"so alcohol is only a tiny part of what really lies beneath the surface of the mountain, and I was so insanely scared, because it was just like that, but I just cannot meet myself "(5.79-81)

"because it's that fear that is so incredibly all-consuming that everything is just me, me, me ...

i: what fear, can you describe the fear?

p: I mean, it's a fear that in a way for me is about how ... life is completely impossible and unbearable to be present with... because the feelings that are inside me are just so chaotic, it's impossible to find peace, impossible to somehow be satisfied with anything, eh ...nothing will work out for me, so in a way it's a belief that everything is just doomed to fail, that's it ... "(5.85 to 92)

«the power to have so much pain inside ... eh...and the fear is also about that no-one in the whole world can save me from this ... or take care of me.. including? I can't take care of myself either ...» (5.94-96)

"it was all about going out on the town and staying out and partying either with people I knew or I would just end up with people I met there ... or got to know ...so there were ...

very unstable frames in many ways ... and that is also the basis for a lot of the fear ... one thing is sort of ... uh ... the instability at home during my childhood and then I just continue with that kind of socialization ... "(5.401-405)

"for I knew inside me, deep inside me for many years that the way ... that something with me and alcohol wasn't quite right, but then it kind of stopped there. It was probably a fear of seeing even more truth "(5433-436)

"I think there was a kind of automatic reaction in me where I just surrendered myself to shame somehow ... when you then... then the shame just gets greater when I somehow still didn't realize the consequences of going out for a drink, and somehow I would either end up with an unknown man and so and so, something that I had never even planned, but still it sort of went straight onto my shame account of failure. "(5.569-574)

"To go from child to teenager in his ... I mean his way of raising or even just taking care of children, it seems quite impossible, that it was absolutely impossible to become an adult woman in his kind of, yes, because, presumably he just couldn't manage ... it was too hard to be a father of two girls. I know now that he did as good as he could, but it was like ... there was no dialogue, like there was no one to turn to, the day I realized that today is the day, and that there is no way back, it was like everything just fell apart inside me, but this can't be, it is not possible. And somehow, I know sometimes I was seen as ... sometimes people thought that I was a boy, "(5.634-641)

"It is almost as if instead of comfort eating, instead of comforting drinking, I comfort think "(5.680-681)

"it was the right thing to do then ... because otherwise ... it's as if we act only according to what if ... because I get so tired of my own mindset, so it's almost just like that, you just let go and do something ... and then it can have serious consequences ... (mmm) ... yes ... it is like, we have such a ... I don't know if we can call it an intricate mindset, that somehow it just ... you ... it's like you live in it, it becomes the reality ... so that there is almost a continuous war going on inside ... inside me ... and I live in it. "(5.827-832)

«p: yes, it is... absolutely, and I remember it very well when I was 16 I think it was when I had these unbelievable ... call them sex fantasies ... sat on the bus on the way to school and sort of imagined me and everyone on the bus, I mean I wanted to sort of get away from ... could ... I mean, being present here was so incredibly painful ...» (5.863-867)

PARTICIPANT 6

«p: yes, about ... and when I was in AA and went to AA meetings and had a sponsor and worked with the steps and things then too, but had lots of relapses then ... so that everything ... and that was the first two years ...» (6.19-21)

"well it just got ... it got worse and worse ... like it ...like it does ... I mean, I hear a lot of stories ... yeah, it's like ... there is

something very particular about my story, things just got worse and eventually I started ... I started drinking at work too ... and so eh ... yes, and when I drank things just got worse and worse, I lost more and more control of how much I drank and when I drank "(6.30 to 35)

"I was at least I was always very dissatisfied with the way things were, I wanted something else ... but I don't think I was very sure exactly what I wanted ... and so I often felt that it ended with ... that I let others make the choices for me and so on ... eh ... I felt manipulated or something ... uh ... it was certainly very frustrating and I was ... eh ... regularly very depressed ... "(6.100-105)

« when I was there to begin with, I hadn't, when I look back on it, I hadn't given up completely ... you could say ... eh... I had ... I just suddenly started to drink again and kept relapsing ...

i: what hadn't you given up, do you think?

p: I think I hadn't given up controlling my own life ...» (6.22-27)

"but I was seriously considering suicide. I often did ... eh ... and yes, that ... that just says it all about my need for control ... just to think about killing myself ... I believe is ... to think about controlling your life so much ... it's by actually ending it ... all on your own ... "(6.106-109)

"p: that I was ... that I, for example, easily felt very ... shy and embarrassed and quite out of it when the focus unexpectedly was on me. When something unexpected occurred, something that had to do with a person maybe, or something like that, comments, additional questions or ..., something like that, eh ... it's ... it's probably more like perhaps ...it certainly has to do with ... has to do with shame, as it is written there, that I might really ... that I would try to look as if I was very good, but in reality I would really be ashamed of myself, and I knew what the truth was... that I was laying at

home drinking every night ... "(6.196-203)

«that life has no meaning... that's typical ... eh... typical if you want to kill yourself, then that's often what you can't ... if you feel life has a lot of meaning. « (6.219-221)

PARTICIPANT 7

"a history of illness, a history of hospitalizations during the past 3 years which was completely crazy...

i: somatic?

p: yeah, well, like ... alcoholic rehabilitation/detoxification in and out and totally ridiculous ... when I look back it was totally ridiculous, right, an exploitation of the Norwegian health care to the full" (7.121-127)

«drink ... in other words I've never been a periodic drunk ... I've always been drinking continuously ... eh ... but there has been like ... like regular binge drinking... and when that happened, and it would happen quite often, then all those functions like getting enough to eat, would stop, I couldn't eat ... "(7.172-175)

«wasn't a conscious action on my part, I was completely ... of course I've known for many years that things were completely out of ... of control, but I didn't have, I didn't have the courage ...» (7.188-189)

"I could somehow constantly steer the show myself. So in that area I was able to deliver, while everything else was unraveled ... I mean in absolutely all other relationships, I had nothing "(7.213-215)

"so I didn't have any friends left, I mean family ... there was only... I couldn't even consider attending a family dinner any longer, I would be terribly drunk when I arrived, just a pain in the ass, I would fall asleep during dinner, I would be unkind and ... so, once again, I would be in such a reality"(7.218-221)

«the problem for me earlier on if I was confronted with myself was of course that I hated myself ...» (7.336)

"I came from a culture ... a family culture where to ... make mistakes was not particularly ... uh How should I say it ... there wasn't much patience attached to making mistakes ... ehmm .. primarily from my mother "(7.396-398)

"upper-class family, but that when she grew up were very broke and ... I mean all my mother's side of the family as they are alcoholics...all of them."(7.404-405)

«what it's about. But for me, it's ...when I was growing up it was so ... so... sve... and ... and I know more about that ... It's more to do with that uncertainty, not uncertainty about myself, but uncertainty about life as such ... I mean, ... because ... there was so much unpre... unpre... unpredictability (7.421-424)

«p: you see, ... I think that that feeling of meaninglessness had been there not as a kind of all-consuming feeling, but that I ... that sometimes there was something quite ... I was popping a lot ... a lot... of pills then to dull ... I mean ... what was what is difficult for me to say, but eh...

i: to dull ...?

p: anxiety... worry...» (7.544-549)

"for me at this time ... what was reality ... or what wasn't reality ... that was totally chaotic. I had no idea what reality was ... I knew for instance that I couldn't drive unless I had a certain blood alcohol content, because I ... my eyes would be spinning ... "(7617-620)

PARTICIPANT 8

"p: yeah, I'll try to explain how ... what it has been like for me ... I have ... I've been a .. a very very sick alcoholic ... I've been uh ... as close to madness as is possible, and probably near death too, and I have been drinking

during most of my life ... so when I came to the community I had more or less given up"(8.6 to 10)

«p: I couldn't imagine a life without alcohol, I didn't think that was possible ...

I was so addicted, and I felt that ... that it wasn't me wanting the alcohol any more, the alcohol wanted me, they just became one thing and I was condemned to having to drink, it was essential ...» (8.204-207)

"alcoholic, I noticed it the first time I drank when I was 14 years old ...I ... I ... I noticed ... I realized it right away that this was dangerous ... and every time I drank after that, ... I couldn't stop ... all the others were having fun, while I got drunk. I would always get drunk. I would always have a black out "(8.304-307)

"I think I was mostly afraid, because the alcohol took over ... and I think that for people like me, in a way you don't have a choice, once you've started drinking, when you get that stuff inside you, and this seems completely incomprehensible to others who aren't alcoholics, but the alcohol is a disease for me"(8.309-312)

«p: No ... I didn't have a happy childhood ... I didn't, I grew up in a home where there was very little love, I never sat on my mother's lap, she ... eh... I think ... I think she did her best, but she was ... eh ... she was mentally ill, and she was taking a lot of pills for her nerves» (8.413-416)

«p: it's ... the alcohol is the reason for the anxiety because you ... you do such ... you do such mean things ... and when you understand what ... when I understand what I've done, I get really scared. I've been really scared, and I've been ... eh... really scared because I've been hung over, and the anxiety really really gets a hold of you, and the anxiety in case you can't get hold of alcohol, that's a terrible anxiety ... lots and lots of fear and ... and the fear of not being good enough and the fear of not coming up to expectations and ... lots of fear» (8.517-523)

3.1.2 The Second Layer – The Omnipotent Destructive Intent

PARTICIPANT 1

"when we get into trouble, it's often willfulness that we say as a concept that I am my will now, right, I'm the one who's been off doing things and now I want things to be the way I want them to be "(line1.407- 1.409)

PARTICIPANT 2

"I thought screw this (belief in God) ... created a void I was not aware of ..." - (line 2.500-504)

«If everybody just followed my plan, they'd all be OK, and I think for me that's been a sort of key ...

I: idea

P: yes, it wouldn't be just me, everybody would be OK. (mhm)» (2. 514-517)

"there is a fundamental misconception here (mhm) (laughter) it's not everyone else's task to ... stand ... on the x (mark) that I have marked, I mean a kind of stage guide for them, but this is like straight from The Big Book ... I never had anything like that that kind of ... the way I saw it was just that I tried to be kind to people, I tried to do good things and ... be a moral guy ... but that it failed miserably and that it ... somehow that it generated not good things ... that it ... I wanted to be a ... live a useful life and be a useful person (mhm), but failed completely. and I understood that ... uh ... but I didn't understand it then ... (laughter) that was the reason, there was a perspective I simply did not have." (2.517-526)

PARTICIPANT 3

"Alcoholic ...then...then...then...then I remember he said that I shouldn't pull any of that stuff here you know, that's what you were doing with your family and you lied and stuff you can't ... you have to cut it out here. Because I was going to manipulate him too ... and then ... (mhm) ... if you can follow (mhm) this is the self-will where I am ... I'm god in my own life." (3.174-178)

"Someone who was in love with me whom I was not in love with, but I could sleep with them and promise them milk and honey and could be very cruel that way." (3.255-257)

"But I became a manager at work for over 30 individuals, and was very proud of that and was high headed." (3.320-321)

"I was a smartass you know, I sort of flattered a bit when it was needed, but I was a fake in order to somehow achieve my goals (do my stuff) because I knew it would be good. I was not honest. Incredibly dishonest in fact " (3.644-659)

«P: yes, definitely. Definitely. I suppose I was a bit ... had a few psychopathic tendencies. (pause) (laughs) wanted things my own way ... so I suppose I was eh... yes, I suppose I was.» (3.674-676)

«so I was quite successful, but it's been over a few dead bodies » (3.720)

PARTICIPANT 4

«earlier I was very much the tough guy, didn't want anyone to have anything on me, didn't want to show my weaknesses, I despised weak people, a bit like that ... had on a kind of emotional armour, so no-one could get in.» (4.556-559)

"Alcoholics have to learn that that's life, it's not a bed of roses all the time, so it's a kind of immaturity on ... yes there are a lot ... or sponsors, those who have been sober for a long time say that if you've been sober less than 5 years then you are just a kid almost ... then you have not experienced life ... one may have a lot of life experience, but not func ... but not necessarily have much sober life experience."(4.161-166)

PARTICIPANT 5

«on my own, for I was in a way still too ..., the way I see it, proud to enter and in a way to go even deeper then ... in acknowledging my..."(5.53 to 54)

«to begin to be aware of what I'd caused ... so I associated willfulness with being really aware that I'm destroying everything ...» (5.113-114)

"the way we often talk about, sly, enigmatic and powerful. If I somehow drag it ...I mean by virtue of it, and just put my blinders on, that's really what the self-will would like to do on a bad day, then it's just no to everything "(5.127-129)

"P: yes ... yes ... you can call it that, because then, kind of..., or when I drank it was exactly like that because ... what I experienced was heavier and heavier to carry... and then it was as if a part of me just overdid, but basically it was just like no, enough is enough, there has been so much difficulty, this and that person has ended a relationship, everything just goes against me, now it's my turn to get back for all that was lost, and then it was just like I ran to town and wanted to make up for my whole childhood "(5.165-170)

"At the same time, I would made preparations so that I could just run out and use, I mean ... just get completely wasted. Because I wanted to suppress everything by partying. So that ...if I dare to somehow see the full extent, of how I put the wheels in motion in order to prepare for it.... I see it also with ... when I kind of left home at age 17 because I started going out on the town I thought it was a lot of fun, but realized that it would not be very popular at home, okay ... eh ... desperate, just move away from home. I prepared for it so that I could just begin start partying exactly how it suited me "(5.355-362)

«p: yes... that's right, it's very unrealistic ... eh.... And what am I trying to say, and at the same time as there is so much power in it, things can become very destructive, I mean I know now that that's what happened, that's what I did but at that time I wasn't able to see that it was through me ...» (5.382-385)

PARTICIPANT 6

«then everything really loses meaning as well ... and it was just me having to control everything» (6.209-210)

"P: yeah ... what the will is yes ... I think that it's something about ... about having a desire to have things in a certain way ..." (6.124-125)

