Bound to Drink: The Heavy Drinker & their Boundaries in Spiritual Approaches to Alcohol Abuse and Dependence

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I hereby certify that the work embodied in this thesis is the result of original research and has not been submitted for a degree to any other University or institution.

Signed:

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ABSTRACT

Alcohol abuse and dependence are major problems in Australia. Current approaches to understanding and managing these issues are not curbing increasing costs and harms to society; while research across multiple disciplines shows that the predominant biomedical model of treatment is outdated and reflects limited understandings. Research postulates that the incorporation of spiritual practice into treatment significantly improves outcomes for the heavy drinker. The 'disease model of addiction', however, continues to predominate as a treatment model. The twelve step programme developed by Alcoholics Anonymous (AA) incorporates spiritual practice, is widely acclaimed as the most successful treatment programme for alcoholism in the world and is often utilised in support of biomedical treatment. Critiques of AA, however, indicate that the Judeo-Christian foundations of the programme may limit its appeal, and gaps have been identified in addiction literature exploring alternative spiritual and religious approaches. In this research, semi-structured interviews were conducted with spiritual leaders from the Catholic, Jewish, Islamic, Pentecostal, Krishna Consciousness and Buddhist faiths. Generally, the heavy drinker was represented in terms of constriction and isolation, tightly bounded and separated from both their communities and their spirituality. Treatment and support options were presented with a focus on 'softening' the boundaries of the heavy drinker, encouraging them to reconnect with their community and with God or their Higher Understanding. The Catholic and Jewish interviewees represented alcohol dependence in terms akin to the disease model, requiring ongoing support from the spiritual and secular communities. The Islamic representation incorporated anomie, reflecting the belief that appropriate cultural and communal support would allow the heavy drinker to reintegrate the practice of abstinence which is integral to their faith. The remaining three prioritised a lived, embodied experience of God or Higher Understanding by the heavy drinker, positing that the eradication of boundaries between them can lead to cure for alcohol dependence. A focus on boundaries opens possibilities for future research on tailored individual programmes which may include induced spiritual experiences and incorporation of secular activities which encourage the experience of 'flow'.

“Spirit is life which itself cutteth into life”
- Nietzche

Chapter 1
INTRODUCTION

Within addiction literature, heavy drinkers[1] are often portrayed as "individual atoms cut off from their social matrix" (Makela, 1991: 1406); selfish, narcissistic and isolated. While alcohol is used in many cultures as a method of breaking down boundaries between people and encouraging sociability (Heath, 2003), its excessive use can lead to the crossing of boundaries which, when interpreted as loss of control, can present a danger to the social network. This behaviour may encourage retaliation and rejection of the heavy drinker from the very social environment in which they felt encouraged to imbibe alcohol, creating and reinforcing boundaries between the self and others (Denzin, 2009). Such paradoxical outcomes reflect a contradiction which exists in Australia, where alcohol is embraced as an integral part of cultural identity and simultaneously demonised as a cause of widespread harms, costing society billions of dollars (Laslett et al., 2010).

In his often quoted letter to Bill Wilson, the co-founder of Alcoholics Anonymous (AA), Carl Jung (in Jung and Wilson, 1963) remarks that the "highest spiritual experience", the union with God, and the "most depraving poison", alcohol, are both represented in Latin by the word "spiritus". Revealing another paradox, he says that: "The helpful formula therefore is: *spiritus contra spiritum*" as he believes that the excessive use of alcohol acts as a direct deterrent to a person's relationship with God (Jung and Wilson, 1963).

Thus it can be posited that both spiritual and secular relationships may be affected by the mutable boundaries of the self of the heavy drinker. It follows, therefore, that these boundaries may be a significant factor in terms of treatment[2] options. If boundaries can been understood to create isolation through constriction of the self of the heavy drinker, exploration of the efficacy of treatment options which

[1] In this research, the categories 'alcoholic' and 'alcoholism' will be explored as constructs. Due to the implicit medical and moral implications of these terms, I will, following Fingarette (1989), instead use the term 'heavy drinker' to describe the person who's drinking patterns have led to dysfunction, individually, for their family or within their community. Where the terms 'alcoholic' or 'alcoholism' are used in this review, I have retained them to reflect their use in the literature being discussed.

[2] The term 'treatment' may tend to illicit notions of disease and illness which must be 'cured', however, it will be used throughout this review to denote the processes chosen by the heavy drinker as a means to change his or her relationship with alcohol.

incorporate the effective weakening or opening of boundaries may provide alternatives in recovery.[3]

Spiritual models for the treatment of alcohol abuse and dependence have been shown to increase positive outcomes for the heavy drinker (Bliss, 2009a, Galanter and Kaskutas, 2008). They generally incorporate a broad focus on a range of biopsychosocial influences, as well as on the heavy drinkers' spiritual health. Most programmes available, however, tend to utilise the twelve-step model of recovery developed by Alcoholics Anonymous (AA) which embraces biomedical understandings of alcoholism, and is based on Judeo-Christian understandings of God (Galanter and Kaskutas, 2008). It posits a Higher Power which exists externally to the heavy drinker, to which he or she must surrender control (Alcoholics Anonymous, 2007). Further, understandings of alcohol abuse and dependence in the predominant biomedical models of alcoholism tend to posit the heavy drinker as a victim of his or her genetic code which leads to the eventual loss of control over their alcohol consumption (Jellinek, 1960). Treatment within the medical framework carries the lack of autonomy of the heavy drinker into their treatment options which tend to be controlled and supervised by 'experts', positing the 'patient' as "a docile body" (Foucault, 1977: 135) to be worked upon. When combined with the requirement to hand over control to an external Higher Power in the predominant spiritual models, the heavy drinker appears to remain in a relative position of disempowerment in their own recovery.

Deconstructionist approaches to alcoholism, however, indicate that sociocultural learning may be a significant influence on drinking behaviours, and that new forms of learning can lead to different outcomes (Heath, 1988, Room, 1983). Specifically, it has been found that heavy drinkers have consistently shown autonomy regarding the quantity, quality and situational elements in their drinking patterns (Foddy and Savulescu, 2010). The purpose of this research is to explore a range of spiritual practices, both including and beyond that of the Judeo-Christian framework to identify the relative effect of different approaches to alcohol abuse and dependence which may act on the boundaries of the heavy drinker and allow for alternative approaches to recovery options.

[3] 'Recovery' within the AA discourse, is ongoing as it is believed that an alcoholic can never be 'cured'.

Chapter 2
LITERATURE REVIEW

Introduction

In Australia, as in all western societies, alcohol is both an integral part of the social (and economic) fabric, and demonised as a causal factor associated with many stigmatised behaviours. Ambivalence toward alcohol as a category is reflected in research, which shows that the condition labelled 'alcoholism' is framed and moulded by cultural understandings which are mutable, and have changed over time. In this review, I will present the latest statistics which posit alcohol as a growing concern in Australian society and then outline some of the changes in the understandings of the etiology and treatment of alcohol abuse within the predominant addiction models. I will explore the influence of Alcoholics Anonymous (AA) on the medical model of addiction, and explore the consequences of the Judeo-Christian basis that AA protocols developed from, following from which I will posit the theory that the locus of power in the process of 'treatment' for the heavy drinker remains external, with the societal institutions that act upon them. I will consider anthropological work in which the categories of 'alcohol' and 'alcoholism' are framed as social and cultural constructs which allows renewed focus on the heavy drinker as autonomous and agentive. I will then establish the purpose of this research to explore possible differences if and where representations are found in which the locus of power shifts from societal institutions, back to the individual through the experience of his or her relationship with God or their chosen Higher Power.

Social Costs and Harms of Heavy Drinking

A report issued by the Australian Bureau of Statistics (2006), states that in 2004-5, one in eight adults in Australia reported drinking at a level that is considered "risky" or "high risk", and 25% of the 14-19 age group drank on a daily or weekly basis. Alcohol misuse cost the Australian public $7.6 billion in 1998-99[4] when it was the second largest cause of drug related deaths in the country (after tobacco). In mental healthcare, the total number of hospitalisations[5] attributed to alcohol-related mental

[4] These are the latest such statistics available from ABS.

[5] As measured by ABS figures on "hospital separations".

and behavioural disorders was over 35,000 in 2004-5, an increase of approximately 13,000 since 1998-9.

A multi-criteria analysis recently published in the UK finds that, with respect to 16 measures of harm, covering physical, psychological and social factors:

> ...heroin, crack cocaine, and metamfetamine were the most harmful drugs to individuals, whereas alcohol, heroin, and crack cocaine were the most harmful to others. Overall, alcohol was the most harmful drug, with heroin and crack cocaine in second and third places (Nutt et al., 2010: 1).

Focus on the cost of harm caused to others has had a significant impact on the statistics reported in a more recent study commissioned by the Alcohol Education & Rehabilitation Foundation, Canberra (Laslett et al., 2010) to report the harms and costs associated with heavy drinking in Australia. The report concludes that the overall costs, both tangible and intangible, amount to approximately $36 billion per annum, which is double previous calculations (Laslett et al., 2010). Just as with previous reports, this latest estimate includes harms to the drinker and the associated direct costs to society through violent crime, medical treatment and loss of productivity. Additionally, and for the first time, the cost of harms to families, friends, acquaintances and strangers who are negatively affected by someone else's drinking were also included. The study reports that "almost three quarters of all adults in Australia were negatively affected over a one-year period by someone else's drinking, in ways ranging from minor annoyance to physical violence or death" (Laslett et al., 2010: 5). In 2005, nearly 14,000 people were hospitalised as a direct result of the drinking of others, and 367 people died; more than 70,000 people were assaulted and almost 20,000 children were victims of substantiated alcohol-fuelled child abuse which equates to approximately 30% of total cases reported (Laslett et al., 2010: 9, McDonald, 2010).

The current models for understanding and managing alcohol related issues do not appear to be curbing these trends. Before exploring possible explanations for this, I will outline some of the basic understandings encompassed in these models.

The Moral, Disease and Spiritual Models of Alcoholism

Prior to the 1940s, the etiology of 'alcoholism' was understood in terms of what is now often referred to as the "moral model" of addiction (see, for example, Bliss,

2009a: 11) which presumed a weak will and the sinful disposition of the addict. Appropriate treatment options within this model involved strict adherence to pastoral guidance, incarceration where it was deemed appropriate and even, in some parts of the United States, compulsory sterilisation of the deviant individual (Lester, 1988).

Around the 1930s to 1940s a new discourse began to emerge based on scientific understandings of alcoholism. As a result of two "landmark articles" published in 1946 and 1952, biostatistician and physiologist, Jellinek, is widely accredited with the acceleration of what is now known as "the disease concept of alcoholism", a phrase which he coined in his publication of the same name (Jellinek, 1960). The etiology of alcoholism, within current understandings of this model[6], is postulated in terms of inherent biological characteristics which make certain people vulnerable to this 'disease', and is therefore is understood in terms of a biomedical illness. At the core of this understanding is the assertion that alcoholics are unable to contain their overwhelming compulsion for alcohol, and, once they have one drink, are unable to stop drinking until they are inebriated. Treatment within the disease model, which is also known as the "medical model" often involves pharmaceutical intervention, and may incorporate such techniques as psychotherapy, biofeedback, dietary therapy, relaxation training, indoctrination and re-education (Fingarette, 1989: 71).

In 1989, Fingarette, a professor from the University of California and advisor on alcoholism and addiction to the World Health Organisation, released *Heavy Drinking: The Myth of Alcoholism as a Disease* (Fingarette, 1989). In the first paragraph he wrote: "Almost everything that the American public believes to be the scientific truth about alcoholism is false," (1989:1) and at that time, over twenty years ago, claimed that the public and many health workers "remain in the dark, still holding, and encouraged to hold, beliefs that are forty years out of date" (Fingarette, 1989:1). Even with "the wealth of new and better studies that have soundly refuted the classic disease concept" (Fingarette, 1989: 22), he says, economic and political influence has ensured its propagation. He accredits this to the "big business" created within the health industry, stating that during the 1980s, "over $1 billion in tax revenues and health-insurance coverage [was] spent" for treatment each year in the United States (Fingarette, 1989). While this understanding of alcoholism continues to form the basis of mainstream treatment models, he said, "*no* leading

[6] Jellinek has been reported to disagree with many of the generalisations and developments which have occurred since his original research was published. This will be discussed in the next section on Alcoholics Anonymous.

research authorities accept the classic disease concept" (Fingarette, 1989: 3; emphasis in original).

Since that time there has been a significant increase in research on alcohol addiction in the fields of psychology (Delaney et al., 2009, Dyslin, 2008, Morjaria and Orford, 2002), social work and counselling (Bliss, 2009b, Morgan, 2002), and psychiatry (Brown et al., 2007, Sellman et al., 2007). These researchers claim, more than twenty years on from Fingarette's 1989 publication that the disease concept of addiction still predominates as a discourse in mainstream treatments of alcoholism, continues to reflect limited understandings, and remains outdated. Particularly, they argue that the causes of alcoholism are multiple and that evidence suggests the inclusion of spiritual practice into treatment significantly increases the outcome of long-term sobriety and well-being for patients.

A more recent model has developed from this recent research, incorporating a focus on biopsychosocial and spiritual influences, with particular focus on the "corruption of the afflicted person's spiritual development" (Bliss, 2009a: 18). This model is called "spiritual model", and takes a "transpersonal" approach to causal factors (Bliss, 2009a, Morgan, 2002). It incorporates the scientific etiology which underpins the medical model, but focuses more broadly on other influences. Treatment within this model involves practices such as prayer and meditation, as well as communal support within a spiritually based group such as AA.

Within each of these models, the moral, medical and spiritual, a common viewpoint is shared that alcoholism is incurable, and successful outcomes are framed in terms of lifelong abstinence from alcohol. A major difference, however, as outlined by Bliss (2009a: 20) is that, when utilising the spiritual model of alcoholism, "primary responsibility for treatment outcomes is seen as resting in the person with the alcoholism rather than in the hands of experts".

The birth of Alcoholics Anonymous and its Influence on "The Disease Concept of Alcoholism"

AA originated in the 1930s after Carl Jung refused to continue psychotherapy treatment for alcoholic, Rowland Hazard, advising that his only remaining hope for recovery, after several years of failed attempts with all available treatments known for alcoholism, was through a "powerful spiritual or religious experience" (White and

Kurtz, 2008: 39). Hazard sought out the evangelical Christian Oxford Group, with whom he reportedly found such an experience which enabled him to quell his potent appetite for alcohol (White and Kurtz, 2008). He shared his story with other alcoholics who also found ways to manage their alcohol abuse through spiritual means, and from these foundations, the mutual-help group of AA eventually developed (White and Kurtz, 2008).

AA's treatment model has been described as the most successful[7] for alcoholism in the world (Galanter and Kaskutas, 2008)[8], and members consider the spiritual practice incorporated into the programme to be a fundamental element (Alcoholics Anonymous, 1952, 2001). Currently there are over 100,000 local 'chapters' of AA throughout the world (White and Kurtz, 2008), equally high numbers of affiliated groups for those with other addictions such as drugs and gambling, as well as groups established to support friends and families of addicts; and AA philosophies have been foundational for the development of other twelve-step programmes[9] and spiritual models of treatment across mainstream disciplines within the field of addiction (Laudet, 2008). In fact, it is widely reported that there are very few recovery models throughout the range of treatment approaches available, that do not incorporate AA's basic approach (Galanter and Kaskutas, 2008, Zemore, 2008).

This approach, says Fingarette (1989: 18), is "in essence a mixture of pseudomedical, psychological, and religious ideas" and he argues that it was mainly due to Jellinek's publications on the disease concept of alcoholism that AA's popularity suddenly surged. Jellinek's model of the alcoholic closely matches that embraced by AA, and his liberal use of tables, charts and statistics are said to have been widely embraced as scientific authentication for their beliefs (Fingarette, 1989, Room, 1983). Jellinek's disease concept, however, was not based on medical data,

[7] 'Success' in this model, as with the others that have been discussed in this review, is measured by the length of time an 'alcoholic' remains abstinent from alcohol. While a lifetime of abstinence is considered the optimal outcome, increasing periods of time between heavy drinking relapses is also considered to indicate a measure of success.

[8] Statistics vary significantly in reports of AA's success. Some statistics indicate short-term success rates of 52 – 78% (Brown, et al., 2007), however, longer term success rates have been shown to decrease significantly and to remain determinant on continued membership (Montgomery, et al., 1995, Timko, et al., 2000).

