EXPERIENCES OF ATHEISTS AND AGNOSTICS IN ALCOHOLICS ANONYMOUS

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With gratitude to my family, friends, mentors, and my loving, supportive recovery community.

Abstract

Experiences of individuals who are chemically dependent, identify as atheist or agnostic (CDAOA), and utilize Alcoholics Anonymous (AA) to maintain sobriety are explored. The collection of stories included in "Do Tell! Experiences of Atheists and Agnostics in AA" by the independent publisher AA Agnostica, were analyzed using an open coding process to determine themes and subthemes common to the experiences of these CDAOA individuals. Research findings suggest that CDAOA individuals reported having negative interactions in AA based on their atheist or agnostic identity. Nevertheless, it is proposed the CDAOA population can successfully utilize AA as a resource for recovery from addiction with the use of adaptation and reliance on the more social and broadly spiritual components of the program. These findings may inform both the target population of chemically dependent individuals, as well as clinicians in the field of addiction and psychology, of the potential benefits of AA for those identifying as atheist and agnostic.

Experiences of Atheists and Agnostics in Alcoholics Anonymous

It would be a difficult task to find an individual who has not, directly or indirectly, experienced the effects of addiction. The Center for Behavioral Health Statistics and Quality (2016) indicated that, as of 2014, approximately 21.5 million United States citizens, or 8.1% of the population ages 12 and older, were classified as having a substance use disorder. Specifically, 14.4 million had problems with alcohol only, 4.5 million had problems with drugs only, and 2.6 million had problems with both alcohol and drugs (Center for Behavioral Health Statistics and Quality, 2016). In 2016 the Surgeon General's executive summary on alcohol, drugs, and health labeled addiction as a public health crisis with yearly economic impacts of 249 billion dollars for alcohol misuse alone (Murthy, 2016). The larger, societal effects of addiction also contribute to increased healthcare costs, spread of infectious disease, stress, and conflict within families beyond the addicted individual.

To combat these personal and societal symptoms, many programs and methods exist for the express purpose of combatting alcoholism and addiction. The largest and most widely used of these programs is Alcoholics Anonymous (AA) (Kelly, 2017). People in the USA have historically attended self-help groups for substance abuse and mental health issues more frequently than they sought services from all mental health professionals combined (Kessler et al., 1997) and, as of 2019, AA was the most commonly sought resource for help with substance use disorders in North America (Kelly et al., 2020). In fact, Kelly, Humphreys, and Ferri (2020) reviewed the body of literature on AA efficacy and found that AA and 12-Step facilitation usually produced higher rates of continuous sobriety than other manualized treatments (RR 1.21, 95% CI: 1.03-1.41).

While a number of mechanisms of action are utilized in the program of alcoholics anonymous (fellowship, sponsorship, journaling, inventory), a process of relying on a higher power as a resiliency factor is central to AA philosophy and the terms "God" and "higher power" frequently occur in the literature (AA, p. 60–61). Tonigan et al. (2002) reported that this potentially religious component of AA may be off-putting for non-religious individuals while also finding that the benefits of the program remain the same regardless of an individual's religious identity; i.e., AA was equally effective for all who attended, but non-religious individuals were less likely to attend. Given these frequent references to God and a higher power, I began to question where individuals who are chemically dependent and identify as atheist or agnostic turn for help. These phenomena were examined at length through written narratives to determine the experiences of individuals who identify as atheist or agnostic and also attend AA meetings to help maintain sobriety.

Literature Review

Alcoholics Anonymous

Alcoholics Anonymous (AA) is a mutual self-help program founded in 1935 by William Wilson and Dr. Robert Smith (referred to in the literature as "Bill W." and "Dr. Bob," respectively) for the purpose of helping alcoholics achieve and maintain sobriety (Alcoholics Anonymous, 1939, p. 58). Since its inception, AA has been championed by both professionals and lay people (Rose & Cherpitel, 2011). Estimates from the AA General Service Board (2017) mark AA's growth from 1,400 active members in 1940 to over 2.1 million in 2017, a number which has remained fairly consistent since 1990. AA meetings can vary in size, scope and procedure, but each is founded on the 12-steps enumerated by Wilson in the book *Alcoholics Anonymous* (1939).

1. We admitted we were powerless over alcohol – that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
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. (p. 60–61)

Theoretical Grounding for 12-step Program Effectiveness

Advocates for the use of 12-step programs note many tangible advantages of Alcoholics Anonymous ranging from global accessibility and practicality to benefits specific to the life of

each individual with addiction. This literature can be categorized both by theoretical applications of why AA works, and empirical outcome research based on AA attendance – both of which seek to identify the mechanisms of action of the AA program.

From the outset, Wilson (1944) sought to boil AA down to psychological principles, in the hopes of identifying the mechanisms of action of the treatment. A summation of his association between AA and psychological principles can be understood as the following:

- Admission and acceptance of a problem (Step 1);
- A personal audit of assets and deficits leading to identification of defective interpersonal patterns (Steps 4–7 and 10);
- The repairing of interpersonal relationships (Steps 8–9);
- Dependence on something outside oneself for strength (Steps 2, 3, and 11);
- The continued work and service to other individuals in need (Step 12).

Wilson (1944) further noted that these mechanisms of action are channeled through a three-fold lens required of the alcoholic: honesty, open-mindedness, and a willingness to change.

In 1960, E. M. Jellinek published "The Disease Concept of Alcoholism" likening alcoholism to chronic conditions like diabetes or hypertension which require regular maintenance. He posited that this illness could be treated with a long-term, non-invasive treatment management program, wherein attending a meeting is analogous to taking insulin or blood pressure medications (Jellinek, 1960). This theory, known as the "Minnesota Model," became the dominant treatment method and conceptualization of alcoholism and substance abuse problems for the following 30 years, and remains prominent today (Kelly et al., 2020).

Considerable research on chemical dependency treatment has also been conducted outside the parameters of the Minnesota Model. Ilgen et al. (2008) followed individuals for

sixteen years after initial contact for alcohol use treatment, measuring their progress via structured interviews and assessments at one, eight, and 16 year follow-ups. Ilgen et al. hypothesized four theories from a social psychological perspective which likely contributed to the positive effects of 12-step programs:

- Social control theory – that strong bonds amongst social groups help motivate morally and ethically responsible behavior.
- Social learning theory – that individual behavior is influenced by role models and leaders.
- Behavioral choice theory – that individuals may be less likely to engage in anti-social behavior when they experience the tangible financial benefits of sobriety.
- Stress and coping theory – that individuals learn to cope with stressful life situations with mechanisms that help them avoid the experience of anxiety.

Ilgen et al. (2008) further posited that each of these theories corresponds to a different dynamic of 12-step programs which are not specifically enumerated in 12-step literature. This suggests that working a program of recovery is more than completing the 12 steps and can lead to other positive outcomes. These commonly experienced benefits include fellowship and support of the group, working with a sponsor, engaging in satisfying life activities and saving money from not using; and addressing the origins of life stressors so as to avoid the need to cope with drugs and alcohol.