PARTICIPANT 7

«the thing I think is important here is that wilful, self-centred, selfish thing, all that self, self, self thing that is ... that is the challenge ... that has gone completely beserk » (7.267-269)

«that works ... how one ... one can manipulate situations when one really has no clue at all ...

i: What do you mean?

p: yes, how one can ... by switching over from things I mean, with ... people who aren't very quick ... you know, they wonder what it was he said ... then bang, it's on to something else, so (laughs) ... then they're also on to something else, right ... it's the master supression techniques..." (7.360-366)

"that remembers ... I remember ... if it wasn't the very first time I drank alcohol, at least I remember very well how it was in the beginning ... and I ... it's ... I know ... what it means to come into contact with a power greater than myself ...I mean, something that could do something for me that I couldn't do, that I know very very well "(7.435-439)

"It was never the intention, that I should drink too much ..." (7.456)

"And then she says to me, she who ... the therapist says that I think perhaps, Morten, that we should consider a longer period of total abstinence ... and it was just like that ... I just ... I ... I ... remember the reaction right away ... but that's not what I've come to hear you say ... even I can understand that, that that would obviously have made a difference in ...one way

or another, ... that's not what is relevant, I am not doing that ... it ... is not on the agenda ..."
(7.516-521)

"But the thought ... I mean I almost didn't allow the thought to inhabit me ... that I ... that I ... that I should get out of

the role I had, the role that I had really fought so much for, and manipulated in order to get to it "(7.551-554)

"P: it was there, but there wasn't anything ... there was no will for radical changes ..."
(7.561)

« I thought I was a different person from who I really was ...and the intoxicant supports that ... the alcohol, I mean ... most of all the feeling of invincibility ... megalomania...» (7.599-601)

PARTICIPANT 8

"I have done incredibly ugly things. It is so bad that it is almost impossible to take in, and then this came on top of that ... it was so bad that I couldn't put it down anywhere because I was sure that whoever heard my 4th step, they wouldn't want to talk with me anymore because it was too bad "(8.43 to 48)

«even when I was drinking, I had ... I built up this shop, but I managed to hide my drinking so well that ... oh... I was so manipulative and cunning that I managed to surround myself with people who were good at their jobs ...» (8.151-153)

"All the boundaries of all the ethical and moral boundaries, they were ... they were gone"
(8.175)

"P: yes, that's a choice I have made, and I have made a lot of choices before, a lot of bad choices ... and I've also had a higher power in my life before, which has been alcohol, and it has managed to dominate me completely, and has determined absolutely everything, and that has been a ... um ... a negative force ... "(8.297-300)

«them and they know that their mother was willing to completely neglect them in order to be able to drink ... I could have abandoned them anywhere to get alcohol ... and it's so

ugly... and it... but it ... it's the madness in the disease, that's how mad you get ... I had no willpower in relation to myself» (8.317-320)

"P: yes ... yes ... that's it ... the will that we alcoholics have to sort things out for ourselves ... it is so strong that .. I think that if we can use that will positively then that is fantastic, the one we have used in a negative way a whole life ... because we've really shown that we can ... we can manipulate the whole world ... "(8.485-488)

"I was so nasty and manipulative that it ... and ... but that is what we must, we must have control everywhere, and I still have a bit of that" (8.546-548)

3.1.3 The Third Layer – The Impotent Constructive Intent

PARTICIPANT 1

« I suppose I had the idea then that if I moved away or got a job, or got into a college, things might change, but I tried all that and nothing seemed to work. (mhm) So I suppose I felt that in the past few years I had in a way tried all of those suggest.... those supposed solutions and nothing had worked out, right, I'd had a job and been fired, I'd tried college and not been able to do it, I'd met the love of my life and it didn't work out, right, I mean I had an idea that something outside myself would change me ... eh... and that obviously didn't happen» (1.652-660)

PARTICIPANT 2

« all those things I'd tried to achieve and that I'd failed at, for example, it takes its toll on you» (2.115-117)

PARTICIPANT 3

«P: yes, it's important to ... it's important to say that when I went to AA I was mentally and physically shattered and it was my first AA meeting and I'd tried absolutely everything. I'd tried to control my drinking, I'd been to a place where I had ... where I had ... I think it was the Blue Cross where I had 3 or 5 years earlier, where I kind of in a way had to stop drinking» (3.8-13)

"That one gets a mental obsession to drink ... that you walk around and then there are a lot of people who become idiots ... your wife becomes an idiot ... the people at work ... your neighbor ..., everyone is an idiot and finally there are so many idiots around you that you

get one of those ideas that now I just have to get away and then you take that drink "(3.75 to 80)

"I was just going to spend one year developing realizing myself, and then when that year was over I had to have one more year, and then I had to have one more and then after three years she had found herself a boyfriend. And then ... I felt so sorry for myself, so I drank "(3.25 to 28)

"And you're absolutely certain that it's everyone else's fault, so it's no wonder that I drink." (3.78 to 79)

PARTICIPANT 4

"Because what I did was that I thought that if I just uh ... drink in this or that way or if I just get a girlfriend or if I get this or that, then the alcohol issue would get better by itself "(4.12 to 14)

«p: I had wilfulness, but I didn't have a choice as to whether I should drink or not, but I used willpower and my will to try and change how I drank and tried to change things in my life » (4.281-283)

“ tried to .. eh... well, I thought for example that if I move to France, I'll control my drinking and drink normally .. so I moved to France and lived there and it just ... and my drinking got much worse there and then I thought I need something else, I'll move back and change my course of study and if I could change external things then something would change with me and with alcohol and that I would suddenly be normal then. So I used a lot of energy and will on all kinds of things, all kinds of projects to save myself» (4.285-293)

"The AA, for I had tried so many other things, I had tried psychologists and antabuse and everything and it was like nothing could stop, the alcohol would always win somehow ... "(4.46 to 48)

PARTICIPANT 5

«For me, the fact was that I'd sort of, I'd had it confirmed that very many things I'd tried or put my hopes in or whatever ... had failed» (5.549-551)

PARTICIPANT 6

"p: no, because ... no, because I wanted to appear perfect probably ... yes ..."

"p: so ... or if things were ... or if people behaved in a way that I hadn't foreseen or didn't like and stuff, then it was more as if it really put me out of action ...

i: did that have to do with control or ...

p: I think so ... it says something about it on the steps too, I probably had much more control, I never perceived myself as a ... very controlling person ... because I don't think I was very actively controlling, but I think I was passively controlling, or whatever it's called.

i: mhm...

p: that I am very ... that's how I imagined it in my head, how things should be, ought to be, would be, so that it was a crisis if things didn't turn out exactly like that ...» (6.178-191)

PARTICIPANT 7

«p: not out of it ... so you see... I went to an outpatient clinic, think it was 3-4 years before the last ... then I went to an outpatient clinic in... once a week at the Inkognito clinic ... I think I went for more than 6 months, conscientious as I am, every ... once a week. We counted units and we ... I say we, I don't think ... so we ..., I counted units and I lied, right.» (7.512-515)

"p: I was admitted for one week ... due to alcohol poisoning, poor nutrition ... it was ... it was one of the measures that was initiated ... that I said yes to ...

i: why

p: yeah ... I realized it was ... the first time I was admitted was quite horrifying ... quite dramatic ... "(7.526-530)

PARTICIPANT 8

"Then my family applied for me to be admitted into the clinic and I ...I wasn't allowed to enter, I was blacklisted because I had been there so many times, because I misused them... this was a place my family used when they couldn't stand me anymore ... they would get me in there to have a break ..."(8.187-190)

«be there for 3 weeks and then you can dry out and ... and come out again. But anyway they wouldn't take me in there anymore because I was a regular customer there for a while, I was in and out all the time and I ... the only thing I thought about when I was out there was ... or I mean was out ... was a patient, was to recover enough to come out and be able to tackle alcohol a bit better» (8.198-202)

"that it would help, but it didn't help either ... there was nothing which helped because when ... when I flipped towards the urge for alcohol it was so strong that I could have just left the house and forgotten that I had kids at home ... "(8.473-476)

3.1.4 Absence of a Higher Power /Spiritual principle

PARTICIPANT 1

«P: No, I thought it was just disgusting, I had such a negative attitude to religion and Christianity and Christians that I couldn't respond to it in any other way. And I thought ... sat at meetings in the beginning and thought many a time how great AA would have been without God (right) because more people have wanted to come to AA then (mhm) I thought.» (1.285-289)

"I didn't think that God wanted anything to do with me really" (1.309-310)

PARTICIPANT 2

«because I wasn't religious or anything, it was in a way ... eh... that wasn't in my mind at all»(2.57-59)

"P: Yes, sort of ... uh ... this is how it was for me .. I remember that when I was little I didn't have a very strong recognition of it, but that I kind of had a relationship to... to God then (mhm) or to a higher power, in a way, the nature of things ...

that I related to and that I experimented with and that I tried to be with ... but it sort of disappeared ... the focus or the

recognition or the vision of reality faded out at a certain time that I can't fully explain, and that I don't really understand either. (no) Yes...

I: that's what happened then

P: yes, that's what happened and it is probably connected with the fact that I at one point no longer wanted to relate to something I thought was stupid ... I thought 'screw this', so we pretend that it is not so (mhm) eh ... and ... I think it's kind of like the beginning of the snowball (yes) eh ... but it creates a kind of void ... that I was unaware of ... "(2.492-504)

PARTICIPANT 3

«I didn't even see that it said God in the programme, so when we got to the second step it actually just says that you should actually be focused on ... I mean, you should be willing to believe in a Higher Power, so I thought I would

see that and understand what it was and started to get embarrassed when people came to the meetings, newcomers and ... don't pay too much attention to all that God talk and, right, was very ... because I was very unsure myself and in denial myself » (3.114-119)

PARTICIPANT 5

“but eh... and I don't think even I believed that it was possible to sort of meet something I could call a power greater than myself at that time» (5.12-13)

"the pain was so great and there was so much that had happened in my life that it was impossible to bear anymore ... and so there was no room for believing in something like that. "(5.30 to 31)

PARTICIPANT 6

«I think it's all to do with the fact that I didn't ... that I didn't believe there was any ... any ... plan in the world, or any Higher Power» (6.207-209)

PARTICIPANT 7

«p: yes, ..., I suppose I ... I've always had a faith ... I mean I converted to the Catholic church when I was 17 years old, ... so I've always felt the pull ..., but it's never ... it's been rituals and outer ... outer ...

things ... it's never been something that has influenced my life ...» (7.137-140)

PARTICIPANT 8

"p: yes, no, I remember I went to Sunday school, and ... but, it meant nothing to me "(8.507-508)

«before all this started to happen, I was never a spiritual person» (8.503-504)

3.2. The Awakening Core Will

3.2.1 Hitting bottom

PARTICIPANT 1

"... I had a relapse after a year and I felt so down about it and was so afraid again and thought that now I might not (mhm) I might not be able to do it, so then I came to a decision" , (l.1.95-1.97)

"that if I read the 3.step prayer that is written in the Big Book every morning, and so I did, I was so desperate that I did, I got down on my knees" (1.98 to 99)

"I think that the relaps for me was an even deeper resignation. (yes) mhm, so I think you are totally dependent on having a capitulation in order to be able to take .. to open up, that you have to in a way say that now I stop and then something else begins (yes) "(1.135 -138)

PARTICIPANT 2

"what I mean is that I sort of felt that I was 'at my wits' end' because ... am I crazy, and if I'm not, what's the matter with me ..." (l. 2.637-2.639)

"I really felt I had no control over it at all ..., and I hoped in a way that realising I had no control would change the situation somehow (mhm) but not ... eh... and then you go around kind of trying to accept that that's kind of the way it's going to be, and then you realise that I just can't accept it, and then you see that this is going to kill me ..." (2.641-2.645)

PARTICIPANT 3

"we were at my Mum's, she (daughter) was 6 years old then, and we went home again, and I had decided that I would never drink with her, but of course I couldn't, so gulped down a lot of 96% spirit, and she woke up to me vomiting blood ... early in the morning. And then I thought, that's it, now I've just got to ... and then I rang my mother and sort of said that's the end of it ..." (line 3.44-3.48)

"And I became depressed and was about to commit suicide ... and I stood between beginning to drink again, and killing myself or surrendering to this program and getting myself a sponsor ... and so luckily I chose the last. "(3.105-108)

PARTICIPANT 4

"I had a terrible last drinking binge, it was so bad that I couldn't believe I drank so much, or... (laughs) I surprised myself for the first time ... in a very long time at least ... I knew that I wouldn't drink that much ... not that way, and then ... I didn't really dare do anything else." (line 4.456-4.459).