[9] The twelve steps were developed within AA and "describe the attitudes and activities that [the] early members believe were important in helping them to achieve sobriety" (Alcoholics Anonymous, 1952: 28). They constitute a practical guide for recovery and have a strong spiritual basis. They incorporate the admission that one's addiction has become uncontrollable, surrender to a Higher Power, examination and amends for past errors and service to others with similar problems.

but rather the results of 98 responses to a questionnaire which was designed and distributed by members of AA (Fingarette, 1989, Room, 1983). Jellinek cautioned that his data was limited, that essential categories were missing from the questionnaire, and that the responses from females were omitted due to the differences in their responses as compared to the men. Fingarette (1989: 21) quotes Jellinek who commented, in 1960, on the lack of scientific foundation for his model, saying: "for the time being this may suffice, but not indefinitely". As previously discussed, however, the model has been adopted and developed, and remains the predominant treatment model today; and while the spiritual foundations of AA may not correspond to the secular medical approaches to alcoholism, the fundamental beliefs on the biological causative factors and outcomes for the alcoholic remain the same.

The Spiritual Approach of Alcoholics Anonymous

Based on their own personal experiences of transformation through spiritual awakenings, the founders of AA placed great emphasis on the need for a "Higher Power" (see, for example, Alcoholics Anonymous, 1952: 20) in the process of recovery from alcoholism. It is stated in *The Big Book* (Alcoholics Anonymous, 2007: 58-9)[10]: "Remember that we deal with alcohol – cunning, baffling, powerful! Without help it is too much for us", and so it is understood that only a force which "is greater than and external to the individual" (Connors et al., 2008: 212) is sufficient to overcome the compulsion to drink where personal willpower has failed.

While the foundations of AA's twelve steps were based on Judeo-Christian understandings of God, the founders took great care to accommodate atheists and agnostics within their early membership by insisting that the group remain strictly non-denominational (Makela, 1991). They incorporated the notion of the Higher Power for the alcoholic "*as they, individually, understand Him*" (Alcoholics Anonymous, 1952: 20; emphasis in original) and for those who do not believe in God, the literature encourages them to embrace notions such as "a Creative Intelligence, a Spirit of the Universe underlying the totality of things" (Alcoholics Anonymous, 2007: 46) or even to utilise the members of their AA group as their Higher Power. While this terminology and approach sounds encompassing of a

[10] *The Big Book* and *The Blue Book* are commonly used to describe AA's main text, *Alcoholics Anonymous: The story of how many thousands of men and women have recovered from alcohol* (2007) which is widely regarded as their 'Bible'.

wide variety of beliefs, the language used throughout the literature to describe the practical workings of the twelve steps remains strongly reflective of Judeo-Christian understandings:

> God, I offer myself to Thee – to build with me and to do with me as Thou wilt. Relieve me of the bondage of self, that I may better do Thy will (Description of Step 3 in Alcoholics Anonymous, 2007: 63)
>
> Every day is a day when we must carry the vision of God's will into all of our activities. "How can I best serve Thee – Thy will (not mine) be done." (Description of Step 10 in Alcoholics Anonymous, 2007: 85)

Makela (1991) speculates that, had the founders envisaged a broader world-view, they would likely have taken further measures to formulate the steps in a way even less closely to these understandings. As it stands, however, alignment with Judeo-Christian doctrines remains.

In consequence, it has been suggested that this may be the reason that AA has not been prolific throughout countries where Buddhism, Hinduism and Islam predominate (Makela, 1991, Morjaria and Orford, 2002). Makela (1991) postulates that the low rate of AA groups in Islamic countries is due mainly to the prohibition of alcohol in those countries. Differences that exist in the conceptions of Allah as compared to those embraced in Judeo-Christian understandings of God, however, may also be influential and warrant further exploration.

With regard to the compatibility between the AA model and Hindu and Buddhist understandings, the differences are clearer. Kurtz (1979: 3) writes: "The fundamental and first message of Alcoholics Anonymous to its members is that they are not infinite, not absolute, *not God*" (emphasis in original). This is an understanding that exists in stark contrast to those within Buddhist and Hindu philosophies which incorporate beliefs of a Higher Understanding[11] or Higher Power that can only be sought *within* each individual – their essential nature or the God

[11] It has been argued by Durkheim (1965) that theistic definitions of religion are inadequate due to the fact that Buddhist understandings cannot be incorporated. In my interview with Buddhist teacher, Mick, the closest equivalent to 'God' that he discussed was "the wisdom realising emptiness" which reflects the belief that nothing in existence has inherent characteristics but only those imputed onto them by the mind. As Southwold (1978: 364) says, "If gods have no bearing on the end of Buddhist striving, they have little bearing on the means to that end". Based on this I have chosen to use the terminology "Higher Understanding" throughout the remainder of this thesis to incorporate both the path and the ultimate goal in Buddhism.

within – which may explain the lower level of acceptance of the AA model of treatment for heavy alcohol use within these communities.

Anthropological Representations of Alcohol Use and Abuse: A Case for Cultural Construction

Just as there has been an increase in research within a range of other disciplines as listed above, alcohol and alcoholism have been receiving increasing attention in the social sciences, and it is within these fields that there has been most antagonism to the disease concept of alcoholism in favour of constructionist arguments (see, for example, Room, 1983). Within the field of anthropology, Heath (1987b, 1988) comments that 'alcoholism' itself has rarely been a focus, with normative behaviours around alcohol use typically receiving most attention. He has noted that, while it has become customary to refer to alcoholism as "a biopsychosocial disease" (Heath, 1988: 353) across many disciplines, the social factors which influence drinking behaviours are left predominantly to anthropologists and sociologists and are often not incorporated into biological and psychological models (Heath, 1988).

Across the disciplines, it is rare to find researchers who question 'alcohol' as a category. Anthropologists critique this (see, for example, Dietler, 2006, Heath, 1987a), and have closely examined 'alcohol' as a social and cultural construct. Dietler (1996: 231) states that "the term does not describe a single, self-evident object" but is rather a:

> ...culturally specific, and quite recent, analytical category that lumps together an astonishing variety of disparate substances on the sole basis of the common presence of a chemical named ethanol (C_2H_5OH) that produces psychoactive effects (Dietler, 1996: 231).

Both his and Heath's reviews reveal that 'alcohol' indeed describes a diverse range of different substances, methods of production and modes of consumption, as well as a range of reactions within individuals, communities, societies and cultures. While alcohol is predominately demonised in much of the addiction literature from other disciplines, anthropological work has thus tended more to focus on normative use and understandings of the range of substances labelled alcohol in a diverse variety of cultures and communities.

In his reviews of anthropological research, Heath (1987a, 2003) cites cases which identify the use of alcohol in the quest for nutrition, status, ethnic identity and social

capital; he also discusses the use of alcohol for social organisation, and as the result of a universal need or instinct for intoxication. Gefou-Madianou (1992) has collected a range of anthropological articles on *Alcohol, Gender and Culture,* finding that alcohol use has been a fundamental tool for the construction of both personal and collective identities, as well as the formation of cultural, ethnic, class and situational boundaries.

Fingarette (1989: 13) notes that in the 17th century, Puritan minister, Increase Mather, considered rum to be "the good creature of God" and that the church encouraged the use of a diverse range of alcoholic beverages for the nourishment of the body and mind. In religious ritual, alcohol has also found to be used "unquestionably due to its power to stimulate mystical faculties of human nature" (James, cited in Heath, 2003: 150), to communicate with supernatural forces, to encourage spirit possession, and as an integral part of worship (Heath, 2003).

With regard to communal attitudes toward inebriation, Heath (cited in Singer et al., 1998: 290) states that within ritual and celebration in Latin America, "both drinking and drunkenness were socially approved", and Gefou-Madianou notes similar cultural attitudes in countries around Southern Europe:

> In societies where alcohol is highly valued and praised, even considered sacred, and constitutes an inseparable part of everyday social life drunkenness is not necessarily considered a social or personal problem (1992: 22).

She postulates that the "ways in which alcohol is interwoven into the matrix of the personal, social and religious lives of the people" may well constitute the reason that, after centuries of alcohol use, negative discourses around it have not developed in many of these countries (Gefou-Madianou, 1992: 22). Fingarette (1989) reports that even in America during the colonial period, drunkenness was accepted as a natural consequence of socialising. Antisocial behaviour, he says, was attributed to "shiftless people" (1989: 15) rather than their consumption of alcohol. In a more recent comparison of cultural attitudes, Heath (cited in Room et al., 1984: 170) says: "The guilt-ridden solitary drinker who is so commonplace in Anglo-America is fortunately missing in most of Latin America", and he also discusses research in which it has been shown that "the association between alcohol and aggression is more culturally determined than pharmacologically or biochemically" (Heath, 2003: 150).

That similar patterns, quantities and even results of alcohol consumption can be experienced so differently from one culture to another is a consistent finding in anthropological research. Based on these findings, there is an emerging anthropological theory of alcohol use which Heath (1988: 357) simplifies as follows:

> The drinking patterns of a given population vary as do the beliefs, attitudes, and values that members of that population hold with respect to beverage alcohol and its interaction with the human organism.

He says that the most widely known and utilised anthropological model of *alcoholism* which has developed from this premise is the "sociocultural model" which states:

> Different beliefs and attitudes about alcohol and its effects, combined with beliefs and attitudes about how, what, where, when, and with whom one should (or should not) drink, together with attitudes about the meanings of all of those, are directly related to the frequency with which problems are associated with drinking, and to differences in the nature of such problems when they occur, in various cultures (Heath, 1988: 357).

From the variables incorporated within this broad model, Heath has named several sub-categories which have emerged through cross-cultural studies and have themselves been developed into models by anthropological practitioners[12]. The first of these is "the normative model" of alcohol use which focuses on the predominant understandings of a particular population regarding both the "prescriptive and proscriptive" guidelines around drinking (Heath, 1988: 360). This model may incorporate notions of 'deviance' which focuses on differences between group norms and the individual norms which sometimes contravene them; 'anomie' which relates to the disjuncture between an individual and the sociocultural system in which they live, particularly as societies become more multi-cultural; and 'ambivalence' which has been identified in several studies as a significant causative factor for alcoholism.

Ambivalence relates to inconsistent attitudes toward alcohol within certain societies such as North America. Heath (1988) presents some examples of this, including the prohibition of alcohol for children within cultures that hold expectations for adults to

[12] While there are several more models outlined by Heath in his overview, I have, for the sake of brevity, only included those which reflect statements made by the interviewees in this study, which will be discussed in later chapters.

imbibe as an integral part of business and social gatherings; and beliefs that it is rude to decline the offer of an alcoholic beverage from a host, within environments where inappropriate acts of overindulgence are considered offensive and embarrassing. From his study of selected societies from around the world, Pittman (cited in Heath, 1988) concludes that alcoholism is most likely to occur in societies which harbour ambivalent attitudes toward alcohol, with significantly lower rates occurring within both permissive and prohibitive cultures.

Other models of alcoholism which have developed through cross-cultural studies include Horton's "anxiety model" in which he finds that "the primary function of alcoholic beverages in any society is the reduction of anxiety" (cited in Heath, 1988: 367); "the power model" which posits that: "Ingestion of alcohol cues thoughts of strength and power in men everywhere" (McClelland et al., cited in Heath, 1988: 370); and Child et al.'s "conflict-over-dependency model" which concludes that: "When indulgence of children is normal and is followed by heavy demands of self-reliance in adults..." there is more likely to be a high level of alcohol dependence within the society (Heath, 1988: 369).

The Construct of 'Alcoholism' in the Medical Model

> Repetition alone won't produce addiction. It only comes when there is a motive for repeating. Alcohol is not habit-forming in the sense that a drug like morphine is. Rather than calling alcohol a habit-forming drug, it is more accurate to say that *it is a substance that lends itself to those who form compulsive habits easily.* The alcoholic reaction is atypical, not universal. It is the reaction of a minority of people, not a property (Jellinek, cited in Clinebell, 1998: 59; emphasis in original).

> ...alcohol-related problems are now known to come and go in a wide variety of patterns: they do not cluster in any regular way, do not emerge in any uniform sequence, and do not show up at all in the lives of many heavy drinkers (Fingarette, 1989: 22).

The secular scientific understandings underpinning the medical representation of 'alcoholism' as a category are being questioned in the fields of neuroethics (Foddy and Savulescu, 2010), psychiatry (Sellman et al., 2007) and psychology (Wilson, 1988). Foddy and Savulescu (2010: 1) explain that in the current medical model, the "addict's drug-seeking behavior is the direct result of some physiological change in their brain, caused by chronic use of the drug". These changes are understood to cause perversion of normal brain activity, they say, which is believed to reduce the

autonomy of the addict by causing behaviours that they are decreasingly able to control over time. They claim, however, that: “Current neurological evidence gives us no reason to think that addictive desires are formed in a different way to regular desires” (Foddy and Savulescu, 2010: 4) and that, because regular desires are considered unproblematic, neurological activities involving them have not been scrutinised in the same way. The chemical changes that have been noted, they say, are actually “changes elicited by the repeated presence of brain reward, not by the particular chemistry of the drugs” (2010: 4). These changes are caused by every pleasurable activity, including such everyday undertakings as eating tasty food, having sex, or even drinking water. If this particular response of the brain to pleasurable activity is a “disease”, they claim, then “the name for this disease is ‘learning’ ” (Foddy and Savulescu, 2010: 6). They cite De Vries et al. who have shown that abstention will not cause these pleasure pathways to dissipate, even over long periods of time, and say that it is therefore only through building new connections in the brain, while controlling the stimuli that encourage the old patterns, that compulsions can eventually be overcome. Foddy and Savulescu’s analysis is that the ‘addict’ is not, as previously believed, controlled by these changes that occur in the brain, but maintains autonomy when making choices regarding the mode of pleasure they will engage in (such as drinking alcohol). They say that people labelled ‘addicts’ have consistently shown autonomy regarding the quantity, quality and situational elements of their chosen ‘addictive’ practices and that the premise in groups such as AA, for example, that the alcoholic is powerless over alcohol, is not founded in evidence. Addiction, they say, is ultimately “an illiberal term invented to describe those who seek pleasure in a way that expresses our social disapproval” (Foddy and Savulescu, 2010: 20).

This argument concurs with the “social learning theory of alcoholism” (Wilson, 1988: 239) which postulates that the desire for alcohol results from a person’s desires, and their learned expectations that alcohol will allow them to attain positive states, while mitigating aversive ones (such as anxiety, for example). Coombs (2001: 2) explains that the “craving for ecstasy” is a basic part of the human psyche and is “the root cause of compulsive pleasure seeking”. He says that the heavy drinker’s craving for alcohol is a craving for the effect it produces, “*not* [for] the substance itself” (Coombs, 2001: 2; emphasis in original). Fingarette (1989: 63) says that any “abnormality” in these cases rests with the things the heavy drinker has learned to do – that they have learned to seek pleasure through means which tend to be destructive to both health and social relationships when used excessively – and that

they are equally capable of learning alternative, healthy methods for sourcing pleasure.

These processes of deconstruction of the categories of 'alcohol' and 'alcoholism' are fundamental to this research, as the exploration of alternative conceptions to the disease model of alcoholism may reveal possibilities for future outcomes involving both the understandings and treatment options available to those seeking assistance. These understandings may allow the heavy drinker to again conceive of personal autonomy and agency, both of which have been diminished in the current models.

A particular focus on this research, therefore, is on the how the interviewees represent success with regard to outcomes for the heavy drinker[13], and the relationship between those outcomes and the relative power and control perceived by the heavy drinker. In order to conceptualise these experiences, I have incorporated the notions of the 'self', 'embodiment' and 'boundaries of the self'.

Embodiment and Boundaries of the Self

> There has never been a human being without the sense not only of his [*sic*] body, but also of his [*sic*] simultaneously mental and physical individuality (Mauss, 1979: 61).

It has been suggested in the previous sections that alcohol and alcohol use are understood, valued, utilised and accepted variously throughout different social and cultural environments. When Dietler (2006: 229) refers to alcohol as "a special form of embodied material culture" he is referring, not only to these elements, but also to the fact that, in the act of drinking, this "psychoactive agent" (Dietler, 2006: 229) crosses a boundary from outside of the body, where it becomes internalised allowing for the potential to create a wide range of effects. Consequently, the drinker is not only *influenced* by the substance, but in being so, may also simultaneously *have influence* on his or her environment. In order to explore this interaction further, as well as the efficacy of any treatment options which may be offered to the

[13] As will be explained in the Methodology section, both time and ethics restrictions have not allowed for the possibility to observe or interview heavy drinkers directly. Instead, these conceptualisations will be analysed through the representations and experiences provided by spiritual leaders who have worked with people who are wishing to change their heavy drinking behaviours.

recovering heavy drinker, it is necessary to define the categories of 'self', 'embodiment' and 'boundaries of the self' as they will be used throughout this thesis.