Empirical Research

A large body of clinical research has emerged which seeks to identify an evidence base for the use of AA in treating alcohol use disorders. Morgenstern et al. (1997) sought to identify similarities between AA attendance and the common factors approach. To do so, Morgenstern et al. utilized a sample population of 100 individuals immediately after treatment and at one and six month follow-ups. Subjects participated in an average of three AA meetings per week. A battery of instruments was used to measure change in each of the following common factors change constructs to identify possible mechanisms of action of the AA program.

- *Self-efficacy.* The Situational Confidence Questionnaire (SCQ) was used to measure subject's perceived confidence to deal with their substance abuse problems.
- *Commitment to abstinence.* The Commitment to Lifetime Abstinence questionnaire was used to measure subject's level of commitment to maintaining sobriety following treatment.
- *Cognitive and behavioral coping.* The Processes of Change Questionnaire was used to measure myriad coping skills commonly developed by individuals throughout various stages of behavioral change.
- *Primary appraisal of harm.* The Primary Appraisal Measure was used to help identify how significant subjects believed their substance abuse problems were.

Utilizing a multiple regression analysis, Morgenstern et al. (1997) found that, in addition to being associated with decreased drinking, individuals regularly attending AA meetings following treatment were also found to have significantly improved primary appraisal, greater commitment and higher self-efficacy; each indicated at the $p < .0001$ level.

McKellar, Stewart, and Humphreys (2003) conducted a structural equation model from a VA data set of 2,319 males with alcohol use disorders to identify a causal relationship between AA attendance and sobriety. Their goal was to control for the common factors identified by Morgenstern and colleagues (1997) and identify whether or not AA attendance works, independent of outside factors. They determined that affiliation with AA one year after treatment was predictive of decreased alcohol-related problems at two-year follow-up ($p < 0.01$). Furthermore, McKellar et al. controlled for motivation and level of psychopathology through analysis of latent variables; they found that AA attendance was effective at increasing sobriety independent of motivation and mental health diagnoses ($p < 0.05$).

Kelly, Greene, and Bergman (2016) sought to understand why these programs work by likening the relationship between people who are chemically dependent and their sponsors to the therapeutic alliance formed in psychotherapy. They followed 302 young adults after substance use treatment and measured their degree of alliance with a sponsor in AA at three, six, and 12 month follow-ups. Utilizing hierarchical linear models, Kelly et al. found that having a sponsor and maintaining contact with that sponsor led to significantly increased attendance at 12-step groups ($p < 0.001$) and longer periods of sobriety ($p = 0.006$). Simply, they were more likely to continue attending meetings and thus more likely to maintain sobriety. Kelly et al. provided empirical support for Ilgen et al.'s (2008) hypothesis that AA may be effective via social learning theory and bolstered the work of Morgenstern et al. (1997) by further identifying common factors of change inherent in the AA program.

One of the largest and most well-known studies on alcoholism treatment, Project MATCH, involved randomly assigning individuals with alcohol use disorders to cognitive behavioral therapy (CBT), 12-step facilitation, or motivational interviewing. One year follow up

results of the eight-year National Institute of Alcohol Abuse and Alcoholism study indicated that all three treatment methods were significantly effective at helping individuals maintain sobriety (Project MATCH, 1998b). However, at a three-year follow-up, individuals assigned to the 12-step facilitation group yielded significantly higher abstinence rates (36%) when compared to motivational interviewing (27%) and CBT (24%) (Project MATCH, 1998a). Because there was no non-treatment control group, it is difficult to determine the influence of regression to the mean among these individuals. Additionally, AA meetings were not attended, rather, therapy was conducted by counselors utilizing treatment methods integrated with the 12 steps.

Humphreys et al. (2004) consensus statement on the benefits of 12-step programs noted four distinct benefits of the AA program based on a research review and collaboration of many of the nation's experts on substance abuse self-help organizations. Following their review of quasi-experimental studies on AA and 12-step facilitation treatment attendance, Humphreys et al. arrived at the following conclusions.

- AA attendance has been linked with increased abstinence, improved social relationships, and increased self-esteem.
- AA involvement considerably lowers health care costs associated with drug and alcohol dependence treatment and illnesses secondary to addiction;
- Self-help groups often function best as a method of continuing care following organized treatment, rather than a substitution for treatment or hospitalization;
- Studies on individuals required to attend meetings for legal reasons have indicated greater individual benefits when attendance is combined with professional help (p. 154).

Additionally, Humphreys et al. noted that there were no psychometrically valid true experiments on the effects of AA attendance with which to prove causation, partially as the result of the phenomenon of AA being difficult to study, and partially because of the wealth of quasi-experimental research which suggests a strong correlation between AA attendance and improved alcohol and substance abuse related outcomes. While Humphreys et al. did not publish their full literature review or list inclusion criteria for their study, their conclusions are consistent with aforementioned research which indicates positive outcomes of 12-step group attendance.

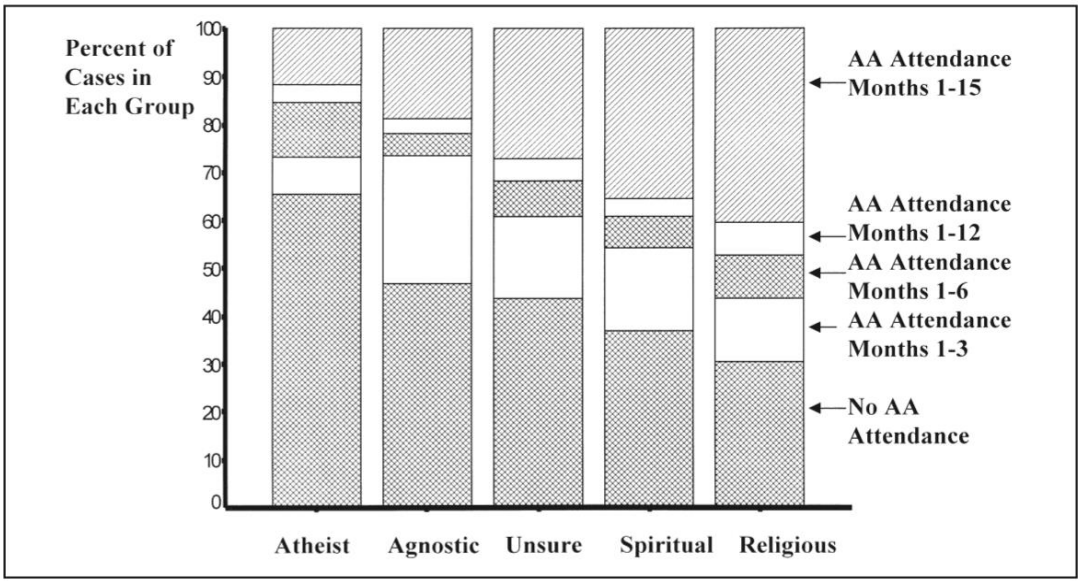
Many of these studies, and the broader body of research on AA efficacy, culminated in the work of Kelly, Humphreys, and Ferri (2020). Kelly et al. reviewed 27 control trial studies (21 of which were randomized) related to peer and professionally led 12-step facilitation (TSF). Their findings, based on the analysis of 10,565 participants, indicated that non-manualized TSF (traditional peer led AA meetings) are at least as effective at achieving continuous abstinence as established treatments such as Cognitive Behavioral Therapy and Motivational Interviewing at considerably less cost ($p = 0.02$), likely producing substantial healthcare savings for society as a whole. Kelley et al. further posited that those participating in manualized TSF were more effective than other methods at achieving increased abstinence and decreased drinking intensity with a high degree of certainty RR 1.21 (95% CI 1.03-1.42).