PARTICIPANT 5

"we shared a bottle of red wine since that was what we had. Then I was standing there ..., 'but I had a black-out'... and then it sort of struck me really strongly that it didn't really matter how much I drink, this is how you react to alcohol, and then a very strong voice inside me said: if you keep going now, you'll die. And then in a way, right then, after that I think I took a mouthful and just realised that this was not something I wanted. Now I have to sort of ... now something else has to happen, but it's as if that moment was so immense and powerful, it made me stop ", (line 5.234-5.242)

"plutselig bare bestemte jeg meg for at etter det andre AA konventet at nå bare går jeg på et møte...eh... så når i hvert fall mitt store øyeblikk var den der i 2009 hvor liksom det bare kom noe som jeg opp... altså den gang da, nå skjønner jeg at det var liksom det som mange definerer som en kraft større enn meg selv da... som var liksom; hvis du fortsetter nå så dør du. Og den satt veldig hardt...mmm» (5.248-253)

"suddenly I just decided that after the second AA convention I would just go to a meeting ... eh ... so my big moment was in 2009 when, and something that I ... I mean when I was like, now I realize that, it was like what is commonly defined as a power greater than myself ... it was like; if you continue now you will die. And that was a tough one ... mmm "(5.248-253)

"now that I've been very lucky. In relation to what the consequences sometimes could be, when it could ... I mean ... when you repeatedly wake up not knowing where you are, you don't know with whom ... and it ... that it hasn't gone any further, it's only a matter of time that a power greater than me - 'this girl, somehow, really has to go in a different direction now...' which is what I experienced in 2009 when there was such a clear message, that if you continue in this manner you will die ... "(5.406-411)

PARTICIPANT 6

"and then I got caught by the police for drunk driving, I had quite a high level of alcohol in my blood..." (line 6.35)

"my children were in the car too ... eh... yes, and it was obvious I was going to lose my license for a long time, and I felt ... it felt like ... the whole situation, the whole incident felt very dramatic at the time ... getting caught by the police and being found to be ... even the police officer who caught me, he used to be one of my father's colleagues ..." (line 6.44-6.49)

"And it was ... eh... the reason why I'm telling you all about the whole episode is that that was when I sort of gave up ... because ... I felt something ... something big ... something big had changed, and that made it OK." (line 6.54-6.56)

PARTICIPANT 7

"I lost my grip on ... things ... my grip on ... that it was, it was meaningless. I was in the middle of a ... what many people would call a very successful career, and had never earned as much money as then, and it was sort of ...everything was very kind of glamorous on the outside, so there was sort of no ... there was no outward sign of me going downhill in my life ... but my life had no meaning any more ... it... it was ... it was a surrender ... that's what it was ... not a surrender, more a kind of giving up ..." (line 7.45-7.51)

"And then ... I knew it was going to happen one way or another because I had come to the stage where I didn't eat anything, and I knew something was going to happen ..." (7.570-572)

"if I remember correctly, it must have been 10 or 11 days after that admission I was with 2 others from that place and I suppose ... I would say that I had what I would call a nervous breakdown ..." (line 7.65-7.66)

«p: It gets to the point where I reach bottom, it's also ..., it's painful, recognizing my hopelessness, it's painful to recognize that I'm hopeless ... it has been terribly painful for me and then ... when I'd been sober for a fairly short period when all this emotional flabbiness ... I call it emotional flabbiness, came up ... in me ... I mean all these anxieties of mine, all these things that have been completely submerged in alcohol for years ... when it came up in me ... and I didn't have ...and there ... there was no question of doing anything to get out of it ... except take it ... it was painful ...» (7.762-768)

PARTICIPANT 8

"as I began to come back down, (I realized) I sort of had ... I had gone to such an extreme, I couldn't go any further. I had given myself such a scrape, and I was so ill, and I was so worn out, that when I got into the community and got outpatient treatment at the same time and accepted all the help I could get, I was willing to do anything." (line 8.257-8.261)

3.2.2 The New Core Will – Potent Constructive Intent

PARTICIPANT 1

«I think I was quite willing when I joined AA. I mean, I went to a lot of meetings, I got a sponsor (mhm) started to do service, in a way I had nothing when I joined AA so I was quite willing to ... and I didn't have a job, no college to go to, nothing, so the only thing I had was to go to a meeting in the evening and I actually liked that, I liked going to meetings, so I ... so I was quite willing ...»(1.174-180)

PARTICIPANT 2

"and .. um ... for me I thought that this had to work ... uh ... I had read The Big Book already by the time I made contact and I got myself a sponsor "(2:11 to 2:13)

'main concern when I got started on the job was that I wouldn't do it well enough because that was it ... that was like how things normally worked out for me.

So I was very ... I... I'm thinking that that motivation was very important for me and that my life depended on it. (laughter) « (2.18-2.19)

"P: Yes, that's it, and it's kind of willingness to ... I perceive it as a central part of ... there is such a degree of wholeheartedness ... I mean ...

I: devotion ...

P: Yes, yes indeed, that I think is important and I thought that part of it or at least what is associated with it is in a way the willingness to look at everything ... "(2.266-270)

"we use God as I understand God (yes) as a rationale of thinking because it is like what they write that in all men there is a fundamental idea of God that can become distorted or may be off course or you may lose sight of it through hardship or discouragement any other kind of circumstances, but that it is still there and if one only has a small piece of it then at least that is a place to start (MHM) "(2.34-38)

"... but I think that it is of more importance that the genuine will to listen or to do something different (yes) is more important than that ... eh ... self-improvement ... right ... that it isn't as much about mastering oneself, as it is to find out what to I am ... what I should I do, in a way (laughs) "(2466-469)

"willing to take the heavy road for some reason (yes) but ... it became sort of a (laughter) very heavy road. No, I mean ... it was not that ... that there was a road at all just disappeared (ah) eventually ... (yes) there was just so much pain no matter where I turned. It created such desperation" ... (2.508-511)

«You can deny a lot of things then, but if you get desperate enough, you'll be sort of ... you'll be willing after all ... I'm thinking that's because it's a natural part of us then» (2.530-533)

PARTICIPANT 3

"on the airport express train to Arlanda there was a kind of article on ... an advertisement which said that 97% of the world's population believes in one or another force, some kind of God or someone ... then I thought ... shall I be one of the 3% who believe ... who isn't willing to ... should I just be willing to believe ... I ... that I wouldn't even believe. And that was what untied things for me .. "(3.128-133)

"stop playing god yourself and perhaps begin to believe in a god (yes), right? The important thing is that you stop being god yourself so that you open up ... and it really is a decision that now I will begin to look at my character flaws ... and that was where the solution was"(3.179-182)

«For my head ... when I joined AA it was as if my whole head was like a block of concrete being hacked away at and then suddenly some huge lumps break off and in the end it's completely open ...» (3.799-802)

PARTICIPANT 4

"always ... uh ... and then I got what we in AA call a sponsor, this is the person who helps to ... helps the newcomers to do things ... and then I got started, and I read ... we read The Big Book and took all the steps "(4.48-50)

"power so that when I arrived at AA it was probably more about giving up ... or using my will on useful things ... using ... everyone has their own will, but the alcoholic, or I had to realize that against the alcohol I didn't stand a chance. willpower and determination and all that ... eh ... you can for example use it to train for running a marathon, on useful things, but it doesn't help on alcohol. so... the first step must be that thing about giving up alcohol ... giving up believing that you can control your drinking ... and giving up eh... believing that something can help ... or that something outside you will fix it ... eh... so...» (4.305-310)

«it had been at the back of my mind for a few years that maybe ..., no, I can't go ... like that (laughs) and in the end I just did it (looked up AA). I'd had lots of therapy, yes, tried everything» (4.459-461)

PARTICIPANT 5

"but when I come to AA I somehow manage in one way or another to capture a time in life, longer than even before I started drinking because I was so desperate and tired "(5.55-57)

"So that when I arrived at AA and had heard a little about it beforehand, but was somehow convinced that I would be able to manage on my own, eh ... I simply had to capitulate and go a lot ... a lot of fear ... it was as if something really got a hold of me and I thought I just couldn't handle life at all anymore ... because I had quit drinking before coming to AA.

i: for how long?

p: I had quit for almost 2 years, so I ... and when I then arrived at AA I realized that I was on what I call "the dry drinking" "(5.71 to 78)

«you put the bottle down, you start to work the steps and then it's like, you're on your way ... and again it's how your body and soul maybe suddenly understand that this person is sort of willing to wake up» (5.690-693)

PARTICIPANT 6

«When I was there, I did everything they said I should, I knew that I just had to listen to what other people said was a good idea now ... did everything by the book and ...» (6.67-68)

"It was extremely exhausting to be there ... and it's nothing like ... there is ... a full program from early morning to late in the evening with group sessions and things like that, so it was very tiring, but ... I realized that it was something I needed ... but ... perhaps one doesn't place much of an emphasis on the spiritual ... at places like that, but I continued to attend

the meetings and I had my sponsor and I talked with others and ... the part about starting to pray, using prayer ... "(6.73 to 79)

PARTICIPANT 7

"when ... I got the message from home ... it ... it ... I look back, but ... the clarity, that there was never anything

like 'what do you mean by that', where, that it was just like, 'yes of course, that is probably the best for us all', it was a bit like that ... without any underlying tone or anything like that ... that ... eh ... for quitting my job "(7.196-200)

PARTICIPANT 8

"during the first few years I attended all the meetings that I could get to. I attended at least 4-5 meetings a week, every single week and I traveled around, I had people in the community here in (...) who brought me with them and what I realized those first few weeks, the first few months I realized that if I went to the meetings I would keep myself sober."(8.20-24)

"I accepted all the recommendations I received, no matter what people said I should do, if it could be sort of ... for the benefit of my sobriety I did it ... I did everything, I went to the meetings, I went to the correctional services as a freely every single week because I had lost my license for 5 years, I went to a psychologist, I went to a priest, I had filled up all my days"

«so when I joined the community and went to an outpatient clinic at the same time and accepted all the help I could get as well, I was willing to do anything. But I didn't really quite understand which order or ... how I should do it, but I was willing to do anything to calm my anxieties, and I was so ill» (8.259-263)

3.3. The Will Dynamic in Change

3.3.1 The Role of the Fellowship

PARTICIPANT 1:

"yes, and then I think the meeting with that place (12-step clinic) was when I understood that there were some people who got themselves out of dependency", line 1.22-1.23

"in AA, there are many people who remained sober over time (mhm) so I figured that in a way that eh ... that this was something .. and then I thought it was very strange that people could stay sober and drug-free in the middle of town (yes) that was also a new aspect for me, this was not my experience ", (1.69-1.71)

«so that was when I saw for the first time in my life people who had ... that I at least trusted had been sober and clean over time, and that made an impression.

I: how did that change you?

P: I think it gave me hope and it made an impression because I saw that many of them had been in a far worse state than me, right, so it sort of gave me ... I saw that it was possible.. (mhm)» 1.77-.83

"P: and I noticed what .. that many of them were doing well, I had a notion that being sober was something quite sad, isolating and lonely, so for me to see that there was a community and that people took care of each other to a certain extent and that there was a place I could go and stuff, it took the sting out of the total isolation that I had envisioned for myself"(1.84- 88)

PARTICIPANT 2

«I was very.. I was very interested in what the book had to teach me, was interested in other points of view to sort of help me move forward» (2.177-180)

PARTICIPANT 4:

«it has been very important to me to hear other people talking about alcohol and that they couldn't ... eh... and that it is possible to live a good life without drinking, because for me that is.. was actually unimaginable» , line 4.314-4.317

"it is very important for newcomers to know that those who are sitting can relate to how they are feeling, that they know ..." (4.486-487)

«I could sit at meetings and they told ..., even though I hadn't said anything about myself, it sounded like they were saying what I was thinking, they were telling my story without me having ... they could also be people older than me ... a 60-year-old could tell a story that sounded very familiar ... so it was really important to have ... that there is a community and that there are shared characteristics, when people drink and can't get out of it, that there are shared thoughts and feelings when you drink, and delusions ... so...», line 4.504-4.509

«to remember that I'm an alcoholic I have to speak with other alcoholics ... mmm ..."
(4.512-513)

"if I didn't go to meetings and meet newcomers who I can recognize myself in for instance, then I think that I could forget my story, because they are the ones who ... it is the new people, or it is the others in AA who keep it alive in a way, because I don't go and remember how it is to drink every day. Others have to tell me what that is like ... "

"it's hard to be sober on your own ... there are certainly some who manage, but ... for me there must be a community," (4.530-531)

"good friends in AA, and it is the first time in my life that anyone has said that, you are good enough, that's it. so ... you're a great woman, and now you have to get yourself up again somehow, because there are other women who have been far down too, who support each other ... "(4.579-582)

PARTICIPANT 5:

"for me, the meetings are so important in order to listen to what others, those who I can recognize myself in, because then I understand more of myself.", (5.105-107)

"eh ... but the community was certainly the greatest power in the beginning" (5.152)

«but just sort of like daring to identify with someone, daring to see yourself with something larger. And to be able to see, okay, when I go into my will that way, it doesn't do my life any good, when I do this, preferably in community with other people, my will becomes something completely different, something sort of more functional in my life.» (5.300-304)

"so it's a bit like actively choosing not to stand there and cultivate the old bad stuff ... for me that's about , it's very much a kind of an identity thing and how I sort of this happened to me, but that's not me. So the will for me is like when I manage to separate myself from a couple of things and it's like I'm standing outside myself a little, and I dare to sense and observe what's happening ... "(5.315-319)

«I see now that without AA and the programme and the sponsor and making the journey with other people, I don't think I would have been able to capture that power in that will and generate it into something else. I mean, for me it became a very important guide ...mmm», line 5.425-5.428

"so there are also a few aha things that I really just ... when someone said ... shared about it at the meetings it was just like ... yes but it's ... it's me ... and it's like that for me as an alcoholic, I experience it in very many others that they have to sit and sense all the time, that's how it is for me, yes, it's like that for me, and finally it starts rolling more and more in ... but then it's a matter of time" line 5.446-450

PARTICIPANT 6:

«I did everything they told me to do there, I realized that now I just had to listen to what the others said was smart ... I did everything by the book", line 6.67-68

«but the most important thing for me at the beginning of my recovery and the most important thing now ... it was important to me in the beginning to ... I mean, the ... the community that you have ... at a clinic, the community is extremely, eh... and at AA that kind of community is there and is very important. It may be more important than anything else ... », line (6.365-368)

"I remember from some of the first AA meetings I attended that there was someone who spoke about that if you have a certain disease then you take your medicine, and ... since I'm an alcoholic my medicine is going to AA meetings. But it actually feels a bit like that, that ... that ... that ... it's a ... that you become ", 6.414-418

"why it (AA meetings) is important to me ... I don't really know, it just ... it's just a ... yes, I just know that it's important. ", 6.421-422

"really ... like ... eh ... I don't think that it's .. that it's ... the need to be social that makes the meetings so important, at least not to me. It has something to do with ... it's ... but it's something with... it's something about ... having like-minded individuals, that it's like you almost hear your own stories being told ... ", 6.437-440

PARTICIPANT 7

"eh ... I've always had a sponsor ever since my first day in AA in Oslo, in the community in Oslo, I've had a sponsor. "(7.161-162)

«never been in doubt that I would keep going ..., I never ... I have to say ... I have never been in doubt ... not about being in AA, which has sometimes been a bit ... eh... been a bit ... challenging... because I didn't get my own way ... (laughs) ...or about stopping working with .. keeping to the programme ...» (7.783-786)