Notions of both the 'self' and 'embodiment' are being increasingly explored in alcohol studies, particularly in the areas of sociology and anthropology. In this research I follow Geertz's (1984: 126) definition whereby the 'self' – referring specifically to the heavy drinker of western society in this case – will be conceived of as, "a bounded, unique, more or less integrated motivational and cognitive universe". In this context, the self is the locus of autonomy at which the phenomena of individual existence occur.[14]

To represent the experience of these phenomena, I will utilise Csordas' (1990) phenomenological understanding of embodiment. Rather than focusing on the body merely in terms of cultural construct, Csordas argues that it is rather "the existential ground of culture and the sacred" (Csordas, 1990: 23). He combines Merleau-Ponty's notion of the body as the "setting in relation to the world" (Merleau-Ponty in Csordas, 1990: 8) and Bourdieu's expanded version of *habitus* which describes the body's role as the "principle generating and unifying all practices" (Bourdieu in Csordas, 1990: 8). He formulates an integrated notion of embodiment which incorporates the preconditioned act of existing in a body with the reflexive act of objectifying the self as an object amongst a group of objects (recognising 'self' in relation to 'other'); as well as the subconscious influence of practices and beliefs that have been accumulated over a lifetime through social and cultural learning (*habitus*) but which are also mediated through the predispositions and agency of the 'self' which shape and affect interpretations and understandings. This concept therefore encompasses both the perceptual and the practical; the effect of society on the self, as well as the agency of the self and its effect on society, experienced both on a conscious and subconscious level. I will use this notion of embodiment to encompass the entirety of experience, the phenomenology of the heavy drinker as it is represented by interviewees.

While Geertz's definition of the self promotes the concept of the individual, the notion of an individual self is necessarily contingent on the existence of 'others'. The embodied heavy drinker is socially embedded in family, community and in broader

[14] This definition of the 'self' is not unproblematic. It has been contested on the basis that it is culturally specific to western, misogynistic representations (Morris, 1994). Based on the interview data, however, it is, I believe, culturally appropriate for this thesis.

society, and similarly, considered a ‘secular’ entity when compared to that which is understood as ‘sacred’. In describing the locus of ‘boundaries of the self’ which separate the two, Csordas (1994: 5) explores ‘Otherness’ through a description of the “sacred" which he understands as:

> ...an existential encounter with Otherness that is a touchstone of our humanity. It is a touchstone because it defines us by what we are not – by what is beyond our limits, or what touches us precisely at our limits.

I will utilise this notion of limits to define, not only the existential experience of a sacred ‘Other’ but also that of the ‘Other’ in the secular world of the heavy drinker; the boundaries the heavy drinker experiences both within the physical world, and also at the depths of their perceived inner existence.

Douglas (2008: 141) speaks of such ‘boundaries’ as “outlines [which] contain power to reward conformity and repulse attack”. She says that the boundaries of the body “can represent any boundaries which are threatened or precarious” (Douglas, 2008: 142). These notions are helpful when applied to the bounded system of the self in which phenomenology of the heavy drinker is embodied, as they introduce the concept that boundaries at the limit of the self are simultaneously mutable, vulnerable, powerful, and potentially in constant flux. Such understandings also incorporate the possibilities that boundaries can be affected both by endogenous experiences, originating from within the self, and exogenous experiences, introduced by an ‘other’.

Technologies of Power and the Locus of Control in Treatments for the Heavy Drinker

As discussed earlier, one of the differences between the disease model of alcoholism and constructionist views is the relative loci of control and power between the heavy drinker and their environment. Having established how the concept of boundaries will be framed throughout this thesis, an understanding of some of the technologies of power which have developed in western culture is helpful in identifying the effect of societal influences on some of the boundaries that individuals within a population are likely to acquire as part of their *habitus*, and which the heavy drinker in particular, traverses.

Foucault (1990) argues that power[15] is not a force that acts only from outside of an individual, but is a dynamic that is created through a combination of external power and the individual's response to it. This is consistent with Csordas' (1990) definition of the self, explained above, as both object upon which external influences act and subject which interprets and responds, and is also compatible with Elias' conceptions of power which he posits through mechanisms of *The Civilizing Process* (1994).

Elias (1994) notes that mundane daily activities have slowly changed over time to reflect increasing levels of shame, particularly around natural bodily functions, impulses, desires and passions. While acknowledging institutionalised technologies of coercion, Elias focuses on the interaction of individuals and social groups on each other. He remarks on how the internalisation of societal expectations has manifested in the normalisation of judgement between people. Where observation was traditionally hierarchical, it became normalised to judge and be judged by peers.

Elias (1994) describes the learning process to which a child is subjected through the scrutiny of the family unit, schooling system, institutions and social groups throughout their development, as a condensed version of the progressive civilisation which has occurred to entire cultures over a period of centuries. He considers contemporary individuals to be products of discipline, restraint and routine, and similarly to Foucault, notes how the civilizing process has resulted in the stringent internalisation of self-control and self-regulation. As a result, he views society as existing in direct opposition to nature.

Elias' interpretations are consistent with Bacon's "dependency-conflict theory" of alcoholism (in Heath, 1987b: 27) which suggests that issues with alcohol most often occur in cultures where demands for independent, self-sufficient adults exist in a society that covets freedom and indulgence for children. Bacon suggests that the requirement to shift from state of the child, what Elias would call the 'natural' state, into adulthood which Elias frames as the 'disciplined' state, creates an opposition that must be integrated in a relatively short amount of time – in some cases

[15] Foucault's notions of "pastoral power" (1999), "disciplinary power" (1977) and "biopower" (2003) explore the shifts in power from the church to secular medical discourses, and the processes through which judgement of individuals has been normalised through instruments of hierarchical observation by 'experts' in societal institutions. As a result, individuals have been increasingly required to self-regulate their thoughts, bodies and behaviours to comply with imposed rules and regulations.

overnight on the event of an 18th or 21st birthday – and one which the heavy drinker has often found difficult to navigate.

Wouters (in Binkley et al., 2010) has developed Elias' theses even further, with particular attention on the marked social changes that occurred in western culture during the 1960s, and his observations reveal an additional level of complexity when related to the heavy drinker and the boundaries they navigate. He coined the term "informalization" (in Binkley et al., 2010: 68) to describe a time of "collective social emancipation" (in Binkley et al., 2010: 64) when moral codes and behavioural requirements were loosening. Rather than alleviating the individual of the need to control him- or her-self, however, Wouters says that this shift necessitated "a controlled decontrolling of emotional controls" (in Binkley et al., 2010: 68) which heightened the sense of individuation as a source of control. Responsibility on individuals, he says, has in fact increased as a result, as society requires new levels of reflexivity, co-operation, compromise and consideration from each.

By considering the *habitus* created through the totality of these mechanisms, boundaries between the self and 'others' become apparent. By the time a person reaches adulthood, many 'natural impulses' have been judged, manipulated, punished and curbed. Individuals must constantly self-monitor to mitigate negative consequences, both from authoritative figures and peers, while functioning in a social environment where judging others is normative.

Of interest, too, is the effect of these mechanisms of power on the disease model of alcoholism where surveillance is an integral element. This model positions the user as an agent that is being acted upon; a body with inherent biological weakness which renders the user helpless while being judged as deviant and requiring expert intervention. Through the "medical gaze" (1975: 89), Foucault suggests that a person becomes a disembodied entity as a result of the dehumanizing nature of medical practices which necessitate the separation of the patient's identity from their body. In this secular discourse, the character of the individual is no longer considered. Additionally, there exists a significant challenge for the heavy drinker once the label of 'alcoholic' is applied within this treatment model. The label becomes a lifelong burden; a diagnosis of disease within a system of practices that does not allow for the possibility of its cure, and thus positions doctors, psychiatrists, psychologists, nutritionists, etc. as 'experts' regarding the individual. The power of the individual has effectively been decentralised and denied.

In this research, I will explore, therefore, the perceived differences in outcomes where spiritual approaches allow reclamation of autonomy and control for the heavy drinker in the process of their recovery.

Conclusion

In this literature review, I have outlined the predominant models of alcoholism, the effect of Judeo-Christian understandings on treatment models, as well as some of the social and cultural influences which tend to posit the locus of control beyond the heavy drinker. I then explored some deconstructionist perspectives that allow for new conceptions of individual autonomy in the process of recovery in order to establish the foundations of this research to explore the application of a range of spiritual approaches in the treatment of the heavy drinker based on their perceived levels of autonomy and the relative outcomes experienced.

In a comprehensive review of spirituality in alcohol treatment, Delaney et al. (2009) have found that specific spiritual practices which are inconsistent with Judeo-Christian beliefs have received little or no attention in alcohol studies. In the chapters that follow, I compare understandings and approaches to alcohol use, abuse and dependence from a variety of religious and spiritual perspectives, to ascertain where similarities and differences exist with Judeo-Christian approaches and explore possibilities for broader applications of spiritual practices within treatment options.

Chapter 3
METHODOLOGY

Positioning Anthropology

> To compare...is to discover unity in diversity and differences among similarities, that is, to uncover structure. The first act in this process is to name the parts and the relations among them (Rapoport in Donovan, 2003: 64).

Davies (2002: 2) explains that although anthropology has traditionally shown "a high degree of inhospitality" toward theology, both traditions are concerned with "life-studies", and that "experience lies at the heart of each". The initial purpose of this research was to compare the differences between exogenous and endogenous spiritual experiences across a range of religious and spiritual beliefs and practices, and to identify where the locus of power and control might exist between a heavy drinker who is seeking spiritual guidance as part of their recovery, the mediators or leaders within the spiritual organisation they approach, and God or their Higher Understanding. I was interested to explore whether, in the act of comparison of a diverse range of these beliefs and practices, a "structure" (Rapoport in Donovan, 2003: 64) might emerge that has hitherto gone unnoticed where focus has remained predominantly in Judeo-Christian approaches to treatment.

While a strictly ethnographic approach to religious and spiritual understandings of addiction has not been possible in this research, due mainly to ethical implications of observing and interviewing recovering heavy drinkers, it remains that "anthropology is a comparative discipline" (Donovan, 2003: 63) well suited to the analysis of biopsychosocial and spiritual influences at work in this process. When considered in terms of human experiences which have been classified as medical in nature (as with the case of 'alcoholism'):

> Anthropology is well positioned among the social sciences to take full advantage of the insight that culture matters when it comes to the human experience of and response to disease (Joralemon, 1999: 8).

Borkman (2008a: 12) argues that positivistic approaches utilised in the medical sciences for the study and understanding of AA have proven "inappropriate and limited" due to the inherent omission of a diverse range of cultural, social and economic influences involved in these approaches. As Joralemon (1999: xiii) says, "A biocultural perspective is essential to avoid reductionist views of disease." By

taking an anthropological approach in this research, my aim is to incorporate the full range of influences, if and as they are presented in the interviews.

For this research I conducted a semi-structured interview with one 'expert'[16] from each of six different religious or spiritual organisations. Interview questions were focused on the views of the organisation toward the use of alcohol, predominant understandings of the causes of alcohol abuse and dependence, the support given by members of the organisation in the event that they are approached for assistance, and the outcomes which they have experienced. Interviews were recorded, transcribed and coded, then data was analysed using a "grounded theory" approach.

Recruitment

A range of spiritual and religious organisations was chosen to give maximal opportunity of exploring a comprehensive variety of spiritual practices which incorporate both and exogenous and endogenous experiences of God or Higher Understanding for the spiritual practitioner. Communication with two of the organisations chosen was facilitated through the University of Newcastle's Chaplaincy while the other four were sourced through personal networks.

The major Abrahamic[17] religions approached – Catholicism[18], Judaism, and Islam – were targeted as representatives of faiths which I understood to conceive of an external creator/redeemer God.[19] To explore traditions that conceive of a Higher Power that exists within an individual, I chose Buddhism, and the Krishna Consciousness faith, which has its roots in Hinduism.[20]

The sixth organisation which was approached was the Pentecostal Church, in the hope that certain unique overlaps may be discovered with the other two categories.

[16] I am following Iannaccone (1994) who defines an "expert" as one who is "maximally knowledgeable and representative" of the organisations' beliefs.

[17] The Abrahamic religions are monotheistic religions which originated in the Middle East and identify their lineage from the patriarch, Abraham.

[18] Catholicism was chosen as the representative for Christianity due to the fact that it is the largest of the Christian religions in Australia.

[19] Please see "Amendment of Original Hypothesis" below for further discussion on this understanding.

[20] Please see "Amendment of Original Hypothesis" below for further discussion on this understanding.

While the Pentecostal faith is Christian based, their practices function to encourage the internalised experience of God through "getting the Holy Spirit". Because the focus of this research was originally on the exploration of exogenous and endogenous experiences, I was interested if there would be similarities between the understandings of the Pentecostal Church and those of Krishna Consciousness and Buddhist practitioners who focus on the experience of an embodied awakening to God or Higher Understanding, respectively, which is not incorporated in the other Abrahamic religions.

I originally sent information packages to the head of administration in each of religious and spiritual organisations, requesting permission to hold an interview with a spiritual leader who they deemed appropriate, with the aim of gaining a "representative" understanding (Davies, 2007: 63) of the organisations' philosophies and practices in relation to alcohol and other drug addictions[21] (See Appendix 1).

The criterion for potential interviewees were that they preferably hold a senior position within their respective organisation, to the extent that they were well acquainted with the relevant texts and practices, and it was also preferable that they had worked with people who experienced issues with alcohol abuse and dependence. Due to the sensitive nature of the experience, and also due to ethical constraints, it was a requirement that the interviewee had not experienced these issues themselves. I offered to interview each person in their own environment, firstly in respect of their busy schedules, and also to allow them maximal comfort and easy access to any materials they may have wanted to source.

Each participant received a Participant Information Statement prior to their interview which outlined the general focus of the interview and asked that, if they chose to do so, they source relevant sections of their sacred texts that refer to addiction, where applicable (see Appendix 2). The Krishna Consciousness, Catholic, Pentecostal and Buddhist interviewees incorporated this information into their interviews, while the Jewish interviewee provided two relevant websites and the Islamic interviewee offered to email quotes sourced by the Imam, which she did after the interview.

[21] At the time of submitting my ethics application, I planned to focus on 'alcohol and other drug addictions'. During the course of researching literature, however, it became clear that the focus was too broad for Honours research, particularly due to the fact that illicit drugs incorporated additional issues and complications. Additionally, my review of the literature revealed that, as described earlier, "addiction" is a social construction, often loaded with emotional and intellectual presuppositions. For this reason I chose to replace the word "addiction" with "abuse and dependence" as per Fingarette (1989).

The interview questions were formulated to explore the theological understandings of the church or spiritual organisation with regard to possible reasons for heavy drinking[22], and also aimed to ascertain the degree of involvement of the church or spiritual organisation in the treatment of heavy drinking, as well as exploring the methods they employ where such treatment is applied. Interviewees were asked about their perceptions and experiences of the effectiveness of their practices in treating alcohol abuse, and I also explored how the ontology of God was understood within their tradition, with particular focus on the perception of an external God as opposed to an internal representation (see Appendix 3). The interview questions were used only as a loose guide, allowing the interviewees' focus to direct the course of the discussion. I incorporated the major themes as naturally as possible within this context.

Before interviewing, written permissions were obtained to record the interviews and, once received, permissions were also recorded. On the Participant Consent Form (see Appendix 2) permissions were requested for followup emails or phone calls if required, and interviewees were asked how they would like their own identity and that of their organisation to be represented in the report. They were also offered the opportunity to receive and amend their transcripts and were offered a copy of the final report.

The Interviewees

Three of the interviewees gave permission for their names and organisations to be revealed in the report and in all cases except one, it was agreed that the first letter of the organisation was appropriate for use after the interviewee's name or pseudonym to represent their affiliation. The International Society of Krishna Consciousness (ISKCON) is represented by two letters, KC, for Krishna Consciousness, as requested by the interviewee.

Toshan (KC) is originally from Bangladesh and came to Australia to pursue his spiritual practice 5 years ago. He explained that they once had a temple in

[22] As per "addiction", the words "alcoholism" and "alcoholic" were omitted from the interview unless the interviewee chose to use these terms autonomously. The Krishna Consciousness and Jewish interviewees did not use the terminology at all – although they used the term "addiction" regularly – Buddhist and Islamic interviewees used the terms only once each, and the Catholic and Pentecostal Ministers used the terminology consistently. In order to preserve the natural flow of the interviews, I attempted to reflect the terminology used by the interviewees.

Newcastle, NSW, where they provided food and shelter for people who were homeless and who were dealing with alcohol and other drug addictions. The temple had to be sold to pay for a lawsuit when one of the patients fell and was injured. Now, Toshan manages Govindas Krishna Restaurant in Newcastle. He expressed frustration that in such a small business, there is little he can do to help all the people who come to him with issues of addiction.