The work of Tonigan, Miller, and Schermer (2002) is possibly the research most relevant to the current study. Drawing from the extensive Project MATCH data (Project MATCH, 1998b), Tonigan et al. found that those with religious affiliation were much more likely to attend AA meetings. Conversely, those identifying as agnostic or atheist were considerably less likely to attend AA meetings (See Figure 1). However, their multiple regression analysis determined that believing in God was not predictive of success in maintaining sobriety through AA. Rather,

it just predicted who was likely to attend. For those who attended meetings, results were more positive than for those who did not, regardless of religious identification.

Figure 1

Religious Affiliation and Likelihood of Attending AA Meetings



Note: Figure adapted from Tonigan, Miller, & Schermer, 2002, p. 538.

Research Critical of AA

Following the emergence of longitudinal work at large research universities in the 1970s, many prominent individuals in the field of psychology and chemical dependency became critical of the 12-step process for scientific and ideological reasons. Albert Ellis, one of the pioneers of cognitive behavioral therapy, noted in 1992 that "because AA often zealously proselytizes for its endorsement of divine intervention, it turns off thousands – quite possibly millions – of potential adherents who might profitably join a self-help group to combat their harmful addictions" (para 6). Ellis did, however, also note that "AA meetings and belief in 12-step programs have probably helped great numbers of people [overcome] addictions…and to lead happier lives"

(para 2). Ellis' argument illustrates concern within the field about the possible barriers to success of a treatment method which contains spiritual underpinnings in a realm of study increasingly demanding of secular, evidence-based practice. Furthermore, Ellis' argument supports the findings of Tonigan et al. (2002) that AA may be alienating individuals who would otherwise benefit were it not for certain language with pre-existing connotations.

Another criticism of 12-step programs and 12-step facilitated treatment is the concept of the disease model and advocating for total abstinence. Riordan and Walsh (1994) noted that likening chemical dependency to a disease may have the effect of mitigating or discouraging personal responsibility by the individual who is addicted. Riordan and Walsh further criticized AA's requirement of abstinence, noting that it is both difficult for an individual to cognitively accept the concept of lifelong sobriety, and that some individuals may be able to return to moderated drinking after a period of sobriety, which is supported by harm-reduction literature (Collins et al., 2019).

Peele, Bufe, and Brodsky (2000) wrote a scathing review of the functions of AA and of the addiction medicine field using the following summarized premises:

- Alcoholism is inherently behavioral and thus cannot be a disease.
- AA membership resembles a cult based on its set of guidelines and religious language.
- AA uses a rigid "one size fits all" model.
- Promotion of AA may be harmful to others.
- AA has become institutionalized and accepted by the legal system and medical community.
- These institutions have used coercion to force people to participate in AA.

- Coercion and forced participation in AA is a violation of professional ethics (abtract).

These critiques elucidate the potential harm of having a lone treatment method be ubiquitously accepted and encouraged by institutions with great power and influence.

Other negative reactions to 12-step programs can be summarized via the following themes (Rose & Cherpitel, 2011):

- AA is ineffective and cannot be scientifically duplicated.
- AA is helpful to some alcoholics and harmful to others.
- AA is a substitute for dependence, and individuals who attend meetings replace their addiction with AA.
- AA, by not adhering to the scientific model, impedes research into chemical dependency (p. 34).

Nevertheless, in addition to generations of strong anecdotal information, the empirical evidence base indicates adequate support for the use of 12-step programs in the treatment of chemical dependency and other compulsive disorders (Kelly et al., 2020).

Defining Religion, Spirituality, Atheism, and Agnosticism

Religion and Spirituality

While the terms religion and spirituality are often closely linked, or even used interchangeably in literature, they can and should be conceptualized as distinct but potentially overlapping concepts. A wealth of scholars have broadly defined religion as a system of beliefs inherent to a set tradition in which a group has established norms about what is to be believed and practiced (Emblen, 1991; Hill et al., 2000; Repstad et al., 2006; Ungvarsky, 2015). Spirituality is understood in the literature as a broader connection to existential well-being or the sacred, with or without a specific social or cultural context (Culliford, 2011; Hill et al., 2000;

Worthington et al., 2011; Ungvarsky, 2017). While other definitions of spirituality certainly exist, this definition is preferred as it is both broad enough to encompass various types of "connection" while specific enough so as to not be mutually-exclusive with the established definition of religion.

Worthington and Aten (2009) compiled and identified four different types of spirituality based on definitions found throughout the literature:

- Religious spirituality involves a closeness to the sacred in the context of a specific religious tradition (e.g., Buddhism, Islam, Christianity, Judaism).
- Humanistic spirituality involves a sense of closeness or meaning derived from a connection to other human beings, or humankind as a whole.
- Nature spirituality involves the experience of meaning or wonder an individual gains by feeling a connection to nature or the environment.
- Cosmos spirituality involves a sense of wonder gained by feeling a connection to the vastness of the universe or creation (p. 124).

As these definitions range from anything like worship in a church (religious spirituality) to gaining meaning from loving another human being (humanistic spirituality), witnessing a powerful thunderstorm (nature spirituality) or viewing the stars on a clear night (cosmos spirituality), an individual can logically be both spiritual and non-religious.

Atheists and Agnostics

Atheism and agnosticism, too, are often used, and rarely defined terms. Atheism is understood in the literature as a negation of the root "theism" by including the prefix "a" which means "without," thus a belief that God does not exist (Draper, 2017; Pigliucci, 2013; Sexton &

Finley, 2020). This is to be distinguished from "not believing in God," as this is a psychological state, or opinion.

Agnosticism is understood as the belief that neither theism nor atheism can be known to be true as both are non-falsifiable (Le Poidevin, 2010; Sexton & Finley, 2020). Essentially, the existence of God can neither be proven, nor disproven. While neither an agnostic nor an atheist would logically qualify for Worthington's definition of religious spirituality, it follows that one can believe there is no God, or believe that the existence of a God is unknowable, and feel a spiritual connection to humanity, nature, or the universe (Worthington et al., 2011).