PARTICIPANT 8

"my whole body screamed for alcohol, but I figured that if I was there then I was safe in a way. So I didn't dare to leave these people, I didn't dare to leave the arena and ... I listened to what they said, I tried to follow the recommendations that ... that they gave me "(8.25-28)

"to me God means alot, combined with a few other things, combined with the community, combined with the good guides/supervisors in the community" (8.106-108)

p: yes ..., that you don't have to make believe ... you ... you can give love and you receive love ... there's no other place where there is so much love as in the community "(8.367-369)

"in hindsight I see that it's my Higher Power that ... that has led me there ... and ... because the minute I entered that room I realized that I had come home ... that there was ... these were the first people I felt I could trust and who could see me for who I was, and even with all my nasty thoughts and mean behavior I felt worthy of love for the first time ... eh... so it's ... I realised as soon as walked into the room that that was where I had to be, and I almost didn't dare leave again because I felt straight away that this would be the saving of me» (8.10-18)

3.3.2 The Cultivation of the Core Will Dynamic

3.3.2.1 The Shorter Path

PARTICIPANT 2

«I'm thinking that the genuine will to listen or do something differently is more important than all that ... eh...

self-improvement ... right... it's not so much a question of having control of yourself, it's more finding out what ... what to do, if you know what I mean (laughs)» (2.466-469)

"at least in the early days, the first couple of years in a way I would want ... would want to have clear answers eh ... directly into me. As if the other part was redundant (yes) if I wanted it to be like that eh ... but ... eh ... I am happy that it's not like that ... that there is something that complements ... "(2.570-573)

PARTICIPANT 4

"p: yes, that was correct, because ... uh ... if I think about it ... the first period is slightly different, I had so much resistance to it because I thought for example that I hadn't lost it all, I'm not like the typical way that one thinks that alcoholics are ... lost his wife... boat ... the house ... you name it ... all that, but yes "(4.339-342)

«p: well, I'd been there six months and gone to meetings and ... thought that this wasn't for me because I couldn't do it, or I didn't understand what everyone else understood eh... then... but then I ... I had that experience, and then ...» (4.415-417)

3.3.2.2 The Longer Path

PARTICIPANT 1

"I think that on one level I was.. could take the pain of going through a personality change. Because I.. I.. I think many people aren't capable of tackling the change because I think that trying to go clean with the kind of baggage I had meets so many obstacles and you meet some cards in life that you can draw all the time if you want to, and I think many of us meet so many attitudes in ourselves, (mhm) way of thinking, way of.. right, lots of life patterns that have developed and that have to be sort of unlearnt and I think .. I think that staying in the process ... I think that's pretty tough if you know what I mean!» (1.188-195)

"I believed for quite some time that I wasn't good enough for God and that I wouldn't be able to deal with all these ideas that once I confessed a belief I got all these ideas in my head that now he's kind of got this 'to do' list" (1.317-320)

"it's when I go out of myself and go to ... take the phone or I ask for help or I pray to God or, when I go .., when I open up to something other than just me and my thoughts (yes,

precisely) then it's The 3. Step and it kind of becomes more like an experience when eh..that it's nice and good to hand over"(1.113-116)

PARTICIPANT 3

".. I hadn't, during the first 6 months, discovered that it said God or anything because I was so preoccupied with myself ... and that I was doing well, so I didn't even notice that it said God in the program .. "(3.112-114)

"P: well, I had started to .. to .. to .. so if I am to do a self-examination in The 4th Step on myself then I can't have my will in place, I have to leave it behind me so I can open up, so that I can look at my own character defects" (3.149-151)

"I was 100% certain that I would open up to look at all my character defects. (yes) Do you know what I mean"(3.159-160)

"but, like, it's, for me it has been ... it's been a process throughout/all the way, a workout, at the same time as I've been praying, right, and especially after The 5th Step where The 4th and 5th Step "(3.355-357)

"could only admit something to him. And then my purpose was ... I could have gone there and been angry, but I opened up to admitting my mistakes, I was willing to make amends. "(3.431-433)

"P: yes, ... it ... it ... in other words, I think primarily it's that I'm willing to take a look at myself. I'm willing to look at, maybe there is something here in a way, that I am willing to look at.

I: is it like a continuous vein?

P: yes, that's probably what it is like all the time. Today, in any context, I analyze it here.. here within myself "(3441-446)

"it's by prayer and meditation and every morning, every night, at noon you have to go through if you've been selfish, egotistical, stuff like that the wholeway, right, and then you have to help other people, not just alcoholics "(3.457-459)

"P: no, (pause) I probably had a bit of a tendency in the beginning where I would dream of winning the lottery, and I have rationalized that away "(3.768-769)

«So it can take time, there are so many things to digest that surface when you finally open up that wilfulness. (mhm) You've locked wilfulness down so hard and then when you want to open up a willingness towards God a lot of stuff can come up that you have to work through» (3.803-806)

PARTICIPANT 5

"then that's how it was, I am unable to meet myself, I mean, and ... and ... where again it's just as if I can't meet a power greater than myself. But by almost reversing my thinking, if I go out and meet it first ..., ... a power greater than myself, then I come back to myself in a way. "(5.81-84)

«at that time I had started step work, as I had chosen to take a sponsor straight away... eh.. so... it's sort of being aware that when I entrust something, have the courage to let people in, then slowly but surely I felt a change and I dared to trust the change. So it was very effective for me and sort of choosing a standpoint, but also visualising it in a way, for myself» (5.145-149)

"p: yes ... because it's like, for me it has been like, somehow, from going for so many years and just knowing that there is no hope, then it was just like being able to ... after a while I was able to dare to challenge myself based on a more positive direction, really ... mmm ... "(5.157-160)

"I had to stand and watch, yes, it's about not just looking at these wounds of mine, but actually saying that these are my experiences, I choose to somehow ... with my experience of how it used to be and how I use my will in that way, dare to turn it around and somehow look elsewhere"(5.311-314)

"for a long, long time ... and For me in the beginning it was just like I became/ was almost desperate to notice just how much fear I really had, but I just had to dare to want to stand there, because now I can see that I kind of had to go through yet another layer of the fear ... and for me I imagine that the more fear, the more self-will you generate... they just stick together. Because you are so desperate by the fear that you somehow, you have no choice almost, you feel like you just have to use your will somehow, everything seems completely impossible to be in ... mmm.

i: And when you say; use your will, it means wanting to get away

p: then I'd want to get away "(5453-461)

"suddenly it dawned on me, that this here, I can't believe that I am mastering everything on my own, and I can't believe I'm going to have a good life, if I end up in such a state, with some kind of idea that I'm alone. So it was really about making that specific choice that now I have to dare to have some people in my life and tell it all ... and that ... then again it is only, the hope has only gradually in a way just risen and risen"

tried to somehow surpass all these wounds I had then, right, it's almost as if the easiest way is to simply dare to show your vulnerability, but it was ... just as if that was completely impossible ...

i: because ...

"p: because ... I mean, something comes some with fear, there is something there ... eh ... again it's like if I show my vulnerability and I somehow believe that the whole abyss will open then there is no one who can save me ... "(5.726-734)

PARTICIPANT 6

«and it's very important now as well of course ...eh... and ... it was also important to me in the beginning to have ... to set off a lot of ... prioritise, you might say ... set off a lot of time to at least ... to ... understand ... the steps, right, understand the programme and work on it, like step 4 is quite ... can be tiring and a bit time-consuming to work on ...» (6.365-373)

PARTICIPANT 7

"p: no ... first of all, to me it's all about the 3rd Step ... the decision to entrusting my will and my life to God's care.

i: yes

p: something that I always focus on with mine, and that they always focus on with me, is that ... you can't ... you can't make a decision in relation to nothing, a decision must be made in relation to something ... so what is essential before making that decision, as The Big Book describes, 'we would really consider something before we made the decision', that is the work we do put into it before we do it, before praying this prayer together ... "(7.673-681)

«It's the foundation, the fact that I can identify myself as an alcoholic, or that I'm not ... and can go somewhere else ... (laughs)... and seek help ... the fact that I'm willing to believe that

what ... some ... oldtimer or people with a few years' sobriety sit and say at the same ... every single meeting ... it's possible to make your life whole and be healed ... by coming into contact with a power greater than yourself ... not right there and then, but trusting that it's possible for me too.

i: yes

p: and exactly because there are sides of people, certain stories I recognise that ... and then I'll ... like in a ... in a ... what my wilfulness is ... when those three things are in place, then I'm thinking that it's not ... then I'll be ready to take this decision to entrust my will and my life to God's care. For me, that's what the opening of recovery is ...» (7.684-695)

"i: when you say that you must discover what the will is before making the decision ...

p: understand what ... what is mine ... is my will ... what is my life ... what is my will ... I mean ... its about all my opinions ... all the views I have about everything especially about all the things I don't really care about at all, ... "(7.709-712)

PARTICIPANT 8

"one thing I couldn't agree with, it was this Higher Power, and I felt that it irritated me terribly every time it was brought up, that this was God's doing and we had to surrender ourselves to God so that ... I just didn't get it, and didn't want to do it and I just thought it seemed silly "(8.29-32)

"an elderly man who got annoyed with me and said Rita your not supposed to argue with the program, your not supposed to argue with steps, just do what it says and then I just felt I could respect it" (8.37-39)

"then I started going to the parish priest and I told him who I was, how I was doing and why I came to him, I said that; I come for two reasons, firstly I would like to lay down all the ugliness that I've done here, I'd like to take The 4th and 5th Step with you if you will listen to me, and then I'd like you to tell me about God, how I can pray and how to approach a Higher Power "

«lært meg til å tro på... på... en bibelsk gud i den forstanden, men det var rett og slett en Høyere Makt slik som jeg kunne få lov til å oppfatte Gud som jeg da omtaler som min far» (8.80-82)

«I went out and looked for help because the wise ones, I almost think of them as the oldest in the community, they ... they talk about God and that you have to entrust and ... I've always thought that I have to follow the people who've gone before me, I have to watch the people who succeed and try to do what they do, and I thought that a lot to begin with ... (laughs) that if I did exactly the same as them, I was bound to make it» (8.123-127)

"I was so terrified of relapsing because I know that this time it would be so ugly that it would probably have been my last ... "(8.128-130)

"it probably took me two years to think clearly, I think, but in those first two years I did a lot ... I was constantly trying to seek the truth somehow and what I could do "(8.265-266)

"there was so much that somehow revealed itself to me, that was like so clear, that this is ... it is my path ... this here is this here is the way I should go ... I think ...

i: this here ... what do you mean?

p: I mean having faith ... surrendering to a Higher Power ... "(8.280-284)

«p: I think it's an amazing step ... and maybe think through what person ... who I want to be, how I want to see myself ...how I want others to see me ... what faults... what things about me are downright horrible, what I have to try and work on» (8.560-563)

3.3.3 Conversion to a Higher Power

3.3.3.1 Rapid Conversion

PARTICIPANT 2

«I thought that if that's what it ... if what it takes is that I in a way, that God saves me from fate mmm... then that's fine by me ... eh... so I said that prayer after Simon had said it in a sincere way without ... I didn't know if anyone received my prayer after I'd said it, I just wanted to imagine a kind of cloud in a way, but eh... as soon as I'd said the words we just sat there and then it just sort of hit me ... eh... and then ... it was very ...eh it's the kind of thing that's very difficult to describe in words , but it's .. I really felt that what I hadn't sort of had any relationship to before then that was God was in a way in me and everywhere, a strong feeling of warmth and ... yes, a sort of basic feeling of safety and that what I had ... that was painful in me then, I was very depressed when I'd first come, that it was just sort of sucked out of me and disappeared.» (2.60-72)

"P: just like we are sitting now (mhm) because it was such a crazy sense of happiness and ...

I: ... so that you were touched by it and ...

P: yes, very, very happy, a kind of happiness (yes) that now it is all over in a sense or just 'everything is ok', everything is better than I had dared to hope for, in a very like, yes in a eh ... a very kind of trustworthy way (laughter) that was completely eh ... new to me

I: mhm

P: So it was in a way, it's kind of from that day on that I have considered myself free from or that I have got out of alcoholism. "(2.76-83)

PARTICIPANT 4

"So I gave up alcohol and I think that when God or The 3rd Step, or it's a bit hard to explain, or I was helped to give up alcohol through a higher power (mhm) so I gave up that choice, that I had to drink or not, if that makes sense. "(4.13-17)

"p: I had prayed for ... no, I hadn't prayed for it, but I had prayed to God so that I would stop thinking that I would be able to drink normally one day"(4.419-420)

"so that's the thing about AA and perhaps with The 3rd Step or really The First, Second and Third, is that the choice is taken away.

i: for you

p: yes, and that is why I'm not drinking anymore, that is exactly it because I have given the whole issue of God (mhm) or God or Higher Power or whatever you call what I have called the universe, for so long, I call it God now for convenience sake, but the entire issue of whether to drink or not, it no longer exists in my life, and it is thanks to, yes ..., I had an experience that I can tell you more about later when, but that I feel eh .. my choice disappeared somehow within 5 seconds ... "(4.29-37)

«there was a slanted ceiling, like the one here ... there was a kind of light that hit me right here on my forehead ... (laughs) ... and then it felt like the light continued down into my body and that I had a ... had a light in my body ... that just stayed there ... and when I went out ... or when I ... too... it was just as if I got some kind of energy and that eh... this ... this hole in here or whatever it is, it wasn't there any more ... so it was eh... and the need to drink ... or the basis for drinking was gone ... (mhm)» (4.58-63)

"p: it was like a kind of bomb that just blew away everything ... (laughs) ... everything that I had thought. So, yes ...

i: but, it blew away the right things, it sounds like, it didn't blow you to pieces

p: no, no, but it took away a lot of what I had thought, that I realized were like wrong thoughts ... "(4.425-430)

"P: totally like that ... I still don't know what it was ... maybe it was sort of like how the brain or ... people have different ways of looking at it, but at least it changed my whole way of thinking, and it was just like there was something ... that I could feel the changes happening ... something opened up somehow ... "(4.69-72)

3.3.3.2 Slow Conversion

PARTICIPANT 1

«The New Testament, I don't know what the structure is or how it's built up so I just pick a random page and the text is about forgiveness. And that's actually quite amazing. It took a long time before I understood how amazing that actually was. So I thought forgiveness and all that, I'm sure that's great, and I let the Bible close again and put it back on the shelf. And I do this several days in a row, and the same theme comes up every time I open it. (wow) That's forgiveness.