Fr. Bill (C) has been a Priest for 47 years, and currently ministers at Mayfield Catholic Church, NSW, which has a congregation of approximately 200 members. He has a background in psychology and previously worked as a counsellor with Centrecare, “years ago now”, which was a Catholic, not-for-profit, community organisation. In both capacities he has worked with people who have issues with drug and alcohol abuse.

Mendel (J) is a Rabbi who manages Jewish House, a crisis centre in Bondi, Sydney, NSW. He was a Rabbi at the Great Synagogue in Sydney before taking this position, and also started up a youth charity approximately 12 years ago called *Point Zero,* “which has a van that goes out on Saturday nights and sees kids on the streets” (Mendel).

Mick (B) chose not to have the details of the Buddhist Centre with which he is affiliated published, and the final two interviewees chose to be known by pseudonyms and will be referred to as Wendy (Islam – I) and Luke (Pentecostal – P). Each of these people has had long-standing senior positions within their respective organisations.

Interviews were recorded and transcribed, and copies of the transcripts were sent to each of the interviewees within two weeks of their initial appointment, except Fr. Bill who chose not to take this option. The interviewees were offered the opportunity to amend or omit any information they deemed necessary. Only Mick (B) returned his transcript with minor amendments.

Analysis: Conceiving Boundaries

Processes involved with gaining permissions resulted in each of the interviews falling one week apart which allowed for each to be coded and analysed before the next interview was conducted. After the first interview with Toshan (KC), initial

coding was carried out following Charmaz (2006), and broad themes were established. By the time the second and third interviews, with Fr. Bill (C) and Luke (P) respectively, were completed and coded, some clear themes were emerging. The first of these was the importance of community in recovery, and I also noted the descriptions that supported the concept of "ego death" I had identified in the literature, which is discussed in depth in Chapter 5. It was at this point that I began to conceive of the theme around "boundaries of the self", noting that in each case interviewees presented heavy drinkers as those who tended to be isolated and leading restrictive lives, both with regard to their community and spirituality, while speaking in terms that indicated their aims to break down their barriers to others and effectively 'bring them out of their shell' by helping them experience their place within something bigger. This central concept was supported, developed and clarified by data that emerged subsequently.

Using a "grounded theory" approach (Bryman, 2008: 541), the theme of 'boundaries' grew and deepened with each successive interview. It was not until I wrote out my findings in the chapters that follow, however, that it became clear to me that my previous focus on whether an experience was endogenous or exogenous, was secondary to the effect that embodied experience had on the changes in *habitus* for the heavy drinker, and the effect on the boundaries of the self which resulted. The locus of control and power, which was also incorporated into my research question, then became a supportive element to the analysis around boundaries.

Amendment of Original Approach

My belief that the Abrahamic religions believe in an external God and the others an internal god was quickly shown to be misguided. This conception was in fact challenged within the first two interviews. When I asked Toshan (KC) how the relationship with God was experienced, he explained that "God is outside everywhere, [but] it's inside I can see God". He shortly afterward went on to explain the process of empowerment through experiencing God (Krishna) within: "For me, come outside to in, then in to out". His hand movements indicated that he

experienced being filled within by an external source and was then able to give power back out to others.[23]

In the next interview, with Fr. Bill (C), he said, “the mature Catholic Christian would say today that it’s both/and. It’s God out there and God within here”. These representations not only challenged my own understandings of these faiths, but also the premise of my research, to the point I was concerned I no longer had a conceptual framework within which to work. As previously mentioned, however, the theme of “boundaries” started to become clear after the third interview, and the conception of whether God was perceived as internal or external became less central.

[23] Please note, this thesis has been written based on the assumption that ‘God’ or ‘emptiness’ (as in Buddhism) actually exist. The limitations of this thesis do not allow for full exploration or explanation of this concept, however, I will follow Alston (1991: 67), who says “we will at least have to take seriously the view that a claim to be perceiving God is prima facie acceptable just on its own merits, pending any sufficient reasons to the contrary”.

Chapter 4
ESTABLISHING BOUNDARIES, BREACHING BOUNDARIES: THE HEAVY DRINKER AND THEIR NETWORKS

Introduction

In this chapter I will explore the understandings of alcohol use, abuse and dependence in each of the spiritual organisations, interactions between the heavy drinker and society as presented in the interviews, and the influence of some of the mechanisms of power which act on the boundaries of the heavy drinker through societal and cultural learning. I will then present findings which indicate that while alcohol can act to break down some of these boundaries, the ultimate effect of consistent use in excess tends to be one in which they are intensified, both in relation to others, and to God or Higher Understanding.

While the specific terminology was not used by the interviewees, the concept of 'boundaries of the self' was apparent in all participants' representations of the heavy drinker, and infiltrated each of the major themes which emerged from the data. Expressed in (sometimes significantly) different terms, descriptions of the interface between the heavy drinker and both their social and spiritual networks, encompassed notions of embodied experiences which acted to tighten, loosen, develop and dissolve boundaries between the 'self' of the heavy drinker and 'others', both secular and sacred.

The Religious and Spiritual Understandings of Alcohol Use, Abuse and Dependence

In the Catholic, Jewish and Pentecostal faiths, alcohol use is acceptable in moderation. Wine, in particular, is presented in the respective sacred texts as a revered substance used in celebration, in ritual and for medicine. Alcohol abuse and alcohol dependence were understood in each case to result from a complex combination of biopsychosocial influences[24], however, there was a basic difference between the representations of the Pentecostal Minister, and that of the Catholic and Jewish interviewees, in terms of basic underlying causes. Fr. Bill (C) and

[24] A belief that alcohol abuse and dependence is caused by a complex combination of biopsychosocial and spiritual factors was presented in all interviews. Understandings of the prime underlying cause, however, varied as explained in this chapter.

Mendel (J) spoke of alcohol dependence in terms akin to a secular, 'medical model' of alcoholism:

Fr Bill (C): When we come to the problem drinker, the choice seems to be limited. As, as they will say 'one drink is one too many, a thousand's not enough'...I think if you look at most of the histories, it is a gradual descent into it, it's not as though something, you know, ah, and a gradual loss of choice, loss of their freedom...

Mendel (J): ...the suggestion is that addiction...is possibly genetic or scientific or, you know I mean so therefore why would somebody because they're religious not have those, the same chemical makeup that can cause it?

These representations of addiction indicate common understandings which incorporate loss of agency and ability to control the self as a free and autonomous agent, focusing more on secular causes than spiritual. Luke (P), however, considered biopsychosocial factors to be "peripheral" to the real cause of alcohol abuse and dependence, which he understood foremost to be a damaged relationship with God:

Luke (P): The greatest need that we would have to see as a minister would be to say well, how are you with God? How is your relationship with God? ...if we die tonight, fixing the alcohol problem, does that mean that soul's going to Heaven? Does it mean that we've, we've bridged their relationship with God? You see? It's far more important that we make sure we get our relationship right with God.

Alcohol abuse was framed by Luke in terms which correspond with the 'moral model' of addiction (Bliss, 2009a), being a result of "original sin", the "carnal nature" of "man" that "wars against the soul" and results in "a wrecked life". Body and soul were constituted as potentially conflictual domains in which the body can corrupt the soul. In this interpretation, the separation of the Creator from his creation, a foundational aspect of Christian belief, is considered the source of disharmony, and based on the fact that this disharmony is believed to be the most salient causative factor for alcohol abuse, Luke's representation also reflects Bliss' (2009a) 'spiritual model' of addiction.

The 'spiritual model' of addiction was also complementary to the Krishna Consciousness and Buddhist representations. In both cases, the vows taken by spiritual devotees incorporate a commitment not to take alcohol or other intoxicants; the "mistaken belief" (Mick, B) that happiness can be found in the material or carnal world was presented as the fundamental delusion at the basis of all human

problems. According to these models, because all matter is temporary, it cannot provide the lasting happiness that humans essentially wish for. Therefore, alcohol can only act to create suffering in its role as an inferior substitute for the liberation of spiritual 'enlightenment':

Toshan (KC): All matter is temporary. So anything temporary cannot satisfy 100%...We're not body, we're soul. So we are looking to please our body. Left out soul so that reason we are not happy.

Mick (B): Problems are imputed by mind. There are no problems outside the mind... to whatever level we have attachment to certain things, to that degree we have problems...medication, drugs[25], alcohol, gives them temporary relief but then as we know after, after that temporary relief from that pain, just say from getting drunk, they wake up in the morning and all the pain comes back, because the cause of the pain, the delusions are still deep within the heart of the person.

In the doctrines of Krishna Consciousness and Buddhism, direct experience of the essence of the human condition – Krishna Consciousness or emptiness, respectively – was presented as the only panacea for the human craving for happiness, and the ignorance of this experience was understood to cause all unhappiness and all addictive behaviours.

Alcohol use in Islam is considered *haram*, meaning that its use is forbidden to Muslims. This is due to the fact that alcohol and other drugs "change the state of our mind [and] are harmful to our body". The "natural self" has been created by God, and therefore it is not permissible to induce circumstances in which the natural self might do something it would not do in its natural condition. While Wendy (I) did not speak directly about how people get to a point of experiencing dependence on alcohol, she discussed the fact that all Muslims are aware from a very young age that alcohol is not permitted. Based on this, and also on the integral importance of community within the Islamic faith, the inference was that traumatic social or cultural schisms were the most likely causative factors for a Muslim to turn away from God, and towards alcohol. Douglas (1987) provides a complimentary explanation of this phenomenon with reference to research which identifies high levels of alcoholism in the New York Jewish community as compared to traditional Jewish sobriety. She argues that the increase in alcoholism for New York Jews is not necessarily due to new immigrants' acculturation to local norms, but rather a result of anomie, a form of

[25] In the interviews, questions were focused on the uses and effects of alcohol. Respondents generally indicated, however, that all intoxicants were viewed similarly, if not in exactly the same way.

normlessness that occurs due to lack of access to cultural and religious ceremony that allows a re-enactment of solidarity with traditional orthodoxy.[26]

Significant differences are notable within these representations of major causative factors for alcohol abuse and dependence. Fr. Bill (C) and Mendel (J) posited understandings akin to the medical model, Wendy (I) focused on anomie, citing cultural factors as most significant, while Luke (P), Toshan (KC) and Mick (B) saw the predominant reasons to be spiritual in origin. Irrespective of these basic differences between the interviewees' understandings, however, all of the interviewees identified the effect of community, society and culture on drinking patterns which strongly reflect the sociocultural model as outlined by Heath (1988).

"My Name is Australia, and I'm an Alcoholic":[27] The Heavy Drinker in Society

> Over the course of socialization, people learn about drunkenness what their society 'knows' about drunkenness; and, accepting and acting upon the understandings thus imparted to them, they become the living confirmation of their society's teachings (MacAndrew & Edgerton in Heath, 1988: 360).

As discussed earlier, the "sociocultural model" of alcohol use (Heath, 1988: 359) focuses on the learned behaviours, beliefs and practices around alcohol and is one of the most commonly used models for anthropologists. Heath (1987b: 46) says that one of the significant generalisations that can be made on the basis of cross-cultural studies into alcohol is that where problems occur, they are "clearly linked with modalities of drinking, and usually also with values, attitudes, and norms about drinking". MacAndrew & Edgerton (in Denzin, 2009: xxvii) state this more bluntly when they say: "A society...gets the kinds of alcoholics and drunks it deserves."

In an article in the *Sydney Morning Herald,* 19 year old Arts student, Blake (2010) writes that even though targeted government policy has positively impacted drink driving statistics, there remains a distinct double standard in Australia's attitude toward alcohol, with "huge" increases in underage drinking accompanied by increasing acceptance of alcohol as an "integral part of our national identity and

[26] When questioned about secular alternative to religious approaches to recovery, Wendy's response concurred with this proposition. She stated that "cultural awareness" was "a huge part" of the effectiveness of the spiritual community as compared to approaches that were not always culturally appropriate in mainstream treatment.

[27] Blake (2010).

culture". He reports that it is those "young people who do not get drunk and party hard on a regular basis [who] are considered abnormal". Denzin (2009: xxvii), writes about a similar "two-faced" attitude in American society, identifying an ambivalence in a culture which he describes as "a drug-oriented society, an addiction society, a society preoccupied with drugs, alcohol, their consumption and social control". He makes the point that a culture in which alcohol is respected, would be one in which ritual and routine were carefully integrated, as opposed to the current state of American – and I would argue, Australian – society where "novice drinkers teach one another how to drink" (Denzin, 2009: vii). In this context, social learning occurs through the community of peers, and in some of the interviews, this learning was represented in a way that revealed a particular irony which clearly reflects ambivalent attitudes in society. For while the heavy drinker was understood to start drinking as a means to gaining social acceptance, the peer group was also seen as a strongly influential factor in the trajectory of the heavy drinker toward increasing isolation.

Heath (1987b) states that alcohol is used as a means to promote sociability in many cultures. In three of the interviews, alcohol use in moderation was identified as a mode of breaking down boundaries between the individual and their community; in work and in play, they said, it is both embraced and encouraged as an agent of inclusion:

Toshan (KC): When I was doing business...if I could drink with them I could get more business...alcohol, is part of our social things.

Mendel (J): ...from personal or Hasidic perspective there is a concept where people get together and have a few drinks, and the concept is that, it's called the *farbrengen*, a gathering where it loosens them up and gives them an opportunity to be able to speak openly with each other in a positive sort of way which they might in other circumstances be more guarded.

Luke (P): ...say for example a young person comes to ah, experience alcohol and all of a sudden, they might be a shy person, they might not have the ability to speak in public or talk and they have alcohol and it gives them that, well I guess dutch courage, it gives them that ability to speak, and then all of a sudden they, they, they feel like a different person, they feel better somehow. They have fun.

The same interviewees, however, also posited the peer group and the changing scope of the normative social landscape as substantial contributory factors in the

increase in numbers of people who approach their organisations for assistance with alcohol related issues:

Toshan (KC): Like all of my friends drinking, if I don't drink, I'll be uncool... most of the time drug or addiction come through the friends...Want to fit it in...It's the main biggest problem we deal with in our life. It is social things.

Mendel (J): ...there's now a stronger push for Recovery Rabbi's and people involved in working with people who are in recovery...Jewish people are integrating more and more with secular society, um, and therefore whatever else is going on in the world, there, you know, we become part of.

Luke (P): ...it's the association certainly in our culture I think things have changed if you have a look at the amount of alcohol that's consumed in our country now... It's being sold by supermarkets now... it's become socially acceptable, it's involved in every aspect of ah, a lot of work providers provide social drinks... a lot of ah sporting activities...are actually [sponsored] by alcohol...I think a lot of people go, well it's a lot more socially acceptable now and you know...If you go to the party you've got to drink. If you're not drinking you're an, an outcast or you just don't fit in...it's a sad thing but it's becoming younger now[28].

What is striking is the seemingly parallel development amongst contemporary social analysts. As Gusfield (1987: 84) states, as the processes of individuation become more socially prominent, the individual has become the reliable locus of self-control while the social group has transformed into "the mechanism of temptation and disorder". Similarly, Beck & Beck-Gernshiem (2002) argue that within western society there is an increasing need for individuals to create their own biographies, to become individualised in a way that requires them to continually recreate and modify their identity. The individual must transcend the social by refusing the submersion of the self into a community of peers. They also state, however, that "self-oriented individuals", typical of western culture, are required to "bond to, with *and* against one another" (Beck and Beck-Gernsheim, 2002: 42; emphasis added) to function effectively within a society of interrelating individuals, and it is interesting to note here that while the representations above reveal the bonding potential of

[28] These examples reflect both "the normative model" of alcohol use which explains it in terms of the "norms" or "the rules of the game" which an individual learns from their social environment (Heath, 1988) and also "the distribution-of-consumption-model" (Heath, 1987b), advocates of which concur with Luke (P) that such measures as increased taxes, shorter sales hours and more regulation would directly influence problematic behaviours.

alcohol when used in moderation, interviewees also presented information which indicated that alcohol use in excess could also create separation.[29]

This data corresponds with information provided in alcohol studies literature in which it is widely reported that excessive long term use can produce outcomes of social fracture, as individuals do, in fact, begin to objectify themselves as separate from, and *against* others. Rather than interrelating, heavy drinkers become progressively isolated (Albaugh and Anderson, 1974, Douglas, 1987, Rossow, 2000, Schoen, 2009), narcissistic (Denzin, 2009), and self-centred (Kus, 2001, Zemore and Pagano, 2008):

> Selfishness – self-centredness! That, we think, is the root of our troubles. Driven by a hundred forms of fear, self-delusion, self-seeking, and self-pity, we step on the toes of our fellows and they retaliate (Alcoholics Anonymous, 2007: 62).