Patterns of Religiosity

According to the Pew Research US Religious Landscape Study (2018), 22.8% of US Citizens identify as non-religious, with 3.1% and 4.0% within this population identifying as atheist and agnostic, respectively. Furthermore, between 2007 and 2014, the number of US citizens who identify as religiously affiliated, or belonging to a specific religious institution, dropped from 83% to 77% while the number of individuals who identify as religiously unaffiliated, or those denying relation to any religion, increased from 16% to 23% (Pew Research Center, 2015). These numbers indicate that many American citizens identify as non-religious and that number has been and likely will be increasing.

Rationale

Despite the fact that the Substance Abuse and Mental Health Services Administration (SAMHSA) (2018) continues to list 12-step fellowships and peer support groups as fundamental components to the treatment system for substance use disorders, bias persists in the mental health field. Albert Ellis, a pioneer in the field of cognitive behavioral psychology, made the claim that AA may be alienating just as many alcoholics as it helps (Ellis, 1992); this was echoed by

clinicians (Peele et al., 2000; Riordan & Walsh, 1994) who demonstrated broad apprehension to non-traditional and non-manualized treatments. Evidence suggests that many individuals with substance abuse problems would benefit from AA but never attend because of their pre-conceived belief that the program has religious underpinnings (Tonigan, 2002). Flatly, personal opinions of some clinicians about the perceived religiosity of AA may have the potential to derail individuals from utilizing a program which has been reliably established as effective.

The aforementioned concerns indicate a two-fold problem: a large population of clinicians who don't accurately understand the benefits of AA, and an underserved population of individuals who might otherwise attend AA meetings were it not for language they perceive to be religious. In order to attend to these gaps in understanding, I analyzed the experiences of individuals who are chemically dependent, identify as atheist or agnostic, and currently benefit from the AA program in order to establish a list of personal outcomes these individuals receive from AA attendance.

Source of Research Material

AA Agnostica is a loosely organized group who "attempts to be a helping hand for the alcoholic who reaches out to Alcoholics Anonymous for help and finds that she or he is disturbed by the religious content of many AA meetings" (AA Agnostica, n.d., para 1). In doing so, they post blogs, maintain a website, and publish literature. One of their publications, "Do Tell! Stories by Atheists & Agnostics in AA," relates 30 stories of individuals who fit the target population of concern. This was analyzed through the process of inductive content analysis for the purpose of answering the following question: What are the experiences of Alcoholics Anonymous members who identify as atheist or agnostic?

Method

Procedure

Previous research has offered a number of specific benefits of the AA program as a whole (Kelly, 2017). However, very little research has been found that explored the experiences of atheists and agnostics who utilize AA to maintain sobriety. To explore what these individuals say about their own experiences as atheists and agnostics in AA, a Qualitative Content Analysis was conducted to identify underlying themes present across experiences of chemically dependent individuals who identify as atheist or agnostics (CDAOA). Themes were further analyzed and integrated within the greater body of work on AA program efficacy in order to identify those mechanisms of action which may be similar or different for atheists and agnostics than those of the greater chemically dependent population.

Robson (2011) argued that content analysis of established documents can help clarify phenomena unavailable to quantitative analyzation. Furthermore, Duriau, Reger, and Pfarrer (2007) noted that content analysis offers the opportunity to decrease the amount of data being analyzed, and also identify the meanings of previously published content. In doing so, underlying themes and concepts can emerge from the text in ways that are unobtainable via quantitative analysis. In this case, an adequately conducted content analysis can pave the way for future research by providing an in-depth understanding of the experiences of individuals through their own words, initially generated outside a research context. Utilizing open coding for this sample helped uncover information that is specific to this group of recovering alcoholics as well as validate some of the existing research on alcoholics in general.

The process of content analysis also added the benefit of measuring a phenomenon which is otherwise difficult to research, such as the program of AA. While research on AA is possible,

it is difficult given that many meetings are closed to non-members and that it is not an official manualized treatment program (Kelly et al., 2020). Given this, utilizing previously published content written by AA members provided a foundation from which to begin research.

Data Analysis

"Do Tell! Stories by Atheists & Agnostics in AA" is a pre-existing compilation of 30 stories by AA members who identify as atheist or agnostic. The book is published independently by AA Agnostica and edited by Roger C., who reported that the 30 stories were selected from 50 original submissions. Subjects were not prompted with any specific definition of "atheist" or "agnostic" although they were all readers of AA Agnostica, which rejects the "Christian anthropomorphic and interventionalist male deity" (AA Agnostica, 2020) specified in the book Alcoholics Anonymous.

Open coding methodology was used for qualitative content analysis based on theories identified by Corbin and Strauss (1990) as well as insights from Saldana (2016) and Carcary (2009). Specifically, open coding starts from the ground up using raw data from stories as a means of identifying and developing larger concepts – as opposed to starting with established concepts from the literature and looking for them in the data (Corbin & Strauss, 1990). This process allowed me to take a stance of curiosity regarding the experiences of CDAOA individuals in AA as a means of identifying their experience as it emerged from their own narrative, rather than previous research. Google Docs were used as a means of recording data and ideas throughout the coding process.

The 30 stories in "Do Tell" were initially analyzed by a coding of team of Mariya Mirzoyan, MA and me. First, we each freely coded the same three stories selected at random. Then, Mariya and I met, went over findings, and developed an initial list of broad concepts

identified in the stories. In doing so the meanings of each category were discussed and a loose hierarchy was developed within the coding frame beginning with overall categories, and respectively working downward through themes and subthemes (Carcary, 2009).

Once this basic structure was developed via analysis of the first three stories and identification of high-level themes, Mariya and I analyzed 15 different stories independently. These stories were parsed through on a micro level, line by line, to identify themes which emerged in the narratives. Mariya and I met weekly over a period of six months to discuss concerns and ensure consistency of the process. Codes were analyzed in accordance with the open coding phase of Corbin and Strauss (1990), adding themes identified in each story until a comprehensive list of saturated ideas was composed after all 30 stories had been coded. Then, another round of coding was completed wherein Mariya and I independently coded the other 15 stories to identify the presence of codes identified after the first round. Finally, I created a frequency table based on the second round of coding which was used in a final round of coding to organize the large swath of codes into domains, themes, and subthemes. I completed the final round of coding independently.

In order to maintain reliability, data auditing by Phyllis Solon, PsyD, LP occurred after both the halfway point of the first round of coding and after the final round coding to assess for both biases and inconsistencies in the coding frame. Dr. Solon was selected based on her familiarity with the language of self-help groups and expertise in qualitative methods. Final approval of research findings was authorized through the dissertation committee, composed of the following:

- Dr. Phyllis Solon, Chair, Auditor – Core faculty member of the Doctor of Psychology program at Saint Mary's University of Minnesota School of Graduate and

Professional programs in Minneapolis, MN with clinical competency and research interest in both spirituality and chemical dependency treatment.