On the fourth day, I just went (thought), oh give it a rest, and I sort of flipped it closed and just put it back on the shelf and then I sort of thought , no this is sort of .. no, this doesn't make sense in a way.

I think I just put it out of my mind for a while and then it suddenly came to me what ...I suddenly understood what the (message) message was ... (mhm) and maybe a month or two later I understood .. that it was a declaration of love from God, (mhm) and that understanding just fell into place ... and I wasn't practicing in any way at that time.

But then ... then I understood that it was .. I suddenly understood that God wanted me to be OK. So when he talks to me about forgiveness, it's so that I'll sort of be OK.

I; right

P: he doesn't just set me free, he also sets people who have a grudge against me free. And then, when that began to sink in just as a sort of theoretical understanding, I understood that God doesn't just love me, he actually loves the people I connected the grudge to too, and I felt that it was sort of ... well, it was pretty amazing, to put it mildly.» (1.507-529)

"it was very powerful (mhm) so I think that at that time there were many who thought that Victoria had been saved.

And I get it, because there was this enormous, I mean, what was so immense was kind of the feeling of being seen and of being loved. And that's it somehow. "(1.562-565)

"that's when I kind of realized that I was forever changed in relation to my view of God, and I thought ... maybe I'm lucky .. I've kind of been allowed to experience an intimacy and at least felt .. I felt it throughout my body "(1.569-572)

PARTICIPANT 3

"it is written in The Big Book, that when you take a 4rth step you get better physically and mentally. (mhm) and that was what I did. And then that power flowed towards me... here ... there is something here, something big ... », 3.250-253

"P: that's where (in The 4th Step) that I feel that I've decided to open up to it ...

I: yes

P: right, then somehow, I cut my own will away to be able to look at these character flaws of mine, and that was when it somehow, for me it flared up somehow that there was a force here ... there it a force in the process ... and I prayed, and

I felt much better off immediately. " 3.265-270

"P: Yes, but it was much safer ...

I: much safer

P: much safer, right, now I had something in me so that I wasn't alone ... that no matter what I was never alone. (mhm) and then like really ... it ... it ... it got stronger ... it got stronger, when I took The 5th Step, immediately» 3.273-277

« Women... women... after her, and my wife, they were disposable objects. Had terrible ... for all these things, so I saw clearly in step 5 I was taking for myself and I should be sharing with him. And when I'd finished it I felt that I'd got a kind of awareness of God with that power whatever it was, and that there was some kind of God that was so strong and this, it was ... I can feel it now ... I get so emotional about it and it was such a strong experience for me that I'd found the solution ...» (3.299-305)

PARTICIPANT 5

“gradually the more I listened ... listened to other people I mean ... It’s just as if a gleam of sort of just capitulating began to come ... in a way, I suppose I understood that it couldn’t really get any worse ... and then a little gleam of if I was willing to maybe tolerate myself ... and not least have the courage to sort of take a standpoint, I can trust in something greater than me ... because again I hear others talking about ... and again those who are further on than me ... ehmm... and ... I think ... or at least after that ... I mean, the fact that I began to understand that behind ... that alcohol again, it’s sort of, it’s sort of a question of putting the bottle there and having the courage to meet what’s behind it.» , line 5.133-5.139

"p: yes, so in many ways it's very big, and some days it's sort of like ... is this possible or is it just me going crazy. (laughs) And these are the questions that I kind of dare to ask myself, I don't dare to talk about it with others, but ... but I realize in a way that it won't drive me crazy, on the contrary (mhm) ehm ... and that it's in a way those people who are so calm, they are probably already there ... I mean for me it's easy to imagine that those people who go to church ... that this is what it is like for them ... or they resort to other religions, it's kind of natural for me to see that now, at the same time I also in a way understand that something good has been with me all the time "(5.20-27)

"in the beginning it was just like that's just the way it was, you feel like you want to pull the neck of the sweater over your head, and just ... I am so horrible ... was my feeling, that self-will in a way ... it was, that way ... or like that ... it's like there is a kind of a resistance like, I could almost only identify the part of self-will that had dragged me for so long into the sort of drinking situations.... "(5109-114)

PARTICIPANT 6

"and ... and ... I had to sort of just drop everything ... and I managed to do it.

So in a way I kind of felt that I ... I handed over my will and my life into the hands of the clinic ...

i: yes

p: and it was okay, and it was the beginning of my ... er ... on that I ... quit

being the top leader of my own life "(6.61-66)

«p: yes, it's a bit how I see myself, you might say, maybe I ... for example the fact that I recognise that I ... I think that, ... starting to ... starting to believe, as it say in step 2, right ..., actually starting to believe that there is ... that I have a Creator, and that there is a Higher

Power and that there is a God ... that I am a human being and that I am eh... a human being just like other human beings and that I am full of faults ...» (6.159-164)

PARTICIPANT 7

”But the people who were there then realised what it was and I wasn’t given any medication. So the only thing that happened was that people took care of me and ... people ... eh people knew what had ... had... had ... happened... (pause) that was the moment.” (7.70-7.73)

"the strongest manifestation of that there is something that was like a nightmare in my life ... not throughout the whole period until I was 49 years where ... where ... I ... uh ... didn't drink anymore, but at least the last 15 years and ... and ... of all these years of drinking, then ... then it wasn't the thoughts it wasn't the drive, this ... obsession, now I'm not talking about the obsession that ... that ... you often talk about in AA, but this ... complete focus on alcohol ... this logistics problem with alcohol ... (laughs) ... that permeated everything, it was not there anymore ... "(7.27 to 34)

«I had a kind of decline in my life in external terms ... but the meaning fell out of it ... it...it was ... it was a surrender ... that's what it was ... it was a, not a surrender, but more a kind of feeling of giving up ... And that's ... that's ... that's what I exp ... what I today ... now I'm back to using slightly different words for it, but I mean that it's ... the moment really when God touches me ... I mean I experience it as a complete standstill that is the moment touches me, that's the moment God actually gives me hope ... that I can ... that I can stop. I can stop ... and something else can take over» (7.49-56)

PARTICIPANT 8

“when I managed to pray, ... and get into contact with my God, I also managed to let go of that insane fear that I had had for so many years because I had been so terrified, an my head was boiling so much that I needed help to let go of all that chaos of thoughts in my head, and as I practised every day, day after day after day, I prayed the same prayers, I often said the same things, it just let go ... it let go ... it let go ...» (8.93-98)

«think he showed me so much respect and he ... he took me to church at noon, opened ... eh ... the cathedral, put on his cassock and ... and lit all these candelabras and then ... and then ... he gave me forgiveness there and then in front of the altar while I was kneeling and it was so ... it was so incredibly strong ... and just that is enough to become a believers of ... "(8.273-277)

3.3.4 The Will Complex of Substance Dependence Post Conversion

PARTICIPANT 1

«P: Well, the way I think of self-will and a Higher Power is that I at least am the kind of person who wants to try myself first, that's just me, anyway I try to understand things and do things myself

and I think in a way I eh... I've learned to turn to God, but it's often when I can't do it myself that I turn to God (mhm) and that's the question I keep asking myself, 'Victoria, what about kind of starting in the other corner',

but then I see it's only a thought, but not necessarily an action I can do because the instinct to do it myself (mhm) takes over pretty quickly » (1.847-858)

“even though I know I'm not materialistically inclined I've always like gone along with it... gone along with something that I maybe don't... do I really want to, or, like... so like I've just unknowingly like slipped into it you know” (1.889-892)

PARTICIPANT 2

«I'd say that before I had that experience I would definitely have been able to talk about self-will as an independent... what's it called... entity... something that exists omits own, sort of , But I'm ... not sure... I don't know if that's right now » (2.97-99)

«but that you try ... and a lot of the work is like ... mmm... a lot of the work is to try to be in that state of preparedness or something and in a way or what's it called, attentive (yes) rather than identifying what's what, sort of.» (2.273-275)

PARTICIPANT 3

«(mhm) if you understand (yes) but it's there, latent (mhm) so I have to all the time, it's a life-long process, I have to look at myself all the time, and I've been in a period like that now ... where it could all have gone wrong if I didn't have contact with that power .» (3.466-469)

«But if I sort of think that I ... I'm getting better, I can stop going to meetings and don't need to do service and now I've been in it for so long I don't need to pay anything in the 7th tradition and that kind of thing, the I've, I soon get into difficulties. And I won't relapse tomorrow, I know that, but if I stop I don't know what will happen in six months, a year, that's why it's so important for me to stay in the process and experience the contact with my power all the time. And it will disappear if I start to cheat my way around it. And

start doing egoistic and selfish things and... and... sort of ... so so... so it's dangerous for me you see.

I: how long have you been sober?

P: 17.5 years» (3.524-534)

“When I had it the worst with my significant other I could say: “Oh, I don't give a damn, I'm just going to leave so that I can live in Spain for three months and then kill myself”. That's the first thought one gets. Previously I would work through that thought, but now it's just “That's enough from you, why don't you, maybe you should meditate or maybe pray a little...” (3.881-885)

"p: I don't know what it should be ... I ... I feel that I (sigh) I notice it myself when my self-will, like today? Now you're on the wrong track, so now you have to help me ...

i: Yes, so you catch it ...

p: Yes, I catch it very early, and then I can take a walk to the bathroom or or something else and then I can sit there for half an hour. So there are many who are wondering what I'm doing on the loo. (laughs) and I know there are others who go around the house that way, but I just go and sit down on the toilet, and then I sit and meditate and work with it.

i: until you are finished?

p: yes, I somehow feel that somehow now I ... now I must go on somehow now ... what I feel ... it's like ... it's important to stop that thought and then try to do something about it before it goes too far ... it can be many things ... (mmm) like 'If that bastard there', if I start doing that then I have to take walk to the bathroom ... "(3.906-920)

PARTICIPANT 4

"this kind of, but that it has happened ... so and that was then ... or ... rather, like what I said about the choice disappearing, because before that I could, or I ... I can't choose whether to drink or not. I've never been able to, and I still can't, so if I get ... if I get the choice to drink or not, then I think I'm going to drink. if ... because that's when I am in the dark, or in the lifestyle that makes me powerless against alcohol "(4.80 to 85)

«for example not tempt fate by... well... doing whatever, drinking something non-alcoholic, or... I... I don't do that because I think something happens in my head that makes me... well, sort of, the bear sleeping there could wake up then ... I kind of think that the disease is asleep, but it can wake up again...» (4.115-117)

«but that's the thing with self.will that believing I'm a special case who shouldn't have any difficulties just because I had a difficult time in my 20s or teens, or well, I have to work on myself to not think that I'm not special, that I'm nothing, that I'm nothing... that I deserve

something better than everyone else, or that I should be getting some kind of special treatment » (4.139-143)

«I have ... eh... in periods not been humble either... I just let my self-will ... not on purpose ..., but let it get the upper hand because I thought I deserve this and that... and then just work very hard for it and when that didn't work I got very sort of, sad... or, well... just not getting your own way. (mhm) (laughs) that's painful» (4.147-151)

PARTICIPANT 5

"I now realize how impatient I am, and I somehow want to have it like this or like that and so on, that somehow, but ... that I can also enjoy not tying all the power and energy to what I absolutely want, but in a way to land a little in realizing that first of all I have to be grateful for what I have ... "(5.279-283)

«Because my will in a bit of a negative way, it still lives in a kind of prejudiced past where something was going to happen or it lives in a sort of oh ... everything was so painful in the past. It's not here and now. So maybe it's a bit like there's the good will and the bad will, sort of, and ...the good will is when I live on a daily basis» (5.321-325)

"At home, I can sit and on the basis of my own will I somehow ... in a way ... there comes a thought ... I would like to achieve this and that ... and then I just create a gigantic almost like a film about how I will end up happily in the arms of a very great man and a great house and everything, the visions get so big and for me being an alcoholic it's just like it ...it doesn't stop there ... I can't just walk out of it and then just act as if everything is fine somehow, I'm in a way ... get so stuck in it ... for it gets like where do I distinguish between reality, chance and actually what is really the basis of where I am now. It is ... somehow that's also where the self-will gets a bit like ... almost a bit like ... what should one say, not twisted ... but it is just too much ... "(5.370-379)

"P: but for me it's like for me it's not a choice I make on the basis of self-will, so, there is something that controls me in fear, in a direction of fear, and then often the thinking or consequences or actions are influenced by that, rather than for example just being able to stop and say, I'm vulnerable with this ... yes ... something like that ...

i: and so ...

p: yeah, right there, if I could have just stopped with I am vulnerable, with the question then I perhaps would have been able to accommodate much more love towards the situation, I think ...I really think so ... (laughs) ... "(5.763-770)

PARTICIPANT 6

"to, I don't feel it ... I don't really feel that now ... eh ... it practically never happens that I think that I want to do it ... it probably happens occasionally, that I find myself in those kinds of thoughts, but it's very easy to get away from, they fly away again very quickly ...

and ... and to react for example by getting angry and that kind of uncontrollable rage that I had a bit of before, that is also something you really choose to do or not do. I now choose... or

I do a lot less of it ... "(6.143-150)

«sometimes I have a sort of mental relapse where I think that I ... oh, I can't do it, I'm too tired to go to the meeting and I work and I work out and I have part responsibility for children and so on and ... not long ago I actually rang my sponsor, there was a meeting on Fridays that he usually goes to too, I said I rang because I knew that I ... I... wanted someone to tell me to go» (6.388-393)