This paradoxical outcome, the withdrawal of the heavy drinker from the very relationships that were often facilitated by the opening up afforded by alcohol consumption, could be explained in terms of the first three of Denzin's "six thesis of alcoholism" (2009: 91).[30] The first of these is the "thesis of temporality of the self" (Denzin, 2009: 97) which suggests that "the alcoholic knows himself [*sic*] only through time and the temporal structures of the experience that alcohol produces for him [*sic*]". He says that being out of synchronisation with others, the heavy drinker is more likely to behave and respond inappropriately in a social context. Additionally, alcohol becomes the primary object of attachment, in place of affection and love, at which point Denzin says the "rational structures of the alcoholic's self" (2009: 101) also become distorted, resulting in "combative, competitive, negative, hostile relationship[s]" with others (2009: 6). His third thesis, "the emotionality of the self" proposes that the altered temporal state created by alcohol acts as a filter for experience which both distorts interaction and dulls emotional responses. In addition to "temporal dis-ease", he says, "emotional dis-ease" is therefore also experienced (Denzin, 2009: 106). Emotionality, he says, becomes problematic.

[29] This data is presented in detail in the next section, *The Abused Body: A Civilised Body, Out of Control*

[30] Denzin is a sociologist who conducted a five year sociological study incorporating observation of over 2,000 open and closed AA meetings, approximately 200 alcoholics [*sic*], their families and friends, and a wide range of workers within addiction services.

All interviewees recognised the influence of emotionality within the cycle of alcohol abuse. Where Denzin positions emotional disturbances as a result of the abuse, however, the interviewees were more inclined to present them as causative factors. For example:

Mendel (J): ...sometimes people self-medicate whether it's drugs or alcohol to be able to keep themselves sane.

Toshan (KC): so we are very frustrated so we want to get out from this, this frustration, unhappiness, unsatisfaction. In that way, people bring drug into their life. Drug or addiction. To cover that area, or doom that area,...paralysed.

Luke (P): ...like any habit, people resort to habits because in somehow they're an escape, in somehow they're a way out.

Mick (B): Buddha said that all of our worldly enjoyments are not real happiness but simply changing suffering. So what we call happiness is simply a reduction of suffering... I think we can call it in ordinary terms, pain relief.

Poet and philosopher, Rumi, explained the same phenomena when he wrote:

> Men incur the reproach of wine and drugs that they may escape for a while from self-consciousness, since all know this life to be a snare, volitional thought and memory to be a hell (cited in Van Der Leeuw, 1964: 501).

These representations concur more closely with the "tension-reduction model of alcoholism" (Horton, 1943).[31] It is a model that Heath (1987a) states is rarely cited in anthropological research, but is often taken as axiomatic.

The interaction of the heavy drinker and their social environment, in addition to revealing ambivalence, also highlights some complex power relations. As discussed in the literature review, the combined effect of social mechanisms of power (Foucault, 1977, 1999, 2003), the civilising process (Elias, 1994), and informalization (Wouters in Binkley et al., 2010) acts to create boundaries between individuals and others. Recognition of these influences was reflected in all interviews where social learning, peer pressure and cultural expectations were regarded as significant influences on an individual's relationship with alcohol; and so too was the agency of the heavy drinker identified, not only as represented by the

[31] Heath called this model the "anxiety model" in his 1988 overview outlined in the literature review. It states, simply, that people learn to drink alcohol to reduce or avoid tension and stress.

decision of whether or not to imbibe alcohol, but also manifest in the way he or she responds to these societal expectations and thus impacts back on society. This impact that the heavy drinker has on their environment was another salient theme throughout the interviews.

The Abused Body: A Civilised Body, Out of Control

'Control of the self', the traversing of the ambiguous boundary between appropriate and excessive alcohol use, was a persistent theme for all interviewees excluding Mick (B). In addition to harm caused to the drinker, lack of self-control was most often cited with respect to the effect the use of excess alcohol has on others, within families, communities and relationships in general, and in several cases, it was described in terms of destruction:

Wendy (I): [We] point out the dangers of it to themselves to their...first of all their families and people that love them because usually they're destroying all of that around them.

Fr. Bill (C): ... you're destroying yourself and you're destroying the community.

Luke (P): ...I'm looking for a word that says it's, it's like a *virus*. It's like, I'm sorry but it's *destroying* the society. It's place, it's, it's, it's appropriateness is not a sin, but I'm sorry it's gone *way* outside of its place and it's become such an influencing factor now that we see, you know, the *destruction* and the, the *lives* and people's lives *families* and children and, you know, the number one cause of *car accidents* is alcohol related. The number one cause of domestic violence is *alcohol* related.

Denzin's fourth thesis, the "thesis of bad faith" (2009: 108) deals with this experiential aspect of alcoholism. He suggests that both denial and self-deception are practiced by the alcoholic, and often those close to them. This is particularly relevant when regarding the extent of social destruction caused by the use of alcohol. His "thesis of self-control" (Denzin, 2009: 112) grows out of this denial, describing the development of the competitive relationship that develops from "self-pride" (Bateson in Denzin, 2009: 110) between an alcoholic and the alcohol where the heavy drinker maintains the belief that they have control over both the alcohol and themselves as users. This distorted understanding, says Denzin, enables them to repeatedly engage in the risk of taking the first drink, even after consistent experience of the destruction that could possibly follow.

Outward displays of excess were expressed in the interviews in terms of anti-social displays of violence, swearing, public nudity, speaking nonsense (Toshan, KC), not

being able to think rationally, treating people badly, committing sins such as adultery (Luke, P), just generally getting people into trouble (Fr. Bill, C) and everything going "pear-shaped" (Mendel, J). In each case, there is a point which is inferred at which a boundary is crossed between moderation and excess. While the locus of this boundary was by no means expressed as tangible or fixed, I feel that Luke's (P) reference to a passage from the Bible helps to locate the point at which appropriate behaviour turns to deviance:

> It says all things are lawful but not all things are expedient, profitable, and thou will not be brought under the power of any so, if it's a controlling thing, alcohol, or in any way, could be a habit, could be anything, it becomes a controlling thing and then we suggest that, um, it's controlling us and we're not controlling it. And alcohol can have a tendency to do that...

The point at which the boundary is crossed is that at which the drinker is no longer able to maintain self-control. When social forces and, more particularly, social substances, gain undue influence over one's life, the moral compass goes awry.

A classificatory system has been developed in the philosophy of Krishna Consciousness, where external objects which are put into the body are understood as contributing factors to this loss of control. Food and drink are categorised into the "moods" of goodness, ignorance and passion, depending on the effect their ingestion has on the general wellbeing and state of mind of the consumer:

Toshan (KC): So alcohol addiction has two different – some drug make sleep, became mood of ignorance, became ignore everything, ignore family, ignore wife, ignore children, everything. And some, some drug make passion, fire, break something, hit something, kill something.

Both of these excesses result in destruction of relationships and communal connections, but in this case, loss of self-control has been explained both in terms of excess, or outward displays of energy, as well as increased inhibition or withdrawal of energy from regular interaction. This explanation lends to a more expansive view of the boundaries of the self: where passion is involved it is expressed in terms which indicate that the boundary, or interface where an individual interacts with their external environment, is breached from the inside, out, resulting in the unregulated self which encroaches on its external environment; the results of the "mood of ignorance", however, create a withdrawal from the external environment. The boundary of the self becomes one behind which one retreats from external influences; a boundary which I suggest becomes increasingly dense,

and creates greater restriction, more firmly drawn in around the individual as a protective layer against the society in which he or she is now labelled deviant. In either case, the result was presented in terms of danger: "…they do these things dangerous for all of the world, dangerous for mankind, dangerous for God" (Toshan, KC).

Cleanliness is next to Godliness: Dirt as a Boundary to God

> The polluting person is always in the wrong. He [*sic*] has developed some wrong condition or simply crossed some line which should not have been crossed and this displacement unleashes danger for someone (Douglas, 2008: 140).

The boundaries of the body and the self are themes incorporated by Douglas (2008) to explain the phenomena of 'cleanliness' and 'dirt'. She considers dirt as anything that relates to disorder and says that the imposition of cleanliness and regulation onto our surroundings is done, not as a method of evading disease, but as a positive attempt to re-order the environment, "making it conform to an idea" (Douglas, 2008: 3). Based on such an approach it can be posited that the heavy drinker becomes stigmatised by "crossing some line" (Douglas, 2008: 140) through excess and disorder which presents potential danger in their environment.

The Oxford Group, from which AA developed in the early 1900s, proposed "the four Absolutes", one of which was "absolute purity" (AA World Services in Zemore and Pagano, 2008: 144). The phrase 'to stay clean' reflects these origins and continues to be used extensively in addiction circles to indicate that a person with a dependency on alcohol and other drugs has remained abstinent. In a similar fashion, reference to staying clean were made by Wendy (I) and Mendel (J) who used the expression to describe "living a good life" (Wendy, I) and "do[ing] things to move forward and start[ing] to rebuild relationships" (Mendel, J).

The sacrament of reconciliation (previously confession) was a focus for Fr. Bill (C): "part of the deal anyway is c'mon you've got to do something about it. It's not just about wiping the slate clean and going out and getting it dirty again". The act of "fronting up and saying OK, I've made mistakes" was, he said, an effective method of engaging in "a bit of preventative cleaning every now and then".

A similar application of religious belief and practice was notable in the treatment offered by the Pentecostal Church, wherein it is understood that fallibility is inherited from original sin. This 'dirt' is cleansed through the ritual of Baptism:

Luke (P): ...what [Jesus is] saying is that in the waters of Baptism, in a spiritual sense my blood is being applied to your soul to wash it clean of any past sin that you've got. All this, this inherited sin, to make it clean and to wash it clean.

The ritual of Baptism effectively symbolises the renunciation of a former life which allows for the participant to effectively be 'born again'. Through this process, the *habitus* of the participant is effectively changed through an embodied experience of cleansing. Luke said that it is only through repentance and the cleansing of Baptism that a person can be filled with the Holy Spirit and thus engage in an unmediated, direct experiential relationship with God.

The accumulation of 'dirt' was similarly posited as a direct barrier to a relationship with God or Higher Understanding by Toshan (KC) and Mick (B). In Krishna Consciousness, to defile the natural state of the body through intoxication is the equivalent of defiling God: "when it contaminate your body, it contaminate your soul." Toshan spoke of the "heart mirror" as the internal interface between the conditional or human aspect of an individual and the constitutional or Godly element, both of which constitute the person: "When you chant, the first thing is it cleans your heart mirror. Then you can see yourself." Ritual chanting, he explained cleanses the heart mirror which brings the constitutional and conditional parts of the self into harmony, at which point one becomes "addicted to God" and is filled with power:

Toshan (KC): First wake up, clean yourself, the desire I want to clean, I want to be Godly, consciousness, Krishna Consciousness, and then you realise...he has a lot of power, Krishna has a lot of power. His power will transform to you, come to you.

Dirt in the Buddhist understanding was expressed in terms of attachment and delusions, both of which disturb mental peace. While Toshan (KC) spoke of a clean heart mirror, Mick (B) stated that "a virtuous mind" was "the main cause of peace", as it is only with "clarity of mind" that the "wisdom understanding emptiness" is possible.

In line with Jung's (1963) statement, *spiritus contra spiritum*, interviewees thus indicated that the use of alcohol directly inhibits the drinker's relationship with the God, or 'right' understanding of their faith; that there exists a dualism between one's 'carnal nature' (body) and 'spiritual nature' (soul, KC, or mind, B), where excessive indulgence of 'carnal nature' creates movement away from God or Higher Understanding. Just as isolation was noted for the heavy drinker in terms of his or her community in the last section, the interviewees were also clear that alcohol abuse negates spiritual wellbeing.

Overall, the representation of personhood of the long-term heavy drinker was represented by the interviewees in terms of isolation and despair. Wendy (I) expressed it like this:

> A lot of people, a lot of people that, that, that we've experienced that, ah, have addictions are often so isolated and, and been isolated from their families or been isolated from society or just live a very, you know, like closed life and a guilt ridden life...

What is consistent across these approaches is the understanding that an existence bereft of spirituality is one which is essentially 'unclean'. While the beliefs and practices vary, they conform to the view that unmitigated secular pleasure-seeking has destructive consequences, creating what Douglas (2008) would call 'pollution' which acts as a boundary, separating the individual from God or Higher Understanding. Through the embodied experience of the rituals of cleansing, it appears that the *habitus* of the recovery heavy drinker is effectively changed, allowing the possibility of a 'clean' life where boundaries to God or Higher Power, like dirt, are removed.

Conclusion: Where Did the Boundaries Go?

Boundaries were not specifically mentioned by the interviewees; however, many of the representations postulated throughout the interviews as outlined throughout this chapter reflect mechanisms of the self which can be interpreted in terms of shifting boundaries, between both the self of the heavy drinker and their social environment, and his or her self and their spirituality.

Where alcohol is used to enhance social interaction, it was expressed that the boundaries of the self are somehow dissolved to some extent – "loosened", "opened" (Mendel, J) – allowing connection with others in a way that is not possible

in a more guarded, sober state. This experience of opening to others is exogenous, as it is produced by the effects of the alcohol, a substance which is introduced to the body from outside of its boundaries.

As heavy drinking continues, however, it would appear that the boundaries imposed by society through the internalisation of mechanisms of power (Foucault, 1977, 1999, 2003), the civilising process (Elias, 1994) and informalization (Wouters in Binkley et al., 2010) – also exogenous influences – create cultural boundaries which are violated by the heavy drinker. The heavy drinker is represented as one who breaches his or her own boundaries of self-regulation, and in a manner described as 'out of control', becomes a source of pollution in society (as per Douglas, 2008). In Denzin's (2009) model, the response from those around the heavy drinker – an exogenous force – becomes increasingly negative and destructive, at which point the heavy drinker begins to reconceptualise his or her self in oppositional terms. This endogenous response from the drinker appears to evolve into a response of progressive withdrawal from others, creating the situation of self-centredness, narcissism and isolation which is widely reported in alcohol studies and outlined above. Additionally, several interviewees described the part of human nature that acts in opposition to the sacred or spiritual aspect of the person, in a way that I suggest indicates a strengthening of barriers between these two aspects of the 'inner self'. The embodied self, then, more strongly bounded by both external and internal forces, can thus be positioned in terms of greater restriction, constriction and separation.

Chapter 5
BOUNDARIES IN RECOVERY: BREAKING THROUGH

Introduction

According to the interviewees, as discussed in the previous chapter, many heavy drinkers who develop alcohol dependency become increasingly isolated from both other people and their own spiritual path (if in fact, they had one) until they are experiencing greater or lesser levels of isolation. As interviewees described the practices they incorporate into assisting heavy drinkers in recovery, it became increasingly clear that their aim was to somehow 'soften' the boundaries that were being built up between the heavy drinker and their networks, to assist the drinker in expanding his or her restricted existence by repairing social networks, by reaching out to others in service and friendship, and by developing a spiritual relationship with a force that exists beyond the heavy drinker's bounded experience.

In this chapter I will first explore the notion presented in the interviews that alcohol dependence may be a 'gift' which, through the creation of suffering, can act to break down the ego boundaries which separate an isolated individual from their Higher Power.[32] The collapse of boundaries between the heavy drinker and their communities is also presented as an integral part of recovery. I will explore the understandings presented in the interviews regarding the function of community, as well as the roles of both spiritual leaders and the relevant Higher Power or Higher Understandings, in the process of supporting the recovering heavy drinker.

I will conclude with the various representations of success presented in the interviews concerning the outcomes of spiritual approaches to alcohol abuse and dependence, and present the differences in outcomes experienced between those approaches which incorporate an embodied experience of Higher Power or Higher Understanding compared to those which focused more prominently on community as a focus in recovery.

[32] Alcohol, in this model, is understood as a catalyst to forge the conditions for this sacred relationship.

Addiction as a Gift: The Road to "Rock Bottom"

> Nor can men and women of AA ever forget that *only through suffering* did they find enough humility to enter the portals of that new world. How privileged we are to understand so well the divine paradox that strength rises from weakness, that humiliation goes before resurrection: that pain is not only the price, but the very touchstone of spiritual rebirth. (Bill W.'s first published "Christmas Greeting to All Members" in Kurtz, 1979: 61; emphasis in original)

In AA's Grapevine magazine (1968), an anonymous member wrote of the "affliction" of alcoholism as a "divine malady" which exists as a "sickness whose recovery *compels [AA members] to become spiritual*," (emphasis in original). Far from being ashamed of their weakness, therefore, the writer suggests that alcoholics could "with good reason, consider themselves a chosen people" (Anonymous, 1968).