- Dr. Daniel Holland – Core faculty member of the Doctor of Psychology program at Saint Mary's University of Minnesota with research interests in eastern traditions and spirituality.
- Dr. Michael Tkach – Dr. Tkach was selected for his affiliation and research within the Hazelden – Betty Ford Foundation, a chemical dependency treatment organization. Dr. Tkach has since moved to an independent practice focused on consulting.
- Mariya Mirzoyan, MA, Research Assistant – Ms. Mirzoyan is a doctoral student in Counseling Psychology at Saint Mary's University of Minnesota and was selected for her theoretical orientation as a feminist-multicultural therapist. Her perspective allowed for experiences and themes to be identified from the literature which I, as a white male, did not readily see. Additionally, her participation in the coding process offered another defense against researcher bias.

Ethical Considerations

Robson (2001) noted the following ethical questions required for completion of a content analysis:

- Was the ultimate source of the detail (the primary witness) able to tell the truth?
- Was the primary witness willing to tell the truth?
- Is the primary witness accurately reported with regard to the detail under examination?
- Is there any external corroboration of the detail under examination (p.49)?

For each of these questions, there is no reason to doubt the integrity of the source, and no way to independently verify its contents either, due to the anonymous nature of the written material being analyzed. However, through email contact with book editor, Roger C., an integrity statement was issued on the contents of the book. A copy of this statement is included in Appendix A.

Roger describes, in the introduction to the book, that the purpose for publishing these stories was merely a task of the fundamental AA practice of "carrying the message through storytelling" (C., 2015). Thus, the individual responsible for compiling the stories went to great lengths to maintain his anonymity and the anonymity of each author in the book. As all of the participants volunteered their stories to be published anonymously, traditional IRB procedures for confidentiality were satisfied. Additionally, permission to use the content for research purposes was granted by the publisher.

Researcher Perspective

This study used research methods consistent with the *American Psychological Association's Ethical Principles and Code of Conduct* (2010) and was approved by the Saint Mary's University of Minnesota Institutional Review Board. A large component of ethical research for this study was the concept of researcher subjectivity. Practicing reflexivity in qualitative research is crucial to identifying and accepting integrity of the study process and findings (Berger, 2015). I am an individual in long-term recovery from drug and alcohol addiction who regularly attends AA meetings. While I do not belong explicitly to the CDAOA population, I can relate to the target population in experiencing many of the same mechanisms of action inherent in the process of the AA program. Furthermore, it is my perspective that AA is an inherently good program which is helpful to many people. In fact, inspiration for this study

originated from an observed need for further education of clinicians on the tangible benefits of AA, which will hopefully allow them to refer clients to AA who would otherwise feel alienated by its spiritual component.

Additionally, I identify as a white, straight, cis-gendered male and understand that these identities come with extensive privilege. These experiences limited my ability to objectively understand the experiences of individuals with backgrounds different from my own. To help balance these perspectives, a reflexivity journal was used to bracket biases as a researcher of privilege who has similar experiences to the target population. Reflexivity journals are a widely advocated process to raise awareness of the issues that will arise during content analysis as well as prepare the researcher for whatever outcomes may be determined in the results (Berger, 2015; Dowling, 2006). Berger (2015) noted that repeated review of the material and continuous auditing and peer consultation are necessary steps in maintaining qualitative research integrity.

Results

Four domains emerged from the analysis of "Do Tell! Stories by Atheists & Agnostics in AA." These domains were grouped into broader categories initially labeled with the following:

- What it was like (background information);
- What happened (events that precipitated a person's decision to pursue sobriety);
- What it is like now (experiences in recovery);
- Related to the spiritual component (their conceptualization and navigation of the spiritual component).

While these domains were identified in the research, the first three are consistent with the recommended format of Alcoholics Anonymous: "our stories disclose in a general way what we used to be like, what happened, and what we are like now" (AA, 1939, p. 58). Coding analysis

was completed on all four domains equally, however after consultation with the Chair, the first two domains were determined to be consistent with previous research on individuals experiencing addiction – as many of the participants had been subject to trauma, co-occurring mental health concerns, and social and vocational consequences. Data did not suggest that the experiences of those within the CDAOA population were dissimilar from those in the broader CD population. For that purpose, only a detailed analysis of the domains regarding experiences in recovery, and navigation of the spiritual component are included in this document as they add to the existing canon and answer the research question. Within these two remaining domains, results are organized into themes and subthemes. A breakdown of domains, themes, and subthemes and their frequencies is provided in Table 1.

Table 1

Frequency Table of Domains, Themes and Subthemes Identified in the Research

Domain	Theme	Subtheme	Frequency
Positive Experiences			
	Community Benefits		25
	Individual Benefits		22
	Indirect Benefits		14
Navigating Spirituality in AA			
	Negative Experiences in AA		
		Personal Doctrinal Differences	24
		Negative Interactions	13
	Spiritual Experiences		14
	Coping and Adaptation		
		Adapting Language	17
		Finding Likeminded People/Meetings	23
		Advocacy/Writing	9

Note. These frequencies are derived from 30 stories.

Domain 1: Positive Experiences in Recovery Through AA

Three main themes emerged within this domain. Those experiences that mentioned benefits from the community and fellowship aspect of AA, stories that mention benefits of AA unique to the individual (internal), and those experiences that indicated improvement in other facets of life as a result of involvement with recovery.

Theme 1: Community Benefits of AA (n=25)

A majority of the stories mention benefits from AA related to relationships and connection with other people. Codes encompassed in this theme included social acceptance, accountability, shared experience, fellowship, role models/sponsorship, or general support. Authors consistently noted participation in fellowship and connection with other AA members as a resiliency factor in their recovery. Author 5 noted "they allowed me to talk. They listened as I revealed anger, fear and shame and they were neither shocked nor disapproving… The friendship and love from those people, and others in the years that have followed, changed my life" (C. R., 2015, p. 34). Author 24 also noted the universality of AA connection.

> What AA gave me was access almost anytime, anywhere to other alcoholics who had come to believe that getting sober was worth doing anything to get, that getting and staying sober is – anyone new and struggling may find hard to believe – entirely possible and, as I learned, actually much easier than drinking. (p. 135)

Other authors went so far as to identify community benefits as one of the reasons they did not feel the need to identify a higher power. For instance, Author 8 stated that "it is the human fellowship of AA that keeps me sober. I can find no evidence, in my sobriety, of an interfering god who has played a part in it" (C. R., 2015, p. 50).

Theme 2: Internal Benefits of AA (n=22)

Theme 2 included those stories that endorsed benefits of AA unique to the individual experience of the author, including personal and emotional growth. This theme included codes such as gratitude, happiness, relief from cravings, sustained sobriety, freedom, serenity, emotional maturity, wisdom, and hope. Another consistent theme born from the text was internal reactions and personal development identified as a benefit of AA affiliation. Author 11 noted many of these benefits:

> Through inventory, sharing, making amends, meditation, helping others and trying to do the right thing, let go and leave the rest up to nature, I have learned how to calm my emotions, to accept others and feel accepted by them, to feel connected to the world and the sentient, feeling beings in it, to feel worthy of my place in the universe. (C. R., 2015, p. 69)

Others noted feelings of gratitude, hope, and emotional maturity, summarized well by Author 19: "today my life is far removed from that seemingly hopeless state I was in when I first came to AA" (C. R., 2015, p. 113). Author 21 further contributed that "AA saved my life, and I am forever grateful for the opportunities it has provided me. Because of the AA program… I try to live as full and as emotionally satisfying a life as possible" (C. R., 2015, p. 119).