"it's important for me to ... to just do the things that I know ... and then do what is important to me and have a certain degree of discipline in my life in many ways really ... so I must work and go to the gym and the AA meetings and all that without even considering whether I should do it ... for every time I (just) do it "(6.397-400)

PARTICIPANT 7

«if I start asking myself too much what I would like to do in situations, it gets difficult. I might like to do a lot of things that ...that... here and now, but that... that's not the... that's sort of not the question.

i: what is the question?

p: the question is what I need, and what my responsibility is...» (7.283-288)

PARTICIPANT 8

«if I was mad enough to put alcohol in my body, I'd be there straight away. You can see a sensible, intelligent woman sitting in front of you, but I can promise you there's not much sense or intelligence in me once I've downed the alcohol, I'm telling you

... and I am that woman too... I'm both, I'm not just the woman I am sitting here, I'm the other woman too, I have to remember that. That's why I can't activate my disease» (8.321-326)

3.4. The Core Will Matured

3.4.1 New Belief System

PARTICIPANT 1

"p: yes, it was more like I saw that good thing were happening in my life and I also noticed that there were a lot of things that came to me that I hadn't necessarily asked for, so in a way I kind of came into such a positive life cycle compared to before where I felt like everything went wrong "(1.228-231)

"I've had to work hard to accept that it's God's will for me to be a Mum to Ole, who's eleven, to be a neighbour among neighbours, and a colleague among colleagues, so I have to sort of ... what I am.. it's the most spiritual thing you can do in a way. For it's .. or I get so quickly caught up in thinking I should do so much more and I mean, well, I'm thinking that what I am will have to be good enough and I think that's the most spiritual acceptance .. I mean the most....I mean, what I think .. I think in a way that God is in the closest things», (1.368-375)

"and when we are not in contact with it then we are very short ... I .. I ... I really believe that if I have gone through my day and I've been very selfish, impatient, intolerant, all these things and I go to bed at night then I often think that I am paying the same high price as those around me because I wound other people and might have been ... but I also have wounded myself, "(1.430-436)

PARTICIPANT 2

«refine it further then ... and try to keep it going somehow, a lot of meetings and I was the kind of ... I put AA ahead of everything in a way ... eh ... because I thought it was very important for me ... to stick to it " (2.152-154)

"what never fails even though other things do is to eh ... in a way to bow for others and give of yourself in order for others to have a chance the same chance that I got, when I arrived. (mhm) so what is completely crucial, if one can say it that way, to my new life is to be a sponsor and try to bring others who are interested in it into it"(2136-140)

«P: yes, it is (laughter) well, I mean ... as I see it, the perspective that ... it ... your own will is sort of diametrically opposed to the will of a Higher Power, it needs ... I see that as a sort of dichotomy that it's easy to fall ... end up in, sort of ... the weight given to the words, that I'm thinking isn't necessarily the way it is, so I sort of give more weight to the purpose (mhm)

I: the purpose of

P: the purpose of what you want to do (you see), of what you're trying to achieve, that willpower has a place and, yes, willpower and wanting to do something through, achieve something pure and simple ...

I: do you mean in AA

P: no, in life (laughter) not I mean that wanting something and wanting to do something has a place in a spiritual life» (2.552-564)

"the purpose of The 12th Step then, right, is to bring this to other alcoholics and to practice these principles in everything we do, but I think that ... yes, yes that is where I am in a way, that's the whole point. "(2.399-401)

«so I spend a lot of time .. eh ... and so I have ... me and another guy have started, we started running an AA group and host meetings, and then in a way there are all the other

kinds of positions in AA that are more kind of commercial, if you want to put a nice word on it (laughter). But it has been, in a way, a quest, uh ... I think "(2142-146)

PARTICIPANT 3

"and so we have a kind of a small booklet 'just for today' where it says stuff like, where you're supposed to like, it's just this day today, it's only today that counts, right, not what happened yesterday or what will happen tomorrow, but now is the time for you to live here and now and then you do the best you can today, trying to be polite to everyone, dress up as nicely as you can, so, a few tricks or, tri...tricks I would read it several times a day to begin with, because I used to get into very many situations where all that emotional stuff would get me into a mental obsession that now I just have to get out of here! ... then all these suicidal thoughts just disappeared, when I got the resistance ... because then I had the power ... "(3.372-381)

"I was just going to make amends for what I had done, and that included telling her that she was completely innocent in my alcoholism. She had no responsibility for it and I talked at length about how I sort of, in a way, I was to blame for much of what had happened and I apologized of course, but I promised to do the best I could "(3.390-394)

« then, it wasn't that I ... and It feels so good. So there's a kind of connection all the way through, first you work with yourself and then you help others and then you do service and then you stay in the process. Be unselfish, right» (3.591-594)

"and when you start getting better, then you become curious about what AA is, and you want to develop and get ... learn about the whole ... how things are built up ... and you want to give something in return, right, it is completely natural. Because you feel so much better about yourself, and God and AA and all that, there is nothing that is more important. "(3810-813)

PARTICIPANT 4

"p: uh ... no, what I started thinking about after that was that ... uh ... at least that I will never have that kind of experience again ... eh ... so now I don't want to ruin my life or destroy ehm it ..I mean the gift I received, to start kidding around for example by going to the bars and drinking a Munkholm (non-alcoholic beer), that's something ... I would never do again, and sort of pretend that I'm going to live my old life. eh ... The 3rd Step is in a way a contract between me and God, or me and a higher power so that I take responsibility for what I can do from day to day and not nurture what ...the ... the alcohol disease ... "(4.106-113)

"eh ... no, I think humility is to be part of humanity and be like everyone else, not better not worse, eh ... and treating other people eh ... in the same way ...with dignity, so that no one

can look down on another people or ... and then it is in relation to God, that it is God who determines my life, in the big things sort of ... "(4.190-193)

« the solution in AA is that you can't do anything about the drinking, you have to start ... give it up ... and then learn to live based on something else and that something else is in a way god's ... that it's god's will, and not my will or god's will is kind of ... god's will ... god's plan or ... eh..., yes... I don't know ... but anyway it's a completely new way of living, a new basis.» (4.350-353)

PARTICIPANT 5

«the process kind of from there to kind of where it is now ... it's a sort of over time understanding that in a way ... in a way the Universe is so much more than just something painful inside me (mhm) and there's a lot in that, eh..., at the same time it's a very new perception to have security in life ...» (5.12-17)

«like a kind of ... when human beings join our power together, a lot of good things happen, in other words, it's like the sum of our energy, but I also see it in the way that the source of all that, that's for me the greatest power ... that in a way gave us human beings life.» (5.202-205)

"when I got this really strong in a way ... moment in 2009, until now where I have somehow practiced surrendering all the time, then, so it is in a way like the sum of something which gives me a kind of like, boy I know that it works like that"(5.284-286)

"where I envisioned that if I am willing to send my love from me to a power greater than myself, and then I see myself sort of just spraying it back to me somehow ... "(5.489-491)

"it was just as if it dawned on me that the greatest of all is the love towards life ... to the power that gave me life ... and then I realized ... or for me it was like that, yes, it is the greatest love of all. This means that following a person on the path of love is also a love, but that is a slightly different form, because then it was just like I could see how I used to place it there somehow, but I want love from another person, that is the ultimate somehow, but that doesn't work, I can't expect that from another person ... but I can kind of turn towards that the greatest of all is the love of life, having been given life ... and so in a way go along with others in love or daring to associate myself to eh ... both places and people, and the belief that somehow life wants what is best for me, with what life has in store for me. "(5.515-524)

"exactly where I am now, I'm the most active in AA and AA is what gives me a tool on a daily basis, by somehow being in contact with a power greater than myself and being more here and now, being free of shame as much as possible, resentment, all those things. So it is clear that somehow everything has given me a lot, but it is AA that can give me sort of a daily coping method... (mmm) "(5.587-591)

PARTICIPANT 6

"it's ... something I do ... I use prayer to ... just sort of ... as a tool, but without being able to say anything about just exactly how it works, I do it because I'm absolutely sure that ... that it works in one way or another that I can't explain ... ehm ... yes ... then there is ... there is what I ... I feel that I am now living in a completely different way really, because what is important for me now ... it's ... although I am just a human being, and can only do the best I can, I now try ... to have the focus of just doing ... or doing the right things, I mean like from what I call moral principles. And not be so concerned with trying to believe that I can decide what the results will be ... "(6.81-89)

«p: eh... no, I don't think I do ...maybe I ..., but maybe that's also because I've been given a place, I don't know, but my place is beneath God at least ... that's the only thing that matters to me really.» (6.357-359)

"this is all about surrendering my will because I do not have to understand everything, I don't need to ask questions about everything, I do not have to ... and, I ... I ... it's wrong for me to believe that I can understand everything too ... it just is ... it's like that. "(6.457-469)

PARTICIPANT 7

"I've made a new story of, because I have realized how limited I have been in so many ways ... that ... that I have ... everything that was unknown to me before was bad ... well ... everything that I didn't know about before ... has been bad ... well ... well ... every time something new came into my life it was threatening ... and that is what is, to a significant degree, what today has been released, because I realize that everything new is basically, if it comes into my life it's because of the way I live, so ... so it's just an opportunity ... so ... so ... in that way I am also able to find the words for some of the things that have happened in my life during these ... these years ... "(7.17-24)

I think that the freedom that I now have, that freedom is not about being able to do anything I want except drinking, on the contrary, it is the realization of my limitation ... That's all ... that's what my new freedom is about..., I realize my limitation, so it is quite the opposite of what people running around and talking about freedom is, that I can do whatever I want as long as I don't drink... no, I realize very well who I am ..., at least to a much greater degree than I did before ... I'm at least not God (laughs) ... it's one of those things somehow. That is what is most important, because I have never gone around and said that I was God, but I have acted like it."(7.247-255)

"we are not cured of alcoholism, we have a daily extension that depends on us keeping ourselves in good shape spiritually ... and I think that, and yes, for me to be keep myself in good shape spiritually, it is to deliberately be aware of my task ...

i: how do you do it?

p: specifically, I make it very, very easy ... I pray to God every ...

or I start my day with prayer"(7.293-298)

"p: I ... I see it in such ... like ... silly things that I can't really talk about to others ... because people might think that I'm superstitious ... (laughs) but, it's ... I see that ...that ... things fall into place ... the puzzle is completed ... I see that I constantly have something to learn... it happens ... just today there have been things that I ... my first thought is 'oh, what's this nonsense', that is my first thought, it is somehow one half second before I sort of, 'Morten ..., what is it you've asked for?'

i: mmm

p: it is ... I trust that God gives me what I need ... I trust that ... and that lies at the bottom of it all ... it lies at the root of it all. "(7.311-319)

"a new law to replace the other; do unto others what you want others to do to you ...so through compassion ... that is what becomes the leading idea ... and it constantly keeps ...it holds the whole way ... supports me all the time, seeing myself in the person I am facing..." (7.326-329)

«I am ... I ... I am convinced I am forgiven ... (pause) ... but the condition is there ... there's a condition ... for me to be able to go on living without shame and guilt .. a feeling of guilt for ... it's that I ... do and carry out this task that is ... result of the gift ... I don't think it's a punishment ..., that I'm being punished or anything, but ... than I would lose what I've got ... « (7.627-631)

»p: the First and Second Step are not ... it's just ... they are steps that keep me to some knowledge, some accentuation, I recognise it, or I don't recognise it, to relate to trusting that this ... this solution ... or this path to the solution ... the solution is God.

i: yes

p: AA is not the solution ...» (7.697-702)

«we talk about restoration, we talk about recovery and restoration and ... it's ... it's not that difficult it's not that difficult to understand what we are being restored from ... you can describe that, but when I ask people who have some ... aversion to ... to the spiritual side ... but ... but, what are you being restored to? They don't have an answer ...

i: because they don't know ... or don't see or understand ...

p: because they've taken God out of the programme ... because I'm being restored to innocence, where would this forgiveness be otherwise?» (7.726-733)

PARTICIPANT 8

"I know that if you follow the good way and if you do good deeds you will get good deeds in return it is very, very simple. If you do bad deeds bad consequences will follow" (8.85-87)

« for me, God became the symbol of .. of good energies, and I can also believe ... I can also believe ... and I do, that Jesus lived, I believe that, and I can read the Bible and I can believe in all the other prophets because my God is so great that he sent not only Jesus he sent many others to tell us human beings how to live our lives. And this ... I really believe in this» (8.87-92)

"I'm thinking that God has been there the whole time, I'm thinking that God has guided me absolutely the whole way, for if not I wouldn't have done that, if not I wouldn't have gone to the community... I think he has guided me and I don't believe in randomness either, and I think I have... I've for sure experienced that... all the things I've done to be able to use it elsewhere and for other people, because I know I've come so far now that I can also pass things on/give" (8.135-141)

«p: yes, ... I have to have someone with me, and I feel that as long as I have God I'm never alone, and a drunk like me needs that ... (laughs)» (8.350-351)

3.4.2 Spiritual Growth

PARTICIPANT 1

"it ..., comes ... that that is what is, there are many who say in the community that we were Godless and that that is in a way what the substance addiction is, (mhm) the substance addiction is the replacement for the spirituality that is not there "(1.881-883)

«that living close to God means that you also have something to give is sort of when you are able to live close to God, you receive that power (mhm) to be something more than yourself, and it's .. it's not something you produce yourself. But it's the relation to God that gives you it.» (1.362-367)

"then it took about a half a year - year before I decided to get baptized" (1.574)

"the silence and the will to like sit down and stay still, just that ... and today I can experience that as a very deep spirituality where I simply can feel that I am at peace" (1.895-897)

"I realized that now I'll ask for it in a way because I ... it's as if you get into new layers where you're able to handle a few things and then you have to work with new things and then

there are new things and new things and it all somehow depends on the condition that you're sober right, and that you have a few people around you and stuff "(1.692-695)

PARTICIPANT 2

«P: well, not in the sense that my identity is gone or anything like that, but I mean that before i had that experience I would definitely talk about self-will as an independent ... what's it called ... entity... I mean something separate, sort of...» (2.96-99)

"P: Yes, it's a good question (a lot of laughter) uh ... no, um ... (pause) I do not know that, I've thought about it more as a complement to something that in a way, that made our more religious members call it God consciousness (mhm) yes, then in a way it was more like a level that I knew nothing about ... that ... that ... yes, that in a sense, runs all the way through it. So I don't really know ... it gets kind of extreme so I wouldn't really call it self-will eh ... "(2.90-93)

«and this was a period when I very much had to learn everything from scratch again. I remember thinking many a time that in a way, everything I used to do automatically, had to ... I have to relearn in a way. I had a strong feeling of being re-born, eh...» (2.188-190)

"is in a way ... I'm different ... and I react differently than I did in the past. That's just how it is. But I'm me, but it's more like what one observes (laughter) that this is me, yes, that alot of what I reacted to, or my knee jerk reactions, they've changed "(2.200-203)

"P: Yes, I think that it has to do with different depths, (mhm), it's not necessarily contradictory, I don't think that they are contradictory but it's a kind of, what I'm concerned with, from where I am now, something else is required, something more, not required, but, yeah, that ... that's what is slightly paradoxical, because in order for it to have any ... for it to have any meaning, you have to want it (yes), right, but at the same time there is an element of letting go (yes) simply, and then one must want to

I: want to let go

P: Yes, this is like the gray areas that I usually spend some time examining, right, what's what (yes) and what is appropriate now ... eh ... eh ... and then there ... it's a little like observing a part of it and

I: to observe your own thoughts and beliefs, reactions ...