In three of the interviews in this research (KC, P, C), the experience of hardship was presented as a gift that can lead to growth, to happiness, to a relationship with God. While Toshan (KC) didn't come to Krishna Consciousness through alcohol abuse, he used his own story of being cheated out of large sums of money by a business partner to explain how such hardships can be a blessing:

> I was not happy, so went to temple...I met a guy, a spiritual man...I explained, look I'm a materialistic man I have nothing to do with Krishna, I'm not happy, I've come here looking for some happiness. I want to kill my partner. He said no, no, your partner...he didn't cheat you, he make you happy, he take your curse away. I said, what? This not true. He took my money. He said it is Krishna's blessing.

Similarly, Fr. Bill (C) and Mendel (J) shared stories of alcohol dependence in terms of a situation which can lead a person to a fuller life through spirituality:

Fr. Bill (C): ...someone I was listening to recently had the interesting comment that we learn nothing from our successes after the age of 30, but more, everything from our failures *[laugh]...*and I think, you know, that the alcoholic in our case here ah, the big struggle is to learn from his failure...perhaps we can say the alcoholic and his, in his struggle and in his acceptance, is often the basic Christian and spiritual journey writ large.

Mendel (J): ...there was a religious man who was a, a client, a patient at the rehab and he says you know what, I've been religious all my life...I do all the traditions, but I never really connected with God. And only once I recognised that I've got an addiction problem, etcetera that I, was I able to recognise that...there's the God that's in my heart, the God that I can talk to, the God that, that's looking after me and that I can wrestle

> with, and that was very important to be able to recognise that *that* is what this guy was missing.

In each of these representations the 'gift' of spiritual awakening comes only after the experience of deep and ongoing pain has led to a moment where the heavy drinker decides to seek help, or at least surrenders to the reality of their situation. While the terminology 'rock bottom' was used only by Fr. Bill (C) to describe this moment, each interviewee indicated the necessity for the heavy drinker to reach the crucial point of being able to accept assistance before any intervention they offered could be effective.

Denzin's (2009: 114) sixth and final thesis of alcoholism is the "thesis of self-surrender" with which he asserts that "only through surrender of self does recovery begin". This is reflective of the first of AA's twelve steps: "We admitted we were powerless over alcohol – that our lives had become unmanageable" (Alcoholics Anonymous, 1952: 27). That this point is crucial is stated widely in alcohol studies literature; the understanding is that by the time the heavy drinker hits 'rock bottom' their identity is so strongly established in terms of self-centredness, narcissism and isolation, combined with the delusions of denial and self-control which were discussed in the previous chapter, that it must be broken down in order for any alternatives to become possible (see, for example, Antze, 1987, Denzin, 2009, Dyslin, 2008, Morjaria and Orford, 2002). The process that occurs at this stage has been called, for example, "regression in the service of the ego" (Prince in Csordas, 1994: 249), "ego collapse at depth" (Wilson in Jung and Wilson, 1963), "active surrender" (Pearce et al., 2008: 200), "ego surrender" (Schoen, 2009), "ego deflation" (Alcoholics Anonymous World Services Inc., 1953: 55) and "ego death" (see, for example, Morjaria and Orford, 2002). Schoen (2009: 109) says that at this point, the heavy drinker becomes open to a "non-ego solution possibility" which becomes possible due to the fact that, "the addiction cannot function or continue to exert its power without the human ego to control as its host" (2009: 99).

Such terminology, when considered in relation to boundaries of the self, infers that the energy involved in keeping those boundaries secure around the individual is released, is surrendered, is let go. At this point, it follows that there will necessarily be an experience of expansion; by releasing the energy in the boundaries, the heavy drinker is able to 'open up' to external support, as they reach out and reconnect, whether to community or to spiritual support.

Opening to Community: A Friend in Need

Westley (in Csordas, 1994: 20), in her study of charismatic communities, showed that the moment of "rebirth" for many Charismatics was not when they started speaking in tongues, but when they shared their experience with their spiritual group. Csordas (1994: 20) suggests that this is due to the innate human need for "intimacy"; for connection on emotional, spiritual and physical levels with like-minded others which acts to validate experience. He notes Victor Turner's "social support hypothesis" (Csordas, 1994: 2) in the context of recovery which contends that community connection acts to provide a sense of solidarity in which an individual can experience a safe, nurturing environment within which to heal and consolidate their identity. This also reflects the position of AA, in which this kind of acceptance within a community is considered central to recovery.

Makela (1991: 1406) notes that when new members enter AA, they do so as "individual atoms cut off from their social matrix". The ability to be able to share their shame and guilt with others who have experienced similar "failings and humanness" is also reported by Schoen (2009: 112) as a great relief. He says: "It is about bringing the addicted individual out of the lonely, torturous isolation...into the loving, caring, compassionate community, especially of those who truly understand and know" (Schoen, 2009: 124). In the same way, regular church attendance has been shown by Ellison and George (1994) to enhance social support networks which assist churchgoers in times of physical and emotional hardship.

Mendel (J), Fr. Bill (C) and Wendy (I), while considering a connection with God of utmost importance, tended to prioritise community and other support networks as an integral part of their focus when approached by heavy drinkers who request assistance in recovery:

Mendel (J): ...they might need extra support and we can work together and you know, we're part of a community or, global community. People do care about you and will work with you. ...just to start to say what is my role in this world, I do matter, God does care about me, people care about me, I'm part of a community, what can we do to start moving forward. ...Community is...vital.

Fr. Bill (C): ...if you drink that much you're putting yourself outside the community... In a world where we seem to have gone to extremes, where individual liberty is really very strongly touted, ah, as against, um, group responsibility, um, so we're very much individuals, particularly in the western world... Yeah, and if he's given that open

acceptance and understanding, particularly by his early AA group, if he's gone right to AA, he can then begin to say well, these guys accept me. Maybe God does too. ...No man is an island. Ah, so we do need the mediation of others, yeah.

Wendy (I): Yeah, and the support of the community. You know, just being a part of something... to feel to be a part of something without people looking down on you for who you are I think is a huge part because it gives that self-esteem back to the person.

Denzin (2009: 166) found that an alcoholic in recovery must learn an "interpretive theory of alcoholism" that recognises the now tabooed nature of drinking for them while it continues to be normative in their surroundings. Often, he said, the community that is known to the heavy drinker will embody values and practices which no longer serve them in the process of recovery. Where this is the case, an alternative community must be sought, "a different community, you know, a different environment" (Mendel, J). The spiritual community, or that which can be found in groups such as AA, can be valuable in this context as they embody, if not complete abstinence from alcohol, its use in moderation as a minimum. In this way, and in line with Forsyth's "social identity theory" (in Borkman, 2008b: 17), the recovering heavy drinker can transform and maintain new developments in their identity through social interaction and learning with others who embody the new lifestyle they aspire to; a profound change of *habitus* embedded in new social configurations.

Another element of community that was considered important in the interviews was that of service:

Wendy (I): ...it's things that make them feel like that they have, not treating them like a servant but things that make them feel like they're a part of something, you know ...including them...if they get to know that they're not being isolated or their not being looked down on and they're not being, and they're a part of that, it gives that little bit of inspiration to try to, you know like better it.

Mendel (J): I need to be able to respect others and, and recognise that there's more to this system, and that's also, I guess the idea of rich and poor, you know, I mean that, within the Jewish tradition you know the rich, it's not their riches, ...it's more that was given to them to hold on to, to then share with the poor, so therefore rather than saying that I'm doing the poor a favour, the poor's actually doing me a favour 'cause he's allowing me to, to do my job which is then to share what ah, God's given me to hold on to, to be able to share.

Toshan (KC): Three things we have to fulfil our duty. One is fulfil duty to our mankind, duty to our parents, and duty to our God...serving people

also is serving God too, and then you will engage, you will have no bad things, no time to do bad things.

Mick (B): *[quoting from text: Eight Steps to Happiness]* ...the more we cherish others and act to benefit them, the greater our self-respect and confidence will become. The Bodhisattva vow for example in which the Bodhisattva promises to overcome all faults and limitations, attain all good qualities and work until all living beings are liberated from the sufferings from *samsara* is an expression of tremendous self-confidence, far beyond that of any self-centred being.

It is interesting to note here that the reason for serving and sharing was different in each case. Wendy (I) referred to the purpose of giving the heavy drinker a sense of belonging and self-esteem; Mendel (J) spoke in terms of encouraging humility and serving God; Toshan (KC), too, spoke of serving God by serving others, but also indicated that through the act of service, the heavy drinker will be engaged in what he elsewhere called “higher taste” which leaves less *time* to engage in “bad things”; and Mick (B) spoke of the increased self-respect and confidence that comes from benefiting others.

By reaching out to others, the heavy drinker stands to gain much for him or herself, although, paradoxically, this element of recovery is most often employed in AA and other forms of treatment as a direct means to counteract the selfishness and narcissism of alcohol dependence (see, for example, Alcoholics Anonymous, 2001, Denzin, 2009, Schoen, 2009). The difference here, it appears, is the intention behind the act of service. In reaching out for the benefit of others, when considered in terms of boundaries, the recovering heavy drinker must not only consciously push through or at least lower their own boundaries of separation to recreate networks, but in experiencing the benefits of their actions in ways represented throughout the interviews, increases his or her embodied experience of positive aspects of interaction which I suggest acts to further expand their phenomenological, existential notion of self and thus also acts to expand their boundaries. In both of these cases, the experience of serving is an endogenous one; it originates from within the individual and acts outwardly, to others.

Collapsing the Hierarchy: A Friend in Deed

While the role of community in providing supportive peer relationships reflects a sense of egalitarianism, particularly when posited within recovery groups and spiritual communities where shared experiences and beliefs act as equalising

influences, relationships within spiritual organisations, particularly between individuals and spiritual leaders, and individuals and God or their Higher Understanding, is not necessarily as obvious when explored in terms of traditionally experienced hierarchy.

Wouters (in Binkley et al., 2010: 57) says that that during the 1960s, "as class, gender, generational and other group interdependencies became less hierarchical, those in the ostensibly inferior but rising groups came to feel that 'enough is enough'" and subsequently, a lessening of hierarchical control has become "an established mode of conduct" (Wouters in Binkley et al., 2010). Similarly, Roof (in Glazier and Flowerday, 2003: 4) notes that "postwar spirituality" has become "anti-institutional and antihierarchical" and that the new emphasis on personal experience and emotions has impacted the structure of relationships within the churches. This was reflected in each of the interviews, where a personal relationship with God[33] was considered an important, if not essential[34] element in the recovery process for the heavy drinker. Although hierarchical structures were evident in some cases, particularly in the descriptions of God's relationship with humans by both Mendel (J) and Luke (P), this relationship, when described, was still expressed in terms which posited God as a companion; a supportive friend.

Luke (P) spoke about the essential need to "obey" God by following "his word" which is revealed in the Bible. While the power in this relationship came from God, he explained that it was through the direct embodied experience of God that an individual becomes personally empowered:

> ...once you get the Holy Ghost *you* shall receive power. So the power comes from the Holy Ghost, ah directly for you, so you have the ability to commune with God, to sense after the Spirit of God yourself, and you have direct communication with God.

The Minister's job he said was to act as a servant to God, as an intermediary, a teacher or guide to assist in this relationship, because "whilst you get the power you

[33] While there is no concept of God in Buddhism, Mick (B) described the role of "enlightened beings" in similarly supportive terms to the individual. This is discussed shortly.

[34] As noted earlier, Fr. Bob (C) and Mendel (J) spoke predominantly of the importance of community which, I suggest, may be a result of their personal experience in addiction counselling in which spiritual alternatives were not always acceptable to recovering drinkers. Wendy (I) also prioritised community. In each case, particularly with regard to the relative positions of the interviewees within their respective organisations, the belief in the importance of a relationship with God can be regarded as axiomatic.

still need to learn how to tune in like a radio station".[35] While there remained, in this paradigm, indications of a hierarchy – from God through Church Ministers to the congregation – the purpose of the practices is to facilitate the direct access of each individual to God: "Then God will through the Holy Ghost give you the ability to overcome anything and work with you at that personal level." In this representation, God becomes a facilitator; a support.

When Mendel (J) spoke of God, he often did so in terms more akin to the panopticon (Bentham, 1995, Foucault, 1977) where belief in God's omnipresence manifests as constant observation. He told the story of a "great Rabbi" whose doctor had told him that he wasn't to drink alcohol for his health: "He used to say, well, it's 10 o'clock, the doctor's sleeping, so I can have a drink." When the heavy drinker becomes aware instead, of an all-knowing, all-seeing God that never sleeps however, Mendel explained that it was of great benefit in recovery: "there's always an eye watching".

Mendel was the only interviewee that spoke of the fear of God, explaining that a balance between love and fear is important. In his own tradition, the Hasidic approach, however, he explained that the focus is on the love of God, and he found that the "positive" approach to a personal relationship with "the God in my heart" was often helpful to explore with heavy drinkers. Through his work in crisis situations, Mendel represented his own role as a Rabbi in terms of a support: "OK, and we're going to work together with you, you're not in this on your own..."

Elements of the panopticon were also apparent in Wendy's (I) explanation of the Muslim's relationship with God. She said that although the heavy drinker would not be "punished and there's no sort of looking down or anything like that" from the Islamic community, a Muslim drinker would still feel a great sense of guilt for their actions because they had acted in a way that is contrary to God's will. Notions of the fear of God, however, were absent in the interview. A Muslim, she explained, is taught their religion from a very young age, and so their conscience is heavily influenced by Islamic teachings at a foundational level. She explained that in Islam, "we don't believe in any... intermediaries between us and God. We have just a direct line, just a direct contact with God" and in a similar way to Luke and Mendel, when

[35] These statements conform to Foucault's notion of "pastoral care" (1999) where the role of the spiritual leader is to care for both the individual and the flock, leading each to salvation.

describing this personal relationship with God, the language of hierarchy was replaced with language more akin to amity:

> He's their companion through everything, yeah, so they can turn to Him at any time and not, not to us or not to anyone else but to Him in their own place wherever they are.

She said that "Islam teaches us that we're all brothers and sisters" and explained that the most important thing they could do for a heavy drinker who asked for assistance would be to befriend them, offer physical and financial support where needed, treat them as part of the family, and offer acceptance and patience.

Fr. Bill (C) spoke consistently in terms that indicated a collapsed hierarchy within the Catholic Church. He said that fear of a punishing God was an old-fashioned idea and that it was important for people to learn that "the God of Jesus Christ is an open, accepting, welcoming God." He said:

> ...the mature Catholic Christian would say today that it's...God out there and God within here. And, it's hard, it's hard for us to learn that God is within us... there is a God within and part of our journey is to get in touch with that as well... in one sense he's giving you the power to do it [go through recovery], so the power is coming from outside, ah, but...sometimes it's the God within being awakened, ah, and, and given the chance to help.

He indicated that the role of the Priest in the church was also changing, and that "being real for others" was the way he believed he could best help parishioners experience the compassion, love and forgiveness of God. He said that "God is not despising you" for being human and making mistakes, for if humans didn't make mistakes, "Jesus was wasting his time". The collapse of hierarchy between God, the Priest and the individual permeated this interview: "we need God on our side and he is with us and let's walk together. We're not, we're not alone."

Toshan (KC) spoke of Krishna in terms of great respect and reverence, but the fundamental belief in Krishna Consciousness that "we are all part and parcel of God" and that "super-soul" is the constitutional aspect of every human's soul, resulted in representations of egalitarianism; of God realised in every living being. In this way, individuals, their community and God (Krishna) were understood to be inseparable, so "serving people and serving living entities is serving God...serve God, serve your soul." God was posited not so much as a friend in this relationship as an inherent truth, and through the direct embodied experience of that truth,

Toshan explained that it is like God lighting the candle that exists within every soul. He equated the lit flame to the Buddhist concept of “enlightenment”, and said that God provides the initial power that empowers the individual, who then has the power to light the candle in others.

While Buddhism does not incorporate a concept of “God”, Mick (B) explained that they do rely on the blessings and assistance of the countless beings who have become enlightened in the same way that Buddha did. He said that these enlightened beings are relied upon “in the same way that a music student relies upon a music teacher.” As with the understandings in Krishna Consciousness, the enlightened beings are “not separate from our mind”; the difference between the enlightened beings and the individual lies only in the degree of “ignorance” to their “true nature”. The aim of a Buddhist practitioner is to attain the state of the enlightened beings through the direct, embodied experience of “emptiness”. In this representation, kind, compassionate support is again the foundation of the relationship between a person, their Buddhist teacher and community, and the enlightened beings.