Theme 3: Indirect Benefits of AA membership (n=14)

Indirect benefits of AA membership included stories which indicated improvements in other facets of life as a result of involvement with 12-step recovery (e.g., regained employment, repaired relationships, fulfilled vocational or educational goals, developing good boundaries, or coping with difficult life experiences). Though less prevalent, indirect benefits gained from AA affiliation were nonetheless frequently noted. Many stories related regaining employment, going

back to school, or developing and maintaining healthy interpersonal relationships. Author 18 noted the most common indirect benefit, being able to cope with adversity that happens in life:

> In my 40 years sober, I have had both my parents and a sister eight years younger die. I have had several accidents with broken bones. I was fired from a job… In spite of all, I have not tried drinking again (C. R., 2015, p. 107).

Domain 2: Navigating the Spiritual Component of AA

Three large themes emerged within this domain: negative experiences in AA based on CDAOA identity, developing or rediscovering a sense of spirituality and various forms of coping, and adaptation of program language.

Theme 1: Negative Experiences in AA

Theme 1 involved CDAOA members who had experiences that they perceived to be negative or harmful. Two subthemes emerged within this theme, those based on reactions to doctrinal differences, and those based on conflict in interactions with other AA members.

Subtheme 1: Doctrinal Differences (n=24). This subtheme refers to those stories that mention personal objection to Judeo-Christian, patriarchal, or other language contrary to their own belief system. Many authors noted the internal struggle they had with literature that contained this language. Author 1 concisely identified their experience as being a non-believer in an AA meeting: “The first time I came into an AA meeting I felt like I had to squeeze past God to get through the door” (C. R., 2015, p. 9). Author 12 noted objections to the conference approved AA literature: “My first roadblock was the Big Book. I couldn’t stand it. It struck me as a self-help book for Christian men from my father’s generation” (C. R., 2015, p. 71). Author 8 noted objections based on a reminder of their own negative experiences being raised in a religious tradition: “the references to ‘god,’ ‘he,’ and ‘him’ felt like a strange throwback to the

unthinking acceptance of Christion mythology of my childhood Sunday School days" (C. R., 2015, p. 49). Author 23 noted that this component likely kept them from approaching sobriety earlier: If it weren't for the overt religious aspects of AA, I might have been spared years of suffering" (C. R., 2015, p. 135).

Subtheme 2: Negative Interactions With Other Members Based on Atheist or Agnostic Beliefs (n=13): This subtheme refers to those stories that included negative interactions with AA members as a result of identifying as atheist or agnostic. Several stories noted direct negative interactions with AA members based on CDAOA status. Author 29 noted that "when I told some people I was an atheist, they assured me I'd drink again unless I changed my ways and got with God" (C. R., 2015, p. 170). Author 23 noted a similar experience: "I left that first meeting with AA members chasing after me, telling me they were positive there was a god and I needed to believe in him. I thought I would never return" (C. R., 2015, p. 130). Author 17 indicated that their belief affected their ability to find a sponsor: "finding a sponsor who wouldn't harass me about finding a higher power was real difficult" (C. R., 2015, p. 98). Author 19 even indicated that coming out as atheist had an impact on relationships they had developed in AA:

> My disclosure [of being an atheist] caused some pain, one person called me a few names, and one person fired me as his sponsor, some rolled their eyes when I spoke, but others realized that I hadn't changed and still accepted me. (C. R., 2015, p. 113)

Theme 2: Spiritual Experiences (n=14):

Theme 2 involved stories that identified finding, regaining, or redefining one's own sense of spirituality. Authors noted these themes in several different ways. For instance, Author 1 connected their spiritual journey to humanistic connection:

> The spiritual principles of AA, such as honesty, open-mindedness, willingness and brotherly love, can be practiced by anyone, God-believer or not… I equate my spirituality to my humanistic journey toward genuine human connection, service, love, and kindness. (C. R., 2015, p. 12)

Author 22 reiterated this sense of connection between members as a spiritual facet of their program:

> My long-time immersion in a loving, accepting and sober atmosphere eventually resulted in a change in my conception of a power greater than myself. I now view this greater power not as a divine personage but as a human interconnective flow of love and service between all of us. I do acknowledge a power "greater than myself": lovingkindness… it encompasses all of us and includes me. (C. R., 2015, p. 128)

Other authors noted a reconnection with existing faith or cultural traditions that they had previously lost. Author 4 captured this well.

> I learned about indigenous beliefs of living in concert with nature, and how everything is interconnected. I learned about ceremony and resilience… it was the most spiritual experience of my life. I also know that it never would have happened if I hadn't gotten sober. (C. R., 2015, p. 30)

Other authors found comfort in their own ambiguity and individual beliefs as different from those they had been brought up with. Author 27, for instance, identified their spiritual transformation after being brought up in a home with strict religious beliefs.

> My spiritual progress has been that I came into AA fearful of going to hell, but this has morphed over the last several years into an agnostic atheism with Buddhist/Hindu leanings and a smattering of lots of New Agey stuff. I meditate daily and still pray… not

> for divine intervention, but in an attempt to quell my sometimes raucously racing mind…. Yup, I don't believe there is a God, but I also can't know for sure that there is not. (C. R., 2015, p. 155)

Theme 3: Coping and Adaptation

This theme involved the various ways by which CDAOA individuals navigated, adapted, or coped with the spiritual component of AA which may have been in conflict with their own beliefs.

Subtheme 1: Rewriting, Substituting, or Omitting Personally Problematic Language (n=17). This subtheme refers to those stories that included coping via reframing the 12 steps, substituting language that was contrary to their beliefs, or "taking what you want and leaving the rest" in terms of program literature. Participants noted many ways that they adapted existing program language or traditions to make the program work for them. Author 1 noted advice they had received from her sponsor on how to address objections to a higher power: "words that I've since repeated to many newcomers. 'Honey,' she said, 'if trying to have a higher power is making your recovery worse, then stop'" (C. R., 2015, p. 10). Author 6 took direct action to ignore components they objected to:

> I read the Big Book and took some very good guidance from what I read. I did however change my copy so that "he" was taken out of the text. Later the term "God" was taken out. I used a paper clip to contain parts of the book such as the chapter "To Wives" because I found it to be sexist and codependent. I figured, it was my book, it was my sobriety and I would do what I needed to stay sober and stay fairly sane (C. R., 2015, p. 41).