P: Yes, but the way of observing is really like the way you see something out of the eye, the corner of your eye, that are the favorable things"(2.245-258)

"p: but the best answer I can give is well, in a way that I feel that it is taken away. That it is ...

i: that you are helped?

p: yes, but ... but in order to be helped then my attitude is of importance

i: is your willingness of importance there?

p: yes! In the sense that ... well ... (laughter) ... ok

i: attitude at least

p: yes, attitude, and what is essential is in a way that my will is not so important ...

i: interesting!

p: yes, that one in a sense tries to liberate oneself a little (yes)

i: from self-will

p: yes, but I don't perceive the self-will as something monolithic in size, but it's more like the bowels of things, it may be, it is a bit like identifying what is self-will in what way. Learn it in order to release it (yes) and that's how it is ... sort of a ... (pause) a sincere willingness to seek is probably the closest I've come to a recipe for it (2222-238)

PARTICIPANT 3

"I realized that she could get on with her life. That feeling was quite like this ... incredibly well ... it was like .. I would never have been able to do something like that unless I had received help from a higher power. Like what I call God ... "(3.401-404)

"The Big Book seminars of mine too, and it is clear that they affect me, I notice how they improve." (3.579-580)

"to start AA without taking the program and getting in touch with God, it's like if you stop drinking, it's like you become like a small tree that is uprooted and then you get tied up and placed at the garden center for someone to buy. Right, if I ... if I ... if I ... just go ... get ripped up by my roots and start AA without working with this program, without getting in touch with the power then I won't grow and flourish, so when that tree, then, is purchased at the garden center and is planted in good soil, then the roots will grow and everything is nice and dandy"(3.818-825)

«P: yes, that's right, I have to listen to God, I mean I can't ..., that's what it's about, it's like that episode where someone's sitting on a roof praying to God to be saved and three boats pass by and ask if he wants to get in, but he says no, he's waiting for God

I: he's waiting for God

P: and God is the one who sent those boats so he could get in the boat, three times even ...» (3.953-959)

PARTICIPANT 4

"It was instantaneous and I went around shining for maybe a year or so .. I was luminous like. so I figured it out that ... everyone has made fun of Märtha Louise because she was a fountain of light or something like that, but I get it now (laughs)" (4.98-101)

"so ... humility to me is accepting that life has begun perhaps 10 years later than for many others. eh .. and then accept that that was a part of my story "(4.177-178)

"så ... the need for acknowledgment so that it can fill up so much in me... I must ... teach myself to think that I don't need everything in order to be good enough ... "(4.362-263)

"p: yes, and think that God ... eh ... yes, it is to surrender ... where somehow I can imagine that I can surrender other parts of myself and also like when I gave up the alcohol "(4.372-373)

«p: yes, it was a bit ... there was a period when I felt I was a bit too much in awe, sat there, was almost obsessed by ... by that experience of God, so that I wasn't as interested in my old friends, because they hadn't ..., AA became a place where I could go and talk about God as well. (mhm) that ... I went a bit too far, that way, am supposed to be just a normal person ... (laughs) ...

i: it sounds as if it was important and right for you just then

p: yes, it was ...» (4.435-441)

"enter .. eh ... and ..., but now I think of vulnerability and that yes, I will certainly always be there, where ... eh... I am ... that there is nothing wrong in being vulnerable ... eh ... eh ... vulnerability ... yes, I think that I have opened up more to allowing myself to be vulnerable, that it's ok. "(4.559-562)

"i: what does appreciation do

p: it makes ... it changes eh ... the way to look at life at ... "(4.609-610)

PARTICIPANT 5

«p: no, it was something to do with ... eh... in a way, it's just good to be in me, I mean that just wasn't possible before ..» (5.36-37)

"now I gradually realized that somehow as long as something gives me a kind of feeling all over that this is true then I must dare to follow it too. And it's often in line in touch with something larger than myself. "(5.263-266)

«but my will is ... I mean, it's like I choose to put something else in my life, like a belief in a power greater than myself, in a way an automatic result of my will taking me on a better road or the right road ... mmm....»

«how much power there is in what I actually managed to work out then. And when I dare to see it and where I am now, it's just as if I can source the good in that power and for me it's like ... I... I use a lot of my affirmations in prayer and things that I also dare to be that energy and that will that is me, but by virtue of something greater than myself, as the consequences are much more positive then.» (5.365-370)

"But I must constantly remember that somehow the best way to bear it, is to simply endure, to accommodate all of me for what I am, including that. That I somehow accept all of myself, with my past, with what happened along the way, how it has gone and where I find myself now then. If I...because part of the fear of me ... is that I somehow simply do not want anything to do with myself. Because if I try to shup it off, then I am in a way right back again ... "(5.475-481)

"p: it is ... eh ... the first thing that comes to mind is really listening to others, that's it, and eventually it was just like I could .. it ca... there was somehow a question that just occurred to me almost, from ... it could be that it came from above, but inside me, like, wow, where did that come from, but it is sort of like if that person can tolerate himself, then I should be able to tolerate myself. "(from 5.483 to 5.487)

"right, I have over trained, overworked I mean, a number of things. But where I am now it's almost like I just yes, but I've actually managed to hold it in love ... stop arguing ... mmm ... simply, that's it, and for me to stop arguing, that is somehow like trying to open up to and share what is happening inside here with another human being, and then it like punctures the holes in these bubbles more and more often ... finally what's left are the parts that I kind of don't need to go into and we just know what will happen if we do"(5.695-701)

"have kind of gone through what happens, you have ..., we have some simple things .. I mean ...The 4th Step is about self-scrutiny and you can shrink it down to a very like simple daily self-examination that is like; what happened?, what did that affect in me?, and what is my part of this? And then you can get one of those, if you want to, what should I do? What I tend to add is, what am I grateful for? And somehow, it is clear that it's not always very easy to be honest about it, but it's just like I can at least change the track and try to concretize something and very often it just disappears much easier from that thinking-pool"(5.843-850)

PARTICIPANT 6

"I think it is quite certain that I try less to be the director of my life, even though I never really did much of that before either. "(6.97 to 98)

"I'm feeling... just fine with the way things are ... mostly ... um? including that I'm simply not so obsessed about thinking about how things should be or how things have been ... "(6.110-113)

"firstly it's not ... it's not a given that I will do everything I have a desire to do. Second, you may find that there are ... many things that are good for me that I don't really feel like doing. It's pretty much like common sense really ... "(6.131-133)

«p: I can't quite understand what self-will actually is ... I ... eh... I mean ... free will ... in philosophical terms I can see that I have it ... hmm... that I can ... I can always choose what I want to do ... but I also see that I have less of a tendency to do the things I used to do a lot that were no good ... for example ... the simplest example is drinking alcohol, I don't want to do that» (6.138-142)

«p: yes, one,... you can ... I feel that I have meaning ... that my life has meaning, I didn't feel that before.» (6.217-218)

"p: yes ... yes ... trust ... then, yes, that is very important. Also I can do a lot more now, because I'm not afraid that it won't turn out in any particular way, or that it will go wrong ... "(6.285-287)

"but now it's clear to me that I ... live in the moment in the way that I don't ... that I think, I mean ...I ... I'm afraid that until then I almost exclusively thought about .. I mean, I would lay and feel horrible about things that had happened, and then I was afraid of what might happen tomorrow, right. I would constantly be worried about it all ... and now it ...now I don't even think about it..."(6.490-495)

"p: yes ... yes, I ... I don't really think that I had the spiritual disease I don't think I was able to ... I could not ... uh ... no, it was ... like that character kind of thing ... like perfectionism and the need to control and ... and to believe ... yes, that is ... yes, the part about perfectionism... playing God, or to believe that you are God in your own life you could say. "(6.572-575)

PARTICIPANT 7

«what used to derail me all the time from doing anything at all, getting drunk and alcohol, that had been taken away from me. that's what made it possible to start to look at other things that were there» (7.89-91)

«p: I mean ... my self-will in the sense of that stubbornness I've had all my life, that ...obstinacy that I've had all the time, it was still there ... I've worked with it, I've fought with it, I've had help with it to ... people have mirrored me and explained how I really ... instead of my own reality, alcoholic George's reality that can't tell the difference between truth and lies, with the characteristics that belong to that reality, emotional and in terms of attitudes and actions, it was again ..., it didn't go away overnight, so I've ... that's ... that's what has given and gives me ... it's the opportunity to shape a new life based on ... on ... daring to really accept a new reality» (7.102-111)

"it has something to do with harmonizing wills and ...

i: tell me more about that ...

p: yes ... because I think it is ... I have the free will ... and the choice I really should make ... it's that I can follow my own will ... I mean self-will ... then do whatever I sort of feel like doing, at any given time ... but I can seek God's will. It's sort of the choice I can make ... seek God's will ... " (7.270-275)

"I've received a gift, I'm set free, so it is a gift. The gratitude... that is what I wake up with every day ... "(7.289-290)

"I know I am forgiven ... not necessarily by all the other people, I don't really think that I am, but I am forgiven by GodI trust that ... I trust that ... "(7.339-340)

"I'm not afraid anymore ... I'm very ... I'm not saying that I'm fearless, that would have been stupid, but I don't go around being frightened ... of people or situations, I just don't. " (7.344-346)

"P: yes, no I mean ... I ... I realize today that my reality ... my reality ... was not ... the same reality that I am ... uh... living in today. It was a reality that was chemical... it was a chemical reality, with a certain set of ways to react and to feel and a certain way that everything belonged to that reality ... I don't live in the same reality today. "(7.590-594)

"this is based on that there is a ... there ... there ... there is an existential crisis at the bottom... (pause) what happened afterwards, was what ... all people ... everyone can get this ... I mean everyone can ... there is no hocus pocus ... It's just a matter of receiving it ... right ... it's what this moment of existential crisis, at least in my case, has opened up for it "(7.660-664)

"the vast majority of those who ask me to be a sponsor, they have this Step ... because this radicality ... it's super radically ... super radically ... "(7.666-667)

"P: today it's like... of course there the pressure is no longer the same when it comes to the pain ... it ... it's not the same ... a lot of it is ... I don't know if you understood, but I don't think about it as pain anymore, I just see them as conditions that have within them the possibility for me to move on ... And I know that ... when I manage to get around some of those things in my life, then I know that when I have reconciled, I know that I will be sitting on a small grain of gold ... another small gold grain with regards to another human being ... and that's the whole point ... "(7.771-777)

PARTICIPANT 8

"to ... to ... be able to help others along in having a better life, I don't think that is a coincidence either ... and today I am, it sounds unbelievable, but I'm glad that I'm an alcoholic. I would never have been able to experience what I am doing now today unless I was, I've met a lot of great people and been allowed to fill my life with genuine good things, instead of drugs" (8.144-148)

"but I've acquired it over time ... I've kind of trained myself to believe and then suddenly it ... it ... it has worked ... "(8.293-294)

"p: ... what ... what ... what I want to convey ... it is something that very many who very many are afraid of ... that's what surrendering is about ... to surrender, it's like the precise

moment of surrender, it becomes so scary ...but it's not scary ... it's just so nice, it's almost like stepping over a threshold ... in order to get into a better life "(8.533-537)

"p: I think that it's about eh eh ... surrender, forgiveness, and ... and ... to strive towards the desire to become a better person ... we can all do that, I mean, and it's so exciting to be allowed to do so, because one notices that ...while one is in the ... when I'm in the process of change ... and if I ... if I work towards the edge that I really want , then something positive happens around you, and people get much more positive towards you, they get much nicer to you "(8.568-573)

«but I know that when I take all those things seriously, and maybe go through that soul-searching every evening ... and go through your day and say: 'now, how has your day been, Rita, are you happy with it, have good things happened? Is there anything you ... perhaps are a bit ashamed of ... and is there anything you would have done differently ..., is there anything you are particularly grateful for?' and if you do that soul-searching, and if things have happened that you are perhaps not very proud of, that you can ask for forgiveness and put it behind you, and ... then... then I at least feel that I get a better grip on my life, if I take those things seriously, so I'm the one who gets a lot back by doing those things ...» (8.586-594)

3.5. The Experience of a Higher Will

3.5.1 The Personal Intent Related to a Higher Power

PARTICIPANT 1

"but I think that the more God's will then I believe I ... am pretty sure that I would have had a much better life. If I had lived more in line with it. "(1.391-392)

«now that I'm experiencing these changes, it's very easy to go to God, I want very much for God's will to be done. My idea of God's will is that things will work out, it won't necessarily be what I want, but I know it'll be .. that God's will, that things will work out then.» (1.855-859)

PARTICIPANT 2

"p: yes, yes it is. I feel much of the same ... it is as if I am going to use what is my word for that is yes .. ehem .. it's a way to refine the connection, make it stronger, brighter, clearer and to do so when there is a layer of me or my perceptions attitudes that in a way stands in between which is of varying thickness and what is that called ...

i: density ..

p: yes, and yes, so much of the job of getting a stronger and clearer contact is in a way to liberate oneself from, firstly identify, but also to get rid of the part. (yes) get rid of is perhaps not the right word, but that it goes away somehow .. "(2.208-217)

P: yes, definitely and in a way ... in a way the central goal of my life afterwards has been to maintain this ... mmm... and... mmm... and... keep that resource.