Throughout this section, the direct relationship with God or Higher Understanding has been presented as a powerful remedy for the recovery of the heavy drinker. When God or Enlightened Beings act in the role of companion, the heavy drinker is empowered and gains autonomy. In contrast to notions of an external Higher Power to which surrender is made, these representations indicate the prioritisation of a mutual relationship: the individual serves God, and God also serves the individual.

Embodying Higher Power: Reclaiming Autonomy

As discussed in the literature review, there is a basic premise in both the medical biopsychosocial models of addiction that the heavy drinker has lost control over their alcohol consumption. Based on this premise, the locus of power and control over the recovery of the heavy drinker must logically, therefore, exist with external agents. Doctors may prescribe medication and will often send the ‘patient’ to counselling or other ‘experts’ and often recommend support groups which, in most cases, utilise the AA twelve-step model or a similar programme developed on the same principles (Galanter and Kaskutas, 2008, Zemore, 2008). Within AA’s programme, power is surrendered to a force which is “greater than and external to

the individual" (Connors et al., 2008: 212). In these scenarios, it would appear that the heavy drinker has little autonomy or power in their own recovery process.

Foucault (1977, 1990) insists that power and knowledge are closely intertwined:

> ...that there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations (Foucault, 1977: 27).

I earlier discussed "the medical gaze" (Foucault, 1975: 89) which necessitates the disembodiment of a person's identity in the treatment of illness in the body. The body becomes a stage upon which power relations are played out, "a body manipulated by authority, rather than imbued with animal spirits" (Foucault, 1977: 28). By treating the body of the heavy drinker in isolation from the heavy drinker's self, any loss of control experienced by him or her as a result of drinking is effectively carried into the alternatives available for recovery. Where some interviewees spoke of a dualism in the soul which creates a tension between the secular and the sacred, the medical gaze reinforces Cartesian dualism, creating a schism between the phenomenology of the heavy drinker and their body which has become an object of focus for 'experts' to diagnose and manipulate. In a purely scientific world, there is no room for illness of the spirit.

In his letter to Bill W. (Jung and Wilson, 1963), Jung is clear that the power to overcome alcoholism for a person such as his ex-patient Roland Hazard, upon whom all other treatment options for his alcohol dependence had failed, could come only from "the union with God". He writes that one path to this experience is through knowledge; through "a higher education of the mind beyond the confines of mere rationalism". This statement indicates something beyond standard (rational) forms of knowledge; beyond that which can be learned through the processes of cognitive learning. As Schoen (2009: 14) points out, for Hazard, "making the unconscious conscious [through psychotherapy] was not sufficient in and of itself to cure him." The experience that Jung (in Jung and Wilson, 1963) refers to is one where the knowledge of God "happens to you in reality". He is speaking of the knowledge gained through embodied experience. Similarly, Van Der Leeuw (1964: 481) says: "...knowledge bestows power, unites man with God and procures for him some portion of divinity".

At the beginning of this chapter, I quoted Mendel (J) who said that a client of his had only recognised "the God that's in my heart" through his problems with addiction.

This reflects the suggestion of Jarusiewicz (2000: 108) that “strong religious identification” can possibly have a “masking” effect on the ability of a devotee to experience “true spiritual integrations”. In this case, Mendel’s client practiced the traditions faithfully, but it was not enough as a protective factor against addiction. It was only once he was able to internalise God – to personalise and embody his relationship with God – that he was able to incorporate his spiritual practice as a tool for recovery. As Csordas (1990: 26) says: “the sacred becomes concrete in embodied experience”.

Learning and knowledge were incorporated into the requirements for recovery in each of the interviews representing the three large monotheistic religions, although the focus varied in each of the interviews. Mendel (J) spoke in terms of the heavy drinker needing to “learn” their value and place in the world; that in order to “fill God’s will” they can “bring positive into the world” by sharing their own unique knowledge with others. Fr. Bill (C) took a more psychological approach when he said there was a need for the heavy drinker to “learn from his failure” and to “learn that life’s not about me. It’s about others as well as me”; and Wendy (I) spoke of the use of religious teachings to “bring them back into...the right reasoning if they can.” I suggest that learning in each of these representations is framed as a new form of embodied power where increased knowledge, by changing the *habitus* of the heavy drinker and generating growth in their internal landscape, exerts forces from the inside of their bounded existence and creates expansion.

In each of these representations, knowledge was presented as being of value in and of itself, to position the heavy drinker in their communities and to realign them with a healthy lifestyle. For the fourth of the monotheistic religions, Pentecostalism, however, the goal of increased knowledge was understood in terms that more closely corresponding with the Krishna Consciousness and Buddhist focus of embodying an experience of God or Higher Understanding. For Luke (P), the first step was learning God’s Word:

> So, counselling isn’t so much from our perspective seen as something that is separate to what else we do, ah, in a general context, counselling is just teaching and teaching the Biblical principles... we would probably go through the entire Bible as to what it says in context about alcohol, so we have a, a thorough knowledge... so a person can make up their own mind,...a person really needs to, has to make a conviction based on understanding.

He said that "some people do struggle...with this and it's not so much because they're not *wanting* to follow [God's Word], it's because they don't understand". He said that by, learning "how to pray", learning how to engage in the practices that lead them to being "filled with the Holy Ghost", the heavy drinker can be filled with God's power and overcome the habit of alcohol dependence:

> Then God will through the Holy Ghost give you the ability to overcome anything and work with you at that personal level because the Holy Ghost is God's *filling* the person on the inside with his *Spirit.*

Similarly, the paradigms presented by both Toshan (KC) and Mick (B) encompassed the use of embodied experience as a remedy for the state of ignorance of the true source of happiness which they identified as the fundamental cause of the heavy drinker's addictive behaviours. The acquisition of knowledge, both cognitively through the sacred texts, and bodily through the practices of chanting (KC) and meditation (B) was, in both traditions, considered essential for the experience of happiness which they said all humans essentially aspire to.

In Krishna Consciousness, Toshan explained that there are three branches of knowledge. The first is the knowledge of matter, and the understanding that all matter, everything in the material world[36], is temporary: "yesterday was somebody's, today is yours, tomorrow will be somebody's...Is not full knowledge. Is temporary knowledge." The second is knowledge of the soul which includes "who am I and where I am from, where I'll go and then this sort of, this thing"; and the third branch of knowledge is that of the "controller of matter and soul", or knowledge of Krishna Consciousness, because "knowledge of what God is, is knowledge about you...You cannot heal if you don't know your identity." While aspects of these branches of knowledge can be obtained at a rational level from the texts, Toshan, too, explained that true understanding of each of these branches of knowledge can only be learned through direct, embodied experience; to "become conscious."

Similarly, in Buddhism, engaging with the teachings and "cultivat[ing] a strong wish to look for happiness inside" was posited by Mick as the point where "real meditation practice comes to life." Mick explained that it is only through the experience of meditation that "we create our mind with virtue and we overcome our inner enemies, the delusions..." He clarified it like this:

[36] Examples given of matter, in this representation, included such things as qualifications, jobs, etc.

> Put simply, by realising emptiness, by mixing our mind with the object that is emptiness, we come to realise the relationship that our mind is playing in our reality. We realise the connection between our mind and our world...If we understand that there's no gap, there's no basis for attachment. If there's no basis for attachment well it's impossible to get addicted.

In each of the interviews, there was a suggestion that to develop knowledge was to allow for increased personal autonomy and control for the heavy drinker in their recovery, however, there was a significant difference in the represented outcomes for the heavy drinker where the embodied experience of God or Higher Understanding was prioritised.

According to Mick (B), Toshan (KC) and Luke (P), the embodied experience of Higher Understanding (B) or God (KC, P) was such that they had witnessed outcomes akin to "cure" for heavy drinkers. They indicated that the experience was so far beyond that of daily human experience, that the heavy drinker would "abandon all delusions" (Mick, B), "they give up forever" (Toshan, KC), they "never touch another drink" (Luke, P).[37]

Conclusion: Where Did the Boundaries Go?

At the beginning of this chapter, I outlined the views of Toshan (KC), Fr. Bill (C) and Mendel (J) which indicated that experiences of pain and hardship, as occur in situations with alcohol abuse and dependence, can be viewed as a gift, or as Antze (1987: 171) calls it, a "*felix culpa*" or "happy weakness" that serves as part of God's plan for the ultimate "salvation" of the afflicted individual. When considered in terms of hitting 'rock bottom', it can be seen that the pain and disharmony – which were first expressed as being instrumental in the processes creating and strengthening boundaries around the heavy drinker – progress to such a degree that they can no longer be sustained within the constricted self. At this point, the energy holding the

[37] These representations are akin to those described by White (2004) who investigated the dramatic *Transformational Change* which occurred for seven severely alcohol or drug dependent people who, after an intensely personal spiritual or religious experience, went on to found or lead abstinence-based social movements which have since provided far-reaching assistance to others. Among these seven are Handsome Lake (founder of the Longhouse Religion), Bill W. (founder of AA), Marty Mann (founder of the National Committee for Education on Alcoholism) and Malcolm X, "the driving force behind the dramatic growth of the Nation of Islam during the 1950s and early 1960s...[which] became a cultural pathway of addiction recovery for many African-American men" (White, 2004: 463). They also closely align with the representations of a spiritual awakening in AA's twelfth step (Connors et al., 2008: 219)

boundaries appears to be released, in conjunction with the process of "ego collapse at depth" (Wilson in Jung and Wilson, 1963), allowing the renewed possibility of expansion.

All interviewees indicated that the drinker needs to reach the crucial point of being able to ask for assistance, to reach out from their isolation and accept help. At this point, Wendy (I), Fr. Bill (C) and Mendel (J) prioritised the role of supportive community, in providing a safe, nurturing environment where the recovering heavy drinker could feel accepted and could reformulate their identity in ways that promote health and happiness. The role of service within the community was also presented as a method of counteracting selfishness and narcissism as boundaries opened through expanded focus on others.

The heavy drinker's relationship with spiritual leaders and with God or Enlightened Beings was also presented in terms throughout all interviews, which indicated that companionable support for the heavy drinker was a focus. Representations of the actual experience of that support by the heavy drinker, however, reveals a fundamental difference in the representations of the large Abrahamic religions (J, C, I) as compared to the remaining three[38] (P, KC, B). For while knowledge of God's word and God's love was regarded as a means for the heavy drinker to realign with the practices ascribed to 'a good life' for Mendel (J), Fr. Bill (C) and Wendy (I), the other three prioritised an embodied experience of God (P, KC) or Higher Understanding (B) in terms of an experience hitherto unknown to the heavy drinker. It would appear here that while both rational learning and embodied 'knowing' both act to change the *habitus* of the recovering heavy drinker in ways that support successful outcomes, this change appears to be more powerful, more salient in the event of a lived, embodied experience.

The function on the boundaries of the heavy drinker in the two different models just presented may be postulated by applying Barrett and Keil's (1996) research on the anthropomorphisation of God. They say that in "making God in the image of ourselves" (Barrett and Keil, 1996: 221), the ontology of God is necessarily generated in terms of human properties due to "constructive constraint" and "structured imagination" which do not allow for the conception of anything beyond

[38] Please note, while Pentecostalism is also an Abrahamic religion, I have included it with Krishna Consciousness and Buddhism here based on the difference described earlier in their focus on the embodied experience of 'getting the Holy Spirit'.

lived experience. In these instances, I suggest that the limitlessness of God is brought within the boundaries of the individual; is restricted and made finite. Representations from Toshan (KC), Luke (P) and Mick (B), however, tended to indicate that the boundaries between the self and God or Higher Understanding were instead dissolved in the event of an embodied experience. It would appear, here, that the heavy drinker's experiential state expands exponentially as the finite self has an experience of the infinite which the interviewees indicate may result in the eradication of the desire to drink alcohol in the event of a new experience that surpasses the pleasure they previously derived from it.

Implications for Further Research

The exploration of a broad range of spiritual models in this thesis, beyond the traditionally integrated Judeo-Christian focus utilised in current spiritual treatment programmes, reveals a possible focus for future research into the expansion and even dissolution of certain boundaries of the self as possible means for new identity formation, a new *habitus* which no longer incorporates heavy drinking patterns. Practices described in this research, which encourage an embodied experience of God or Higher Understanding may identify potential new treatment models. The indications that actual embodied experience of expansion may be more important than whether the experience is endogenous or exogenous, also allows for a more general focus on changes in *habitus* which encourage boundary expansion, opening possibilities for research into *induced* spiritual experiences. Alternatives may include the work discussed by Sellman et al. (2007: 21) regarding the use of "two long-standing 'God-finding drugs', mescaline and psilocybin" which have been successfully utilised in clinical settings to induce spiritual experiences as treatment for alcoholism, as well as those states induced through indigenous rituals with the use of entheogenic plant medicines.[39] Additionally, while the suggestion in this research is that an intensely personal spiritual experience is most likely to provide outcomes of autonomy and transformation, boundary expansion through renewed community and social interaction have also been implied as producing positive outcomes. The focus on boundaries in general may therefore also allow for the incorporation of secular approaches which promote experiences of "flow"

[39] There is increasing research in the field of entheogenic plant medicine for the treatment of addiction which indicate positive outcomes from the use of peyote (Aberle, 1966, Albaugh & Anderson, 1974, Garrity, 2000, Weibel-Orlando, 1989), ayahuasca (Fabregas,et al.,2010), and ibogaine (Multidisciplinary Association for Psychedelic Studies [MAPS], 2011).

(Csikszentmihalyi, 1997). Activities such as art, sport, gardening, listening to music; in short anything that induces an “optimal experience” akin to “being in the zone” have been identified to induce such an experience (Csikszentmihalyi, 1997: 29-30). A focus on boundaries may indeed allow for individually tailored treatment options which do not necessarily require spiritual focus where it is not an amenable option for the heavy drinker in recovery[40], and may also be a future direction for research.

[40] Zemore (2008) notes that a very high proportion of people entering groups such as AA do so under court order and often do not ascribe to spiritually based interventions.

Chapter 6
CONCLUSION

Analysis of the representations of the heavy drinker made throughout the interviews, when considered in terms of boundaries of the self, highlighted a general level of consensus. Sociocultural models of alcohol use were presented across all interviews where societal norms, peer pressure and alcohol use for the mitigation of pain and discomfort were posited as salient influences on drinking behaviours. The heavy drinker's impact on society was also presented as a concern, with representations of crossing boundaries described in terms of destruction and danger; 'polluting' and damaging society through acts of deviance. Both exogenous and endogenous forces were shown to act on the boundaries of the self of the heavy drinker, creating constriction, separation and increasing isolation, both from society and from spiritual pursuits.

In the processes engaged for recovery, each spiritual approach presented in this research placed the autonomy of the heavy drinker as a central concern. Through education, knowledge, community support and renewed relations of the spirit, the result of expansion of the self through the relaxation of boundaries was a focus to empower the heavy drinker; to help them regain control and autonomy through the processes of reconnection, even where biomedical understandings formed the basis of understanding for the heavy drinker's plight. Where the representations differed, however, was in the act of prioritising an embodied experience of God (P, KC) or Higher Understanding (B). While all spiritual relationships acted to expand boundaries, the experience of the infinite in these three representations was posited as a possible cure for alcohol dependence. Findings in this thesis indicate that future research into the phenomenology of embodied experience for the heavy drinker in recovery, including induced spiritual experiences and the incorporation of activities which introduce 'flow', may lead to new possibilities for recovery models.

With a focus on individualised programmes for dissipating boundaries, based on increasing the autonomy of the heavy drinker, I suggest in this thesis that there are options for the heavy drinker to engage in new learning; that, in a state of expansion, they may no longer be *Bound to Drink*.

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APPENDIX 1:

ORGANISATION INFORMATION PACKAGE

Introduction to Study

Dr. Daniela Heil & Dr. Barry Morris
Sociology & Anthropology
School of Humanities & Social Science
The University of Newcastle
Tel: +61 (2) 4921 6790, +61 (2) 4921 5961
Email: Daniela.Heil@newcastle.edu.au
Barry.Morris@newcastle.edu.au

<Date>

<Name>
<Address>
<Address>

Dear <Name>,

Re: The Spirituality of Addiction – A Comparative Study of Religious and Spiritual Approaches to the Treatment of Alcohol and Other Drug Addictions

Document Version 2; dated 01/06/2011

Ms Dena Sharrock is currently enrolled as a Bachelor of Social Science Honours student at the University of Newcastle, NSW, Australia, School of Humanities and Social Science, Discipline of Sociology and Anthropology. Fifty percent of her Honours degree is based on a research project entitled *The Spirituality of Addiction: A Comparative Study of Religious and Spiritual Approaches to the Treatment of Alcohol and Other Drug Addictions*. The project is supervised by Dr. Daniela Heil and Dr. Barry Morris.

Dena wishes to hold a face-to-face interview with one senior member from each of 6-10 different religious/spiritual organisations in order to examine the similarities and differences of the understandings of why people become addicted to alcohol and other drugs, as well as the preferred support for, or treatment of, people with alcohol and other drug addictions from your theological/spiritual perspective.

She would like to undertake the research project as outlined in the enclosed Organisation Information Statement. We have also enclosed one copy of the Organisation Consent Form for this study. If you consent to the participation of your organisation, please complete this Organisation Consent Form and return it to Dena Sharrock by email.

In addition, we would like to ask you to forward the attached Participant Information Statement and Participant Consent Form, to a member of your organisation who you consider to be the most appropriate for an interview. There is information contained there which invites them to participate in the study and to contact us if they have any additional questions or concerns.

If you have any queries or would like to discuss any details of the study, please feel welcome to call Daniela Heil or Barry Morris on the above numbers, or Dena Sharrock on +61 414 975757. We thank you for your consideration.

Yours faithfully,

Dr. Daniela Heil	***Dr. Barry Morris***	***Dena Sharrock***
Supervisor	Supervisor	Honours Student
University of Newcastle	University of Newcastle	University of
Newcastle		

Organisation Information Statement

Dr. Daniela Heil & Dr. Barry Morris
Sociology & Anthropology
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The University of Newcastle
Tel: (02) 4921 6790, (02) 4921 5961
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Barry.Morris@newcastle.edu.au

INFORMATION STATEMENT FOR THE RESEARCH PROJECT:

The Spirituality of Addiction:
A Comparative Study of Religious and Spiritual Approaches
to the Treatment of Alcohol and Other Drug Addictions

Document Version 2; dated 03/06/2011

Your organisation is invited to participate in the research project identified above which is being conducted by Ms Dena Sharrock from the School of Humanities and Social Science at the University of Newcastle. The research is part of Dena Sharrock's Honours research proposal, supervised by Dr. Daniela Heil and Dr. Barry Morris from the School of Humanities and Social Science, Discipline of Sociology and Anthropology.

Why is the research being done?

The purpose of the research is to carry out a comparative study of the theological and spiritual understandings of addiction, as well as the practices incorporated by a variety of religious and spiritual organisations to assist members who are dealing with alcohol and/or other drug addiction.

Who can participate in the research?

We are seeking religious and spiritual leaders who have a thorough understanding of the organisations' sacred texts, and preferably who have had at least some experience working with members who have issues with alcohol and/or other drug addiction. Due to the sensitive personal nature of issues concerning addiction, we ask that no participants partake in this research if they are personally experiencing issues with addiction, or if they have experienced psychological, or other, stresses or difficulties in their roles with assisting members who have had issues with addiction.

What choice do you have?

Participation of your organisation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Prospective participants from your organisation will be provided with Participant Information Statements and asked for their individual consent. Whether or not you decide to participate, your decision will not disadvantage you. If you do decide that your organisation may participate, you may withdraw the organisation from the project at any time without giving a reason, and have the option of withdrawing any data which identifies your organisation. Please see the enclosed Organisation Consent Form for full details.

What would you be asked to do?

If you agree, you will be asked to forward a Participant Information Statement to a relevant candidate of your choice in the Newcastle or Sydney region, offering them the opportunity to participate in one face-to-face interview with Dena Sharrock, at a convenient location to them – their place of work/worship would be optimal if it is suitable. We ask that you explain and make it clear to potential interviewees that their participation is entirely voluntary.

The participant will be asked to provide references to specific parts of your sacred texts which refer to addiction. However, they are not obligated to do so if this may be considered too time consuming or if they choose not to do so.

They would also be asked for permission to allow Dena Sharrock to phone and/or email them for follow-up, not more than twice, if the researchers require clarification on information that was provided during the interview, or if any additional information is deemed necessary for the purpose of comparison with other interviewees. This would be organised at a time convenient to the participant.

How much time will it take?

If the participant agrees, the interview would be recorded for the purpose of transcription and further analysis. The interview would take approximately one hour, and any phone or email follow-up would be estimated to take no more than 30 minutes per contact.

The time taken to provide references to relevant information in the texts, if the interviewee chooses to do so, would vary depending on the information available, but would be estimated to take no longer than 20 minutes.

What are the risks and benefits of participating?

We cannot promise any benefit to you or your organisation in participating in this research; however, we hope to provide information that will enhance current protocols and procedures which are currently available in the provision of spiritual support for people dealing with drug and alcohol addiction.

At the beginning of the interview we will ask, for privacy reasons, that no identifying information be provided regarding any particular individuals. If such information is inadvertently presented, we will de-identify the data, either by the use of pseudonyms, or by entirely erasing certain information where necessary. The guidance and permission of the interviewee will be sought in any such event.

How will the privacy of your organisation be protected?

Any information collected by the student researcher which might identify you or members of your religious or spiritual community will be stored securely and only accessed by the researchers unless you consent otherwise, except as required by law. Recordings and transcripts will be held on a password protected computer and all physical data (such as printed or written transcripts) will be held securely, in a locked cabinet, at the University of Newcastle for approximately 5 years after which it will be destroyed.

The choice as to how you and your organisation will be referred to in the final report will be yours. If you do not want your own name, or the specific name of any relevant local churches or centres to be identified, you may prefer that your organisation be referred to by its generic name (eg. Catholic, Buddhist, etc). Any identifying information regarding members of your organisation can be replaced by pseudonyms, or destroyed, where applicable, at the time of transcribing which would happen within 14 days of the interview. Until that time, identifying data will be held in a secure location within a locked cabinet at the University of Newcastle.

How will the information collected be used?

The information provided by the interviewee will be used in a thesis to be submitted for Dena Sharrock's Honours degree in Humanities and Social Science, discipline of Sociology and Anthropology.

You will be offered a copy of the final report.

What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, please contact the student researcher and/or her supervisors.

If you would like your organisation to participate, please complete the attached Organisation Consent Form and return it in the reply paid envelope. We also ask that you please forward the enclosed envelope containing a Participant Information Statement and Participant Consent Form to an appropriate member of your organisation and request that they contact us in the event that they are willing to be interviewed.

Further information

If you would like further information, please contact:

Daniela Heil on (02) 4921 6790 or at Daniela.Heil@newcastle.edu.au; or
Barry Morris on (02) 4921 5961 or at Barry.Morris@newcastle.edu.au; or
Dena Sharrock on (0414) 97 5757 or at Dena.Sharrock@uon.edu.au

Thank you for considering this invitation.

Final to be signed	***Final to be signed***	***Final to be signed***
Dr. Daniela Heil Supervisor University of Newcastle Newcastle	***Dr. Barry Morris*** Supervisor University of Newcastle	***Dena Sharrock*** Honours Student University of

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No. H-2011-0108.

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

Organisation Consent Form

Dr. Daniela Heil & Dr. Barry Morris
Sociology & Anthropology
School of Humanities & Social Science
The University of Newcastle
Tel: (02) 4921 6790, (02) 4921 5961
Email: Daniela.Heil@newcastle.edu.au
Barry.Morris@newcastle.edu.au

CONSENT FORM FOR THE RESEARCH PROJECT:

The Spirituality of Addiction:
A Comparative Study of Religious and Spiritual Approaches
to the Treatment of Alcohol and Other Drug Addictions

Document Version 2; dated 01/06/2011

I agree that the [enter name of church/spiritual organisation] may be included in the above research project and give my consent freely on behalf of this organisation.

I understand that the project will be conducted as described in the Organisation Information Statement, a copy of which I have retained.

I understand I can withdraw my church/organisation from the project at any time and do not have to give any reason for withdrawing.

I consent to:

- [name of organisation] taking part in this research study ❑Yes ❑No
- The use of the generic term, [name of faith], in the final report ❑Yes ❑No

I consent to being personally referred to by name in the report ❑Yes ❑No

I wish for the local church/spiritual centre of the interviewee to be identified ❑Yes ❑No
or I wish for my church/spiritual centre to be known only as [name of faith] ❑Yes ❑No

I wish to receive a copy of the final report/thesis ❑Yes ❑No

I understand that any personal information will remain confidential to the researchers.
I have had the opportunity to have questions answered to my satisfaction.

Print Name: _____

Religious/Spiritual Organisation: _____

Position: _____

Address: _____

_____

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

APPENDIX 2:

PARTICIPANT INFORMATION PACKAGE

Participant Information Statement

Dr. Daniela Heil & Dr. Barry Morris
Sociology & Anthropology
School of Humanities & Social Science
The University of Newcastle
Tel: (02) 4921 6790, (02) 4921 5961
Email: Daniela.Heil@newcastle.edu.au
Barry.Morris@newcastle.edu.au

INFORMATION STATEMENT FOR THE RESEARCH PROJECT:

The Spirituality of Addiction:
A Comparative Study of Religious and Spiritual Approaches
to the Treatment of Alcohol and Other Drug Addictions

Document Version 2; dated 02/06/2011

You are invited to participate in the research project identified above which is being conducted by Ms Dena Sharrock from the School of Humanities and Social Science at the University of Newcastle. The research is part of Dena Sharrock's Honours research proposal, supervised by Dr. Daniela Heil and Dr. Barry Morris from the School of Humanities and Social Science, Discipline of Sociology and Anthropology.

Why is the research being done?

The purpose of the research is to carry out a comparative study of the theological and spiritual understandings of addiction, as well as the practices incorporated by a variety of religious and spiritual organisations to assist members who are dealing with alcohol and/or other drug addiction.

Who can participate in the research?

We are seeking religious and spiritual leaders who have a thorough understanding of the organisations' sacred texts, and preferably who have had at least some experience working with members who have issues with alcohol and/or other drug addiction. Due to the sensitive personal nature of issues concerning addiction, we ask that no participants partake in this research if they are personally experiencing issues with addiction, or if they have experienced psychological or other stresses and difficulties in their roles with assisting members who have had issues with addiction.

What choice do you have?

Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you. If you do decide to participate, you may withdraw from the project at any time without giving a reason, and have the option of withdrawing any data which identifies you or your organisation.

Please see the enclosed Participant Consent Form for full details.

What would you be asked to do?

If you agree, you will be asked to participate in one face-to-face interview with Dena Sharrock, at a convenient location to yourself – your place of work/worship would be optimal if agreeable to you. We would also request, with your agreement, that we may be able to record your interview for the purpose of transcription and further analysis. Voice recording will only be undertaken with your express consent.

It would be beneficial if you could provide references to specific parts of your sacred texts which refer to addiction, although you are not obligated to do so if this will be too time consuming or if you choose not to.

You would also be asked for permission to allow Dena Sharrock to phone and/or email you for follow-up, not more than twice, if the researchers require clarification on information you have provided during the interview, or if any additional information is deemed necessary for the purpose of comparison with other interviewees. This would be organised at a time convenient to you.

A copy of the final transcript will be offered to you, approximately 14 days after the interview, at which time you may review, edit and erase any information that you have provided previously.

How much time will it take?

The interview would take approximately one hour, and any phone or email follow-up would be estimated to take no more than 30 minutes per contact.

The time taken to provide references to relevant information in your texts, if you choose to do so, would vary depending on the information available, but would be estimated to take no longer than 20 minutes.

What are the risks and benefits of participating?

We cannot promise any benefit to you in participating in this research; however, we hope to provide information that will enhance current protocols and procedures which are currently available in the provision of spiritual support for people dealing with drug and alcohol addiction.

At the beginning of the interview we will ask, for privacy reasons, that no identifying information be provided regarding any particular individual. If such information is inadvertently presented, we will de-identify the data, either by the use of pseudonyms, or by entirely erasing certain information where necessary. Your guidance and permission will be sought in any such event. Additionally, we can provide you with a copy of your interview transcript if you would like to receive one, at which time you can request for data to be amended or removed.

We acknowledge that working with people who are experiencing issues with addictions can be stressful and difficult. Hence, we ask you to only share information that you are comfortable with. In the event that you experience any emotional stress as a result of the interview, counselling will be offered to you in accordance with your church or organisation's protocols.

How will your privacy be protected?

Any information collected by the researchers which might identify you or members of your religious or spiritual community will be stored securely and only accessed by the researchers unless you consent otherwise, except as required by law. Recordings and transcripts will be held on a password protected computer and all physical data (such as printed or written transcripts) will be held securely, in a locked cabinet, at the University of Newcastle for approximately 5 years after which it will be destroyed.

The choice as to how you and your organisation will be referred to in the final report will be yours (as well as that of your organisation where additional permission has been sought for this interview). If you do not want your own name, or the specific name of your local church or centre to be identified, you may prefer that your organisation be referred to by its generic name (eg. Catholic, Buddhist, etc). Any identifying information regarding members of your organisation can be replaced by pseudonyms, or destroyed, where applicable, at the time of transcribing which would happen within 14 days of your interview. Until that time, identifying data will be held in a secure location within a locked cabinet at the University of Newcastle. The transcribing of the interviews will be carried out by the student researcher, Dena Sharrock.

How will the information collected be used?

The information provided by you will be used in a thesis to be submitted for Dena Sharrock's Honours degree in Humanities and Social Science, discipline of Sociology and Anthropology.
Transcripts of your interview will be made available to you for review and you will have the opportunity at that point to edit or erase any or all of your contribution. Additionally, you will be offered a copy of the final report.

What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, contact the researcher and/or her supervisors.

If you would like to participate, please complete the attached Participant Consent Form and return in the reply paid envelope. We will then contact you to arrange a time convenient to you for the interview.

Further information

If you would like further information, please contact:

Daniela Heil on (02) 4921 6790 or email Daniela.Heil@newcastle.edu.au; or
Barry Morris on (02) 4921 5961 or email Barry.Morris@newcastle.edu.au; or
Dena Sharrock on (0414) 97 5757 or email Dena.Sharrock@uon.edu.au

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Final to be signed	***Final to be signed***	***Final to be signed***
Dr. Barry Morris Supervisor University of Newcastle	***Dr. Daniela Heil*** Supervisor University of Newcastle	***Dena Sharrock*** Honours Student University of Newcastle

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Participant Consent Form

Dr. Daniela Heil & Dr. Barry Morris
Sociology & Anthropology
School of Humanities & Social Science
The University of Newcastle
Tel: (02) 4921 6790, (02) 4921 5961
Email: Daniela.Heil@newcastle.edu.au
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CONSENT FORM FOR THE RESEARCH PROJECT:

The Spirituality of Addiction:
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Document Version 2; dated 01/06/2011

I agree to participate in the above research project and give my consent freely.

I understand that the project will be conducted as described in the Participant Information Statement, a copy of which I have retained.

I understand I can withdraw from the project at any time and do not have to give any reason for withdrawing.

I consent to:

- participating in an interview which will be recorded ❑Yes ❑No
- being available for phone or email follow-up for the purpose of clarification, if necessary, not more than twice ❑Yes ❑No

I consent to being personally referred to by name in the report ❑Yes ❑No

I wish for my local church/spiritual centre to be identified ❑Yes ❑No
or I wish for my church/spiritual centre to be known only as [enter name of faith] ❑Yes ❑No

I wish to receive a copy of the transcript of my interview ❑Yes ❑No
I understand that I may review and edit the transcript of my interview ❑Yes ❑No
I wish to receive a copy of the final report/thesis ❑Yes ❑No

I understand that my personal information will remain confidential to the researchers.
I have had the opportunity to have questions answered to my satisfaction.

Print Name: _____

Religious/Spiritual Organisation: _____

Position: _____

Address: _____

_____

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

APPENDIX 3:

INTERVIEW SCHEDULE

INTERVIEW QUESTIONS

I would like to speak to you about issues surrounding heavy drinking, alcohol abuse & alcohol dependence from the perspective of your religious/spiritual understandings. Would you please tell me how these issues are understood in the _____ tradition?

Do your religious texts mention alcohol? How is it framed or understood?

Do people who participate in this church/organisation come to you for advice or assistance with problems concerning heavy drinking?

If so, how do you or your church/organisation assist them?

- *Internal assistance or do you refer externally?*
- *Are there **official facilities** set up which are connected to your organisation?*

How do you define success? Do you believe the assistance been successful?

- *Have you experienced situations where you would consider the person who experienced problems with heavy drinking to be **successfully managed**?*
- *Are there situations in which you believe people have been **cured**?*
- *Can you estimate a success rate for effective management/cure of troublesome behaviours? Over how long a period has this lasted?*

What aspects of the assistance/treatment do you believe have been most beneficial?

Do you believe that these aspects of assistance offer anything that secular methods don't?

Would you say that the beliefs and understandings you've described to me are representative of your church/organisation as a whole?

- *Are there a range of views?*

Is there anything else you'd like to share about addiction from the perspective of your church/organisation?