Several authors took action to rewrite or adapt the 12 steps into language more agreeable to them. Author 13 noted "I began to put the steps… into my own words for myself… I found that the language of religion or the Big Book was insufficient to communicate the language of my heart" (C. R., 2015, p. 77). Authors 5, 19, and 20 included their adapted versions of the 12 steps in their stories. Author 19's version of the 12 steps omitted all references to a higher power:

1. We admitted that we suffer from a seemingly hopeless state of mind and body.
2. Came to believe that we could recover.
3. Became open to changes in how we approach and respond to life.
4. Made a searching and fearless inventory of ourselves.
5. Reviewed our inventory with another human being.
6. Became entirely open to change.
7. Humbly affirmed our desire to change.
8. Made a list of all persons we had harmed and became ready to make amends to them all.
9. Made direct amends to such people wherever possible except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through meditation to improve our understanding of ourselves, our practice and our progress.
12. Having changed as the result of these steps, we tried to carry this message to alcoholics, and to practice these principals in all our affairs (C. R., 2015, p. 112).

Subtheme 2: Connecting With Likeminded People (n=23). This theme refers to those stories that mentioned reading materials of other CDAOA individuals, attending existing

agnostic or atheist meetings, or seeking counsel and relationships from members with similar beliefs or experiences to their own. Many individuals found relationships and group affiliation based on CDAOA status as beneficial. Author 1 noted their experience of belonging in finding a CDAOA meeting:

> One day, I discovered a group of like-minded individuals who also suffered from alcoholism and held an AA meeting in a non-prayer format. There, I finally found comfort and a sense of belonging. For the first time, I was home, and it was such a relief to be among people who shared similar views. (C. R., 2015, p. 11)

Author 10 noted that finding a CDAOA meeting was what allowed them to return to AA:

> I left AA because I am a non-believer and became more and more uncomfortable in the meetings with all the god talk and talk of leaving everything in god's hands… I am back because we now have meetings – We Agnostics meetings – where I finally feel like I belong (C. R., 2015, p. 64).

Subtheme 3: Advocacy (n=9). This subtheme refers to those stories that mention forming new groups or writing articles to cope with personal objections to existing AA structure, language, or teachings. It should be noted that while only nine stories explicitly mentioned advocacy, each participant's contribution to *Do Tell!* (C. R., 2015) fit this definition of advocacy and can therefore be inferred as a component of their navigation of recovery. Author 1 discussed how they were drawn to start a meeting of their own: "Because of the integral role that [non-prayer meetings] played in my early recovery, I felt compelled, with the help of other atheists and agnostics, to start a meeting of the same format" (C. R., 2015, p. 11). Other authors noted the importance of writing materials to reach individuals with similar experiences. Author 19 captured this desire well:

> Due to my fear of not fitting in, of not being accepted in AA, I was not open about my atheism when speaking in AA until after I wrote an article "Personalizing the Twelve Steps"… This article was really my full disclosure of my atheism… I do not wish to convert or de-convert anyone but I think it is important that others understand and acknowledge that it is possible to become sober and have good long term sobriety in AA without believing in god (C. R., 2015, p. 112).

Discussion

Through qualitative content analysis of *Do Tell! Stories of Atheists and Agnostics in AA* (C. R., 2015) I explored the experiences of individuals identifying as chemically dependent and atheist or agnostic who utilize Alcoholics Anonymous to maintain sobriety. The results of this study highlight commonalities among the participants as a means of beginning to identify and address a gap in the current understanding of how "non-believers" navigate recovery from addiction utilizing the 12-steps.

Open coding of the narratives from the ground up yielded rich data regarding early life experiences and consequences of use (Corbin & Strauss, 1990). Findings from these narratives were consistent with previous research; individuals with substance use disorders, as compared to those without, are more likely to have adverse childhood experiences, co-occurring mental health, social, and vocational issues, and medical concerns (Merrick et al., 2017; Rothman et al., 2008). As such, I decided to focus the results of this study exclusively on the identified themes of AA benefits (Domain 1), and an exploration of both positive and negative conceptualizations of how these individuals navigated the spiritual component of AA (Domain 2) – which presented new information on how CDAOA individuals effectively navigate Alcoholics Anonymous.

In making meaning of this research, several themes emerged that are worth discussing.

- First, the benefits of AA affiliation among members identifying as atheist or agnostic is overall consistent with previous research on the benefits of AA affiliation among the broader addiction community (Kelly, 2017; Kelly et al., 2020; Murthy, 2016).
- Second, many participants did experience negative internal and external reactions in AA based on their identification as atheist or agnostic.
- Third, spirituality does not equal religiosity, and while all the participants in this study maintained an identity of atheist or agnostic, a significant portion of participants (n=14) mentioned finding a sense of personal "spirituality," consistent with themes identified in the literature review (Culliford, 2011; Hill et al., 2000; Worthington et al., 2011; Ungvarsky, 2017).
- Fourth, AA affiliation for many of the participants was predicated on strategies of tailoring their experience to their own individual needs. CDAOA individuals accomplished this by adapting language in the literature, finding and working with likeminded people, advocating for change through forming new groups to meet their need, or authoring literature about their experience to help others.

Benefits of AA Affiliation

The benefits of AA affiliation identified by CDAOA individuals within this study are consistent with both the theory and empirical research identified in the literature review.

Community and Social Benefits

Authors from *Do Tell!* (C. R., 2015) frequently indicated that regular accountability and social connection aided in their ability to maintain sobriety. This theory is consistent with Jellinek's (1960) assertion that addiction may be treated like a chronic disease, wherein belonging to a community and establishing meaningful relationships is the treatment.

Furthermore, *Do Tell!* authors' identification with communal benefits suggested support for the work of Kelly, Greene, and Bergman (2016) which argued better sobriety outcomes when participants maintained regular contact with a sponsor. Similarly, Project MATCH (1998b) findings noted that 12-step participants maintained abstinence at higher rates than those who participated in other treatments after three-year follow up, suggesting, as many of the *Do Tell!* authors did, that continued sobriety was dependent on the long-term connection and social involvement within an AA community.

Individual and Indirect Benefits

The identified benefits of internal growth as well as indirect benefits – generally, an improved life independent of addiction – is consistent with several components identified by Ilgen et al. (2008). Specifically, that improved financial and vocational situations may decrease an individual's need to engage in anti-social behavior (behavioral choice theory) and that based on the process of development and change experienced in AA, individuals may be more equipped to cope with adversity in life (stress and coping theory). Additionally, this is consistent with Kelly's (2017) findings which asserted that AA attendance is associated with increased sobriety and decreased aversive symptoms of alcoholism, such as disease contraction, relational strain, and difficulty maintaining gainful employment. This also supports Kelly, Humphreys, and Ferri's (2020) findings that AA participation may be as effective as CBT treatment at considerably less cost to the individual.

Negative Experiences in AA

Ellis' (1992) concerns that AA may turn "thousands – possibly millions" of those who it would help is echoed in this research. 24 authors noted initial objections to AA as a result of differences between their own identity as atheist or agnostic, and spiritual/religious language

utilized in AA. Perhaps even more egregious were the 13 authors who explicitly noted negative interactions with AA members based on their atheist or agnostic identity. This is consistent with Tonigan et al.'s (2002) findings that many individuals who identify as non-religious would benefit from AA participation but are less likely to attend meetings based on personally objectionable language. Several authors noted that they ceased attending AA meetings and went back to active use specifically for that reason and only returned after identifying like-minded individuals who use the program. These statements should be considered with the understanding that relapse is common for any number of reasons – and individuals in early recovery often look for differences as a means of rationalizing why a program of recovery or treatment will not work for them (Larimer, M.E., Palmer, R.S. & Marlatt, G.A., 1999).

Not born out in this research were previous assertions which challenged the disease model of addiction (Kurtz & White, 2003; Peele et al., 2000; Riordan & Walsh, 1994; Rose & Cherpitel, 2011). Specifically, authors generally identified with the concept of alcoholism as defined by AA, requiring total abstinence to achieve personal success. However, this may be more suggestive of restriction of range (all participants identified AA as effective), and less about broader criticism of the disease concept.

Spirituality D**oes Not Equal Religiosity**

Further identified in this research was the separation of spiritual identity from religiosity. Specifically, 14 authors noted utilizing spirituality as a component of their AA practice. However, these themes were generally consistent with Worthington and Aten's (2009) categorization of humanistic, nature, and cosmos spirituality and less as a connection with specific religious traditions. Only two authors noted explicit connections that fall into the category of religious spirituality (C. R., 2015): Author 4 was able to re-connect with cultural

Native American traditions, while Author 27 developed a new sense of connection with Hindu and Buddhist traditions. Nevertheless, close to 50% of authors identifying both as atheist or agnostic, and connecting with a spiritual identity, furthers the narrative that religiosity and spirituality are separate, if overlapping concepts (Culliford, 2011; Hill et al., 2000; Worthington et al., 2011; Ungvarsky, 2017).

Coping and Adaptation

Interestingly, the elements that have allowed AA to be successful may also be what has allowed CDAOA individuals to effectively navigate the program. AA traditions three to five read (AA, 1952)

3. The only requirement for AA membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups, or AA as a whole.
5. Each group has but one primary purpose – to carry its message to the alcoholic who still suffers.

While some authors noted resistance to the creation of atheist or agnostic groups, 23 identified that a major component that allowed them to find success in AA was being allowed to attend or start atheist or agnostic meetings – so long as their primary purpose is to carry the message to the alcoholic who still suffers. Considering that US citizens are increasingly identifying as “non-religious” and that addiction remains a public health crisis, it stands to reason that the ability to tailor groups to the needs of smaller enclaves will increase over time (Murthy, 2016; Pew, 2018). Furthermore, this is not a new phenomenon, as AA groups based on special interests have existed since the 60s, at least 30 of which are listed as specific filters on AA’s General Service Office meeting guide (AA, 2020).

Additionally, coping via connection and finding likeminded individuals may be consistent with success being tied to the relationship with a sponsor. In this case, *Do Tell!* (C. R., 2015) authors indicated that finding sponsors and likeminded confidants was a resiliency factor. This theme may lend credence to the findings of Kelly, Greene, and Bergman's (2016) who inferred that AA success may be tied to the relationship between sponsor and sponsee.

Limitations

Utilizing qualitative content analysis of a previously existing work limited the researcher to coding those experiences thought important by the participants based on a request through AA Agnostica for stories of [CDAOA] experience, strength and hope in recovery in AA. He suggested word limit for the narrative was "around" 2,000, and fifteen stories by men and fifteen stories by women were published. While finding this resource allowed for quicker analysis, it limited the ability to tailor specific questions to the research population. Additionally, every participant who submitted a story was a "regular reader of AA Agnostica" which is consistent with the theme of working with and finding likeminded individuals. Any attempt at generalizing this research should take into account that there may, in fact, be groups of CDAOA individuals who have different experiences in AA who are not connected to AA Agnostica or other reasons impossible to identify in this study.

While several participants alluded to their age or particular demographic information, the majority only identified themselves by their first name. Demographic information provided by the editor indicates that while there was a binary gender parity of men and women represented in the stories, no other demographic information was obtained or required as a component of submission. This further limits generalizability of these findings.

As with any research, it is possible that certain themes or content were missed based on utilizing a non-specific or previously manualized coding method. While bias bracketing and auditing procedures were followed, the process of inductive reasoning always includes the possibility of researcher bias. These factors should be considered as a component of the research findings.

Additionally, while reflexivity was used throughout the research process, my identity as an individual of privilege, as well as my prior appraisal that AA would be effective for these individuals, may have contributed to confirmation bias. As a heterosexual, white, cis-gender male with extensive experience regarding the benefits of AA, it is my bias to find ways for AA to work for and extend resources to the CDAOA population and the broader population of individuals suffering with addiction.

Implications for Work With the CDAOA Population

While the sample population was limited to those who successfully navigate AA with this identity, the fact remains that 12-step programs and mutual support groups remain the most ubiquitous resource for all individuals with CD concerns (Kelly, 2017; Kelly et al., 2020; Kessler, 1997). Professionals in the field may use the current findings as a preliminary reference for clients who may be candidates for AA referral based on substance use disorders or lack of resources for formal treatment. Direct application to those who express hesitancy to attend AA meetings based on perceptions that AA is not for people who are atheist or agnostic is clear from the research design and results. This research may also serve to educate clinicians about the benefits of AA for CDAOA individuals and, more broadly, increase understanding of the overwhelming evidence for the efficacy of AA as a whole.

Implications for Future Research

Findings from this work were limited to CDAOA individuals. However, the principles of adaptation that were identified in the research may be considered as recommendations for individuals of other identity groups – speaking broadly to the concept of how any identity may intersect with AA participation. Specifically, AA was initially founded and run by white men. Understanding how the CDAOA population successfully navigates AA may lead to curiosity of how CD individuals cope with intersectionality in substance use treatment. How might individuals of all gender and sexual identities, faith traditions, cultural groups, ages, or any other identity factor adapt the AA program to meet their unique needs?

Additionally, future researchers may choose to do targeted sampling of the CDAOA population as a means of increasing validity on the construct of AA efficacy. Doing so may also decrease researcher bias and increase reliability. It is my hope that this research is only the beginning of a larger process to increase understanding of how CDAOA individuals navigate recovery – and more broadly, how AA may be utilized as a treatment modality for individuals of diverse intersecting identities.

Conclusion

This study examined how individuals identifying as chemically dependent and atheist or agnostic navigate the program of Alcoholics Anonymous. Research findings suggest that this population can successfully utilize AA as a resource for recovery from addiction with the use of adaptation and reliance on the more social and broadly spiritual components of the program. Future research may include targeted sampling with this population to provide more validity to these findings as well as apply this approach more widely to how other demographic populations

navigate AA as part of a larger push to understand the mechanisms of action of AA as a resource for the CD population.

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Appendix A

Permission to Use Do Tell Accounts

Received 2/13/18

Hi Brent,

I would be glad to help in any way I can.

Certainly the stories in Do Tell! Are “honest and true accounts” and I would sign a document affirm that if that is helpful. I continue to be in touch with most of the authors – three of them, by the way, have written their own books about recovery and the benefits of AA – and I could connect you with some of the authors if needed.

Warm regards,
Roger.