Because it's not always ... because I'm .. I don't always go around thinking very consciously about it, it needs a sort of a bit of maintenance and a certain kind of practice

to keep it, I mean I've used a lot of time and energy having to organise my life in a way I think is consistent with the ... with God's will, if that's the way to put it (laughs) (2.125-132)

"I believe that it's probably more important that the genuine will to listen or to do something different (yes) is more important than like that ... eh ... self improvement ... huh ... it is not so much about mastering oneself, it is more about finding out what I'm going ... what should I do, to say it like that (laughs) "(2.466-469)

PARTICIPANT 3

"helping others into this, those who want it, is absolutely incredible. "(3567)

"Everything revolves around the love that I want to give back to AA" (3596-596)

«I mean what I usually say is that the most important thing in my life is not my daughter, my job, money, partners, family or anything, it's staying sober through this programme and my higher power. Because if I can't stay sober, I'll lose everything anyway. (mmm) That's why that has to be the most important thing.» (3.868-872)

PARTICIPANT 4

«so it's kind of my responsibility to do the right thing from day to day go to meetings and then maybe help someone else, do the best I can, try and stay in contact with God and that God will tackle what happens in 5 years or 10 years so that fear of the future doesn't take over completely and I can get ... still get ... God, am I going to ... am I going to sober for another 20 years ... that's huge thought to think I'm going to do that on my own but ... you aren't going to do it on your own, we going to do it together, we have the community and we have help from God. (yes) so... I'm very aware that you have to take it one day at a time , that it's ... that entity, in a way, that I will be responsible for and not much more than that ... and eh... yes, trust in God as well, trust.» (4.118-126)

"in a way, and then if I hear someone who obviously feels pain, then it's my job to go and ask, do you have a sponsor or here is my number or anything. yes, so I really like it, yeah, the openness" (4541-543)

PARTICIPANT 5

«I think of it this way eh... that is there is sort of a plan for me and if I don't resist, what was meant to come will come, in a way» (5.272-273)

«makes it so ... so... in a way I choose the life flow, but that it opens up even more when I sort of turn to it in prayer and meditation » (5.277-278)

"even as I ... it's just like if I send out a lot of hatred, then I really can't avoid giving a lot of it to myself, so it's something to do with seeing myself in relation to others, but at the same time there's always a force greater than myself with me. For me that power ... it occurred to me just now ... that's the life force, what gave me life ... but that gave all humans life ... "(5.503-507)

"p: it's very powerful ... it really is ... and it's kind of ... I think, from where I stand now it's sort of like, yes, now I'm in touch with life, eh ... but there have been long periods where I just like, shit, is this what I get, eh ... to somehow stop drinking, but now it just feels like it is worth it all, and I don't want to go back to using alcohol as a way of mastering having a life ... so then you just have to stand strong in those energies that life offers. (laughs) "(5.903-909)

PARTICIPANT 6

«for me, the result is decided by God, and I do my bit so that I can ...» (6.91-92)

«p: so..., but the idea for me now is to ..., but it's very simple, because it's about just doing God's will

... and it... it's quite simple, it's about just ... following good... good moral principles » (6.223-225)

"follow ... try to follow it as best I can ... I mean, I've got a very special gift

which is that I can help others alcoholics, and it's like that has enough meaning to me" (6.234-236)

PARTICIPANT 7

«I don't just believe in God, but I ... I... I try to live in accordance with my creator's intentions ... That's my wish...» (7.278-280)

«this is about being set free ... become aware of being set free, and then placing this problem in God's hands

... so the most important thing is to use these free hands for something useful ...» (7.241-243)

«strength to implement what comes my way ... I think that the strength I need, it comes to me through facing what comes ... that I ... I ... I ... when I've prayed for it, then the things that come, they are what God wants me to deal with ... "(7.305-308)

"I sponsor very many and that is what gives me the strength I need today. There are many who are critical of the fact I have so many sponsees and that I spend so much time on it, but I mean ... they don't understand it ... because that's how I gain strength ...

i: what is it about that that makes you ... strong?

p: it is first and foremost that I deliberately become aware all the time of what this gift is because I see myself in them ... I see the way I was ... "(7.633-639)

"p: mmm ... it's about getting power, it's not about being drained of power ... it's not ... it ... it isn't me ... it's not about me ... it's about being an instrument ... "(7.650-651)

"p: yes, this is the core material. This is what makes me be able to... that I have a message ... I mean if I don't have that then I have, no message, then there is no change, then it doesn't matter ... it doesn't matter ... then I just go with (feel) ... with ...my shame, and I go with (feel) the ... guilt, then I go with everything ... all the old junk ... the old trash in me ... for me it is very important that .. that ...I hold on ... yes, that I'm helping other people also to understand that ... we ...we will be reconstructed into something ... it doesn't help me to have a sponsor who tells me that 'yes, Morten, I have done exactly the same things' ... and that ... that I'm supposed to get some kind of understanding to sit and do The 5th Step with ... with ... with a sponsor without having any God in the game ... "(7.744-753)

PARTICIPANT 8

"I talk to God many times a day, and I can ... I'm so lucky that I can be allowed to have a dialogue with him, because I feel like he ... he takes such good care of me, I can talk to him in a way that is very uncomplicated ... "(8.327-330)

«I have to have a dialogue with my higher power every day, and I know that if I move away from the spiritual, as I do sometimes, it's not good for me, so my ... all my experiences tell me that having a spiritual connection and having a connection to God is right for me» (8.98-102)

"that I am so thankful because ... they are so trusting towards me, and I have decided that the day I die, I only want them to remember love, they should not remember anything else ... that's how it will be ... I'm sure "(8.401-403)

"then there is yet another woman who I have followed that has had 1 year of sobriety ... and and all this is really great, then I'll be happy ... that's what I think, that it is worth it all ...

in: it's worth everything ...

p: that's it! Just saving one person ... "(8.384-388)

3.5.2 The Experience of a Higher Power and Higher Will

PARTICIPANT 1

«altså det er på en måte min erfaring med Gud for å si det sånn (ja) at det er omsorg. At det som står i trinn 3 er sant. (ja) at jeg overlater mine tanker og mine handlinger som du kan også oversette 3.trinnet med (mhm) til noe som er godt da, livet, en omsorg, altså mange i dag bruker dette med universet og sånne ting da (ja) men jeg bruker ordet Gud», (1.126-130)

"somehow imagine that one should pray to something, so in order to be specific then for me it's a man, a father, I think, uh ... uh So first and foremost it's a place to go to and get a sense of being seen eh ... to be heard and think that there is something that in a way takes care of me .. eh ... that's probably the strongest really about God, to trust that ... eh. That I am seen and loved for who I am," (1346-351)

PARTICIPANT 2

«sort of .. I really felt that what I had in a way not had any relationship to before then that was God, was in a way in me and everywhere, a great sort of warmth and ... Yes, a kind of fundamental feeling of security» (2.68-70)

I: do you feel it gives you growth to live like that, think like that ...?

P: Yes, that's it in a way ... yes, (laughs) I think so. That's what gives meaning. But then again, I don't think that everything is absolutely fabulous all the time, but in a way I think that it is, but I just don't see it yet. (laughter) or I don't see it at the moment. (no)

I: and it sounds like you know from your experience that what is about to happen ... isn't going to last forever.

P: No ... yes, well there is in a way a layer behind it which is resistant in a way.

I: tell me more about that

P: no that's kind of ... eh ... that's God. (yes) "(2.347-357)

"P: Yes, I believe that there is some form that is true, and it's the authenticity that gives it value. (mhm) ... one can not wrest "(2.655-656)

PARTICIPANT 3

"I believe there's a common god (yes) right, whether you are doing healing or if you're doing this or that, then for me there is a god, anyway" (3.405-407)

« there's no doubt it's about getting ... and the step process is about how to get in contact with the higher power, and when I feel better because I'm tackling life better, it becomes easier to believe there's a power too. (mhm) whether it's that, or if it's the power directly, I can't answer, but I'm convinced there's a Higher power that's there for me, who has my best interests at heart when I seek him, or it, or whatever it is.» (3.546-3.553)

'So that's probably the greatest thing that has ever happened, that I managed to in a way be that daddy ... she also had very poor self-esteem in the beginning and to somehow built it up in her , that she, and maybe that's where I perhaps made ... the biggest investment I've made in my entire life "(3.746-749)

"It's so ... I can feel that I almost start to cry because it is so strong for me (mmm) and I'm really not one who cries very much. (pause) Now, I'm never alone "(3.829-832)

"P: and get the help of God. It's clear to me that I get what I need because God is testing me all the time so that I have to deal with things, right, I'm absolutely convinced that it is God's will that I should be single, so that my ex can have her life ...free herself from me and move on with her life and that I can liberate myself to move forward in my life.

I: it's God's will

P: It is God's will, I am completely certain of that. "(3934-940)

PARTICIPANT 4

"what I have seen, or I know in a way that god exists ... or I have seen a kind of light that just lies there, it is transparent, but there's something there, and so I have realized that I don't have to wrestle with having to believe in god "(4131-134)

«but what I felt then was that it was a light, not a son, so I should really call it a light or something like that, eh... no, the way I see it is that God is a source everyone comes from and that it's not.. that it's good there ... or not... there... there's no there, it's here really ... it's more a kind of parallel world, I think ...» (4.206-210)

"eh... no, it is just to sit still and think ... I try to find peace within myself, I believe that the contact exists in here ... like, right here (pointing to the chest), that's at least where I felt it"(4224-226)

PARTICIPANT 5

"Because I see it as both a personal faith through something larger than myself, but I also find that it is like .. physical as well, so for me it has been a very very great upheaval. "(5.32-33)

«meant that, for me that is, a belief in a power greater than myself, it's like an energy more than just me and it's good to be with other people and it's good to be on my own of course... so it's kind of the general being that just becomes something bigger and better close to and by virtue of something greater than me.» (5.53-46)

"it's just like I can sometimes visualize that I'm kind of holding onto something, or that it has its contact, a kind of balloon, which is with me, somehow "(5.150-151)

"p: it is ... a little ... I mean, what can I say ... in a way it's like ..., I think I see it in an evolutionary perspective ... (laughs) in a way because it's really clear to me that a part of me is from my mother and a part of me is from my father, but in between there's like this source that springs throughout all of life ... "(5.207-210)

«sometimes I sort of see a great light, and often what's called a God figure, but it ... it shifts in a way... you see ...because sometimes it comes to me like this, other times it's when something good happens in the room with other people

that I just have such a feeling of well-being that just washes through me ... , that's right, and sometimes it helps me to from being very stuck in my head to sort of just feel that it sort of lets go completely» (5.214-220)

PARTICIPANT 6

"p: I've had a feeling that I've been ... uh ... been protected a bit, especially perhaps before I quit drinking ... there were so many things that could have gone so extremely much worse, that still went well, I've thought about it in retrospect and it's

almost striking "(6.256-259)

«what I meant was that the right things happen without me trying to ... without me planning that those exact things would happen then, if you see what I mean, that I meet people, that I get ... that I get that exact job just then and ... things, everything works out very well anyway.

i: do you see a higher will in this?

p: I think of this as a ... eh... yes, that there's a higher will... a higher will, yes I do » (6.267-274)

PARTICIPANT 7

"I am among those who have a God experience ... in other words I have experienced that God has touched me ... and he has touched me and he has received me ... "(7.25 to 27)

"but I've been taken care of ... because it ... it is in this spot ... because the power that could overcome what had driven me all these years ... "(7.118-120)

"when I see these people being changed ... those who ... go through this and complete it and continue and maintain this ... it looks ... it looks ... I see the miracles ... it ... it ... it's ... it's something that unfolds ... "(7.641-644)

"to stand in front of a person and admit your character flaws, it requires trust in something greater than myself, not all the people I know who love me ... but ... I also have some

people who are not so fond of me ... that I've had to admit mistakes to, to stand in front of them ... it requires, I mean it requires that I have trust ... (long pause)" (7.738-742)

«And I see that it works ... it works on a lot of things, and it works in the same way with the people I'm allowed to be with.

i: yes

p: and it doesn't seem to have ... necessarily produce the same manifestations, outwardly I mean..., but it produces something of the same core, the security, the conviction, certainty... that you are cared for ...there... there... there's no better word for it, for me than that ...

i: that's good

p: I also try I don't try in any way to find ... sort of find out more about what God is or those things because I ... I... I just know that God is...» (7.800-809)

PARTICIPANT 8

«I see God as the highest form of intellect on this earth, and it's simply that God represents the good » (8.82-84)

«none of this could have been possible without God and I understand that, and if God hadn't been present in my life I wouldn't be alive today, after all the things I've been through, that wouldn't have been possible» (8.110-112)

"p: mmm ... and I feel like I've been a confident person, I didn't use to be ... I'm not ... yes there are certainly things I'm still scared, but ... then at least I have a discussion partner ... (laughs) ... "(8.528-530)

«have had the chance to experience ... I am so grateful, I'm so grateful to my Higher Power that I have been seen, and I have been saved and I have ... I have been given the chance to see what the good life is like ... because I didn't understand that before ... but I understand it now, so that would have to be what I would like to add, just gratitude to life ... just that...» (8.601-